

# 2 What Your Colleagues Say about TB Partnerships

Discussions held with TB controllers and program staff while developing this guide revealed the following:

- TB controllers and program staff working in productive partnerships felt strongly about having the opportunity to share their enthusiasm and lessons learned.
- TB controllers and program staff wanted to learn about partnering through the perspectives and experiences of their colleagues working in TB partnerships.

As a result, this chapter was created to provide TB controllers and program staff, as well as their partners, with the opportunity to speak to you in their own words.

## TB Partnership Benefits

- “Just as TB knows few boundaries, we must not be constrained in reaching across organizational, cultural, and other boundaries to work with others who are affected by TB. All partners are valuable partners, no matter how small their contributions, because it is only the accumulation of many efforts in many places that will end this ancient scourge.” (*Director, national advocacy organization for the homeless*)
- “The best thing is when you see partners owning the issues. Instead of looking to you for support, they are developing the programs and getting the grants.” (*TB program staff, sparsely populated low-incidence Midwestern state*)
- “Initially, I joined the TB partnership because I was tired of the big cities getting all the resources. I really wanted

### Putting Words into Action

*What they said* “We have to look at our systems. We need to learn to embrace new paradigms and get out of the ‘tuberculosis silo’ and the stand-alone care systems.”

*What they did* “We had a population of injection drug users suspected to be at very high risk for Hepatitis C, HIV, and TB. We joined forces. One group made their outreach workers available; another contributed 500 HIV tests, another Hepatitis C tests and TB skin tests. We got legislation passed and the funding we needed to focus on prevention of all three diseases.” (*TB controller, low-incidence Southwestern state*)

### TB Partnership Benefits

“We were always too busy to do much about TB. The state convinced us a partnership would help. First, we tackled how to work more efficiently so we could have more time. Training physicians to complete more of the initial screening process was the key. That led to successfully competing for a private foundation grant to fund education and targeted testing in our highest-risk population.” (*Rural public health nurse, sparsely populated low-incidence Western state*)

to protect my program. I still do, but I think the people are good and I have learned a lot. I do not feel so isolated. I get a chance to work with a lot of other TB people facing the same problems.” (*Rural public health nurse, sparsely populated low-incidence Western state*)

- “Partnerships offer access to resources. We have found that a lot of what we need, we can get in-kind from each other. Some people have access to printing, others can share outreach workers, and others provide technical assistance.” (*TB controller, sparsely populated low-incidence Southwestern state*)

## Things to Keep in Mind

- “Show your partners all of the data so they know what you know. Make sure your goals are data-driven and appropriate. Then, stay focused on your goals over time.” (*TB controller, sparsely populated Midwestern low-incidence state*)
- “People can be very passionate about TB, but not everyone feels comfortable being a leader or speaking up in a group, so you have to build an environment where people feel comfortable sharing their views.” (*TB controller, sparsely populated Midwestern low-incidence state*)
- “The key is making it easy for people to participate. Make it clear what you are asking of them and then enable them to participate. If you want community leaders from your at-risk groups involved, you cannot meet during their work hours. You have to be willing to meet when they can.” (*TB program staff, sparsely populated low-incidence state*)

### Things to Keep In Mind

“We needed to build awareness among providers in our town. I started with my personal physician and the nurses I knew. Letters don’t cut it in our area. You have to show up on their doorsteps. Make an appointment and go see them. Talk with them. You have to listen and you have to make your case.” (*Rural public health nurse in sparsely populated low-incidence state with rapidly increasing at-risk population*)

## Relationship Building: Lessons Learned

- “We have to get over the fear factor and develop the skills and confidence to get engaged with new partners. We have to identify the leaders in high-risk populations that are not associated with 501(c)(3) organizations. We have to work with faith-based organizations in every community. We have to get out there and be creative and be inclusive.” (*TB controller, Southern state*)
- “The key for us was creating working groups that are very project oriented. We were successful because we were moving ahead and building on our successes over time. We solved problems without being too formal about it.” (*TB controller, low-incidence Southwestern state*)

- “Trust the process. Do not try to control everything and do not think that you know all the answers in advance. Instead, try to create guiding principles and shared values. Have a general sense of where you need to go and realize that you too will learn along the way.”  
*(TB controller, sparsely populated low-incidence Southwestern state)*

#### **Lessons Learned**

“Looking back, I would do a lot of things differently next time. We did not prepare like we should have, but we had the right people on board, the folks from our target audience. We listened to what they had to say. So, we ended up with a really good product, a video that is well received by our target audience.”  
*(TB program staff, high-incidence Eastern state)*