

# Wintergarden Collaborative: Engaging Our Communities for Collective Impact on Health Disparity

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#### Introduction

Modeled on the Frio Translational Advisory Board (TAB) experience, the Wintergarden Collaborative came to be in 2012. Comprised of individuals from community based agencies, health providers, community stakeholders and others, the Wintergarden Collaborative was created on the basis of seeking resources to increase needed services and programs to our rural, highly impoverished 4 county region in South Texas. The Methodist Healthcare Ministries served as convener for our meetings.

Wintergarden
Collaborative

Webb

Duval

Kendall

Guadalupe

Bexar

Wilson

Atascosa Karnes

San

Collaborative

Webb

Duval

Kendall

Guadalupe

Bezar

Wilson

Atascosa Karnes

San

Patricio

Jim

Wells Nucces

Kleberg

Keneiy

Starr

Hidalgo

Cameron

## **Significance**

Not one agency in our region has the requisite resources to improve or deliver needed services to our population. The significance of our partnership is one of identifying the skills and talents of each member of the Collaborative to develop a collaborative outreach initiative that seeks to minimize duplication and resource waste that serves to compete and deplete services for those most in need of care.







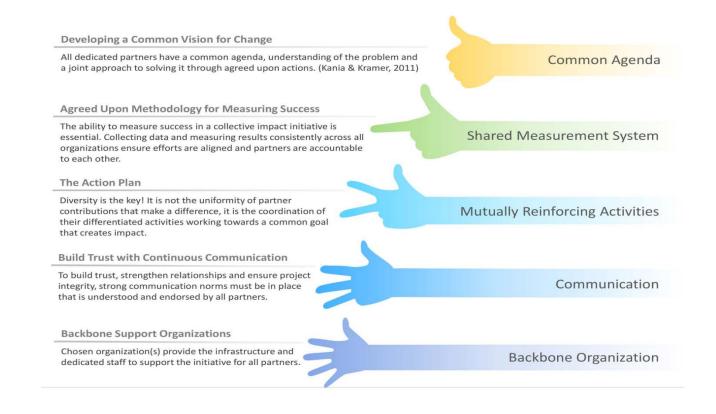






#### **Methods**

Using the Stanford Innovation Review Collective Impact Model developed by John Kania & Mark Kramer, we have organized around a simple group process of (1 identifying a common health agenda across our region (2 developing multiple activities that will promote that agenda (3 agreeing on measurement tools to evaluate our progress and success (4 keeping in constant communication to assure the process flows consistently (5 appointing a back-bone organization that will keep the group informed and on task. South Texas Rural Health Services, Inc. is the back-bone organization for the Collaborative.



#### Results

REHABILITATION CENTER

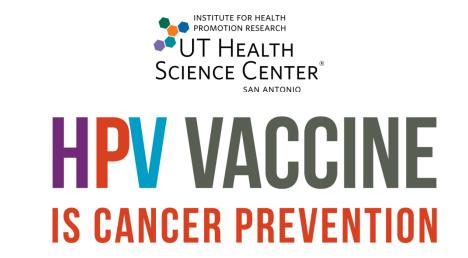
Our Common agenda is cancer prevention. Key findings are that to be successful in our local communities, we must partner with expertise outside of our community and especially in San Antonio. Academic, health system, and community based agencies have provided our local stakeholders a strong link to information, relationships and resources keep our networks resilient and effective. Our region is ripe for research.



### **Next Steps**

We have partnered with UTHSCSA-

• Dr. Deb Parra-Medina on a HPV Immunization Project



• Dr. Barbara Turner on a Stop HCV project



#### **Conclusion**

We have found that we must continue to "stay in touch" with collaborative agencies and disseminate research information to community agencies and stakeholders and give everyone credit for their work. We plan to establish patient panels/registries and encourage participation for programs to patients and clinicians. Finally, we must continue to participate in forums to grow our network and increase our outreach to researchers to consider our region for studies.



