

Finding and Engaging Community Partners

Rachel LaPoint, MBA, CPHQ, CPC, CPCO

Rochester Regional Health (St. Lawrence Region),
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Healthy Alliance, Regional Director for the Capital Region

Terry Tan

Maimonides Health, Director, Engagement and Belonging

Agenda

Introductions

Our partners

Session 3: Finding and engaging community partners

Questions & answers



HANYS Care Connections Team



Kathleen Rauch, RN, MSHQS, BSN, CPHQ
Vice President, Quality Advocacy, Research and Innovation and Post-acute and Continuing Care



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Senior Director, Quality Advocacy, Research and Innovation



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Project Coordinator, Care Connections



Theresa Green, PhD, MBA
Associate Director, Associate Professor, Center for Community Health & Prevention
Public Health Sciences URMC, SON

Our partners



OUR FUNDER

Funding from the [Mother Cabrini Health Foundation](#) allows HANY to expand its capacity to provide education, direct support, tools and data to our members. With Care Connections, we strive to build hospital-community partnerships and share evidence-based chronic disease prevention and management strategies to address healthcare access barriers at the local level.



OUR PARTNER

DataGen®, Inc. develops custom analytics for participants to help them understand healthcare access barriers and the chronic disease burden in their communities so they can develop tailored interventions.

Rachel LaPoint, MBA, CPHQ, CPC, CPCO, CDEO

LaPoint is the Corporate Compliance Specialist for Rochester Regional Health's St. Lawrence Region, with over 11 years of healthcare experience.

Throughout her career, LaPoint has focused on improving access, quality and community-based care delivery. She serves as Program Coordinator for the St. Lawrence Region in partnership with the North Country Healthy Heart Network, where she currently manages and oversees the:

- Chronic Disease Self-Management program;
- Chronic Pain Self-Management program;
- Diabetes Self-Management program; and
- Cancer: Thriving and Surviving program.

LaPoint has successfully secured funding to expand innovative health initiatives. Highlights include a grant for a transportation program for Medicaid patients to get to critical non-medical appointments; and funding to implement RetinaVue screening technology across all St. Lawrence Region primary care practices.

In addition to her healthcare leadership roles, LaPoint serves as a member of the Advisory Council for the Volunteer Transportation Center.



Janelle Shults, LMSW

Shults serves as the Capital Region Regional Director at Healthy Alliance, one of New York State's nine designated Social Care Networks. She is a passionate human services leader with more than two decades of experience at the intersection of health, social care, and community partnerships—working to connect organizations and providers to deliver whole-person care that addresses both medical and social needs.

Her career spans population health, behavioral health, and program development, consistently centered on improving the well-being of communities. Prior to joining Healthy Alliance, Janelle served as the Regional Director for the Trinity Health-Health Home, leading a network of 18 Care Management Agencies across the Capital Region and Central New York, with a focus on bridging health care and social care through deep community engagement.

A committed advocate for equity, mentorship, and social care, Janelle brings extensive experience in managing state-regulated programs, fostering cross-sector partnerships, and leading high-performing teams dedicated to strengthening community well-being.



Terry Tan

Terry is the Director of Employee Engagement & Belonging at Maimonides Health in Brooklyn, New York.

Her background and experience includes:

- initiating community outreach & improving community engagement,
- heightening awareness in workforce inclusiveness & belonging;
- providing training in best practices for positive organizational culture; and
- strengthening & nurturing community partnership.

As an immigrant herself, improving health equity and addressing social determinants of health have always been Terry's passion and focus in the field of health care delivery for decades.



Question 1

What is your process for finding new community partners?

**Rachel LaPoint, MBA,
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Question 2

How do you determine who is trusted in the community, rather than the ‘convenient choice’?

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Question 3

How do you vet a potential partner organization to make sure they're the right fit?

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Question 4

How do you learn if others in your institution have a history with this organization?

If so, how do you address prior issues or broken trust?

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Question 5

How do you show a potential partner the benefits of partnering with a health system, i.e., that the partnership will benefit them too?

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Question 6

How do you create an equitable power balance between the hospital and the community partner? How do you show that the program is a collaboration?

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Question 7

What has made past partnerships work (or not work) for you?

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Question 8

What is the most unlikely partnership you've seen or been a part of?

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Recommended Reading

Partnership Building Toolkit

Sections:

Rules of Engagement;

Getting Started; and

Find and Engage Community Partners

Why these sections?

Choosing the right partner for your organization is crucial for a project's success! These sections build on each other to guide you to making better decisions with your CBO outreach.



Rules of Engagement

Community engagement is essential in advancing health equity and is defined as collaboration between institutions and the larger communities (local, regional/state, national, global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity.

According to the CDC's Principles of Community Engagement, the goals of community engagement are to **build trust, enlist new resources and allies, create better communication, and improve overall health outcomes** as successful projects evolve into lasting collaborations. Institutions should develop their own guiding principles for community engagement. The University of Rochester Medical Center uses the following:

- long-term engagement,
- mutual benefit,
- mutual respect,
- shared findings,
- enhanced community capacity,
- shared responsibility,
- evidence-based,
- collaborative from start to finish and
- responsive to community priorities and perspectives.

The International Association for Public Participation (iap²) created a Spectrum of Public Participation designed to describe the continuum of community engagement from informing to empowering. Although any level of community engagement is good, institutions should move and grow along the continuum to reach a level of shared planning and decision-making with community partners. Under shared leadership, both partners receive the benefits from the community agency's participation in the process.

Sources: [The 2024 Elective Classification for Community Engagement](#), Carnegie Foundation for the Advancement of Teaching; [Principles of community engagement](#), CDC; [Spectrum of Public Participation](#), The International Association for Public Participation.

Upcoming sessions

Wednesday, March 25 | 10 – 11 a.m.

How to launch projects with a community partner

The session will cover balancing commitment to the partnership with internal responsibilities. Panelists will discuss setting shared goals with CBOs, selecting project milestones, developing a timeline and measuring improvement.

Remaining sessions in this series:

- April 1 | Ensuring that the project is worth the investment
- April 8 | Centering community voices
- April 15 | Extend your hospital's reach with community health workers



Care
Connections

Questions?

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