In the 1960s, scare tactics were the mainstay of alcohol and drug abuse prevention. Since then, prevention specialists have tried disseminating general information, offering education in schools, creating alternatives to alcohol and drug use, designing comprehensive programs, and making societal changes to decrease per capita alcohol consumption. We still use these techniques.

I suggest a new strategic focus: forming community-based prevention partnerships based on the concept of partnering intelligence. The recent organizational theory of partnering intelligence offers great promise for joining alcohol and drug prevention specialists with practicing physicians in communities.

Community-based alcohol and drug prevention specialists are accustomed to working with clergy, teachers, recreation leaders, and many others to prevent problems associated with drugs and alcohol. Until now, however, physicians and other health workers were untapped as prevention partners in the battle against alcohol and drug abuse and addiction. In this paper, I describe how partnering
intelligence can be used to build strong alliances between prevention specialists and physicians. I present specific examples of how the theory might be applied.

**The Need to Partner**

Here is an example. Dr. Good, a family physician in a medium-sized city, believed that if he could stop high school students from drinking after football games, lives could be saved. Eight years ago there had been that awful car crash killing four high school students leaving a keg party. The current crop of kids either hadn’t heard about it or didn’t care. Some of them drank heavily at parties on football Friday nights.

The doctor called the county public health department and learned about the work of Ms. Fine, a specialist in preventing community alcohol and drug abuse. They decided to form an alliance that included his county medical society and her citizens’ council on alcohol. At first they and their organizations were excited about finding solutions to the problem of teen drinking. Soon though, their partnership experienced internal tension about stigmatizing kids, jeopardizing the football team’s chance for a championship, and harming businesses. In the face of these doubts and opposition, the prevention partnership between Ms. Fine’s organization and Dr. Good’s group was too fragile to survive. Like half of all marriages, their partnership painfully fell apart and the teen drinking continued. Partnerships left to chance rather than to design tend to fail.
Partnering

Partnering, as described in Stephen M. Dent’s book, *Partnering Intelligence: Creating Value for Your Business by Building Strong Alliances,* is an effective way to form strong alliances to attain win / win outcomes. Partnership Continuum, Inc., based in Minneapolis, primarily applies partnering theory in businesses, but the techniques work just as well in alliances aimed at community health promotion. Partnership Continuum, Inc. and the Minnesota Institute of Public Health, a non-profit organization with extensive experience in drug and alcohol prevention, work together in partnership.

Partnering intelligence is the theoretical model for bringing the Partnering Process and the Six Partnering Attributes to prevention specialists and community physicians and their organizations. Through partnerships, prevention specialists work strategically and effectively with physicians and other health professionals to prevent alcohol and drug problems in communities.

Using partnering intelligence theory, it is easy to see why scare tactics failed so miserably to prevent alcohol and drug problems several decades ago. Scare tactics drove fear, lack of trust, and resentment rather than winning outcomes. On the contrary, good prevention partnerships built on partnering intelligence are effective because they establish a Win / Win Orientation, one of the Six Partnering Attributes. Win / Win Orientation is just one of the attributes of partnering intelligence that allows partners to move through the stages of partnership development, both the relationship and the task, in order to become smart partners.
Keys to Successful Partnerships in Health

Before coming together, potential partners each need sound organizational strategic frameworks from which to work. People that are confused about their organization’s strategic framework, disorganized, full of conflict, and floating without direction or leadership make difficult partners. Potential partners need solid visions, values, ethics, and strategic direction before they begin to build their new partnership together.

The supportive framework within which the new partnership grows must also include organizational leaders committed to partnering. Leaders set the tone for the proposed partnership by identifying the team members, providing the resources, and facilitating the agreements that develop from the partnership. Without leaders’ support, partnerships fail.

How to Form Partnerships

Prevention specialists and health professionals are natural allies in alcohol and drug abuse prevention because of their shared values. As with all partnerships, the Six Partnering Attributes—Self-Disclosure and Feedback, Win / Win Orientation, Ability to Trust, Comfort with Change, Future Orientation, and Comfort with Interdependence—are the tools for forming the alliances. As the partners in a new partnership integrate these attributes into their new relationship, they are inevitably drawn through the stages of relationship development and the stages of partnership development to reach their mutual goal. This paper describes how to apply partnering
intelligence to new partnerships and provides examples of how the Six Partnering Attributes translate into strategies to improve the chemical health of a community.

For example, one of the Six Partnering Attributes, the attribute of Self-Disclosure and Feedback, is the basis for establishing trust. In preventing community alcohol problems, potential partners such as Ms. Fine and Dr. Good might not initially perceive the need for sharing, self-disclosure, and honest feedback about their needs as they form their partnership. Using Self-Disclosure and Feedback, smart partners start with disclosure of their fears, exploration of their limitations, and communication about their needs. Without this important first step, the partnership will not take root and withstand new information or opposition. Self-Disclosure and Feedback is only the first of the Six Partnering Attributes necessary to build successful partnerships.

Allies in Prevention

As they enter a new partnership, physicians and other health workers are already enthusiastic about preventing alcohol and drug abuse, and they are deeply committed to helping those already addicted to alcohol and drugs. Physicians see firsthand the heart-wrenching suffering, disease, disability, and injury caused by alcohol and drugs. They and their professional organizations have long supported alcohol and drug prevention with public policy positions opposite from those of entrenched business interests. Examples are favoring high excise taxes on alcohol and supporting strict laws limiting the amount of alcohol allowed in the blood of motor vehicle drivers. Prevention specialists and health professionals are therefore
natural allies in alcohol and drug abuse prevention because of their shared values and strategies.

**Using Partnering Technology in Health Promotion**

In using the partnering model with physicians, prevention specialists are the ones responsible for connecting the partnering theory with the prevention practice. They might need to teach their potential partners, the physicians, about partnering techniques and demonstrate partnering behavior based on the Six Partnering Attributes. Then they need to obtain the resources to apply the Six Partnering Attributes for building the new alliance.

**Forming Healthy Partnerships for Prevention**

Prevention specialists usually need to start the partnering process by extending the invitation to physicians to form partnerships and determining their willingness and ability to partner. A good way to establish first contact is to invite physicians to serve on the boards and advisory committees of prevention organizations. In the course of meetings, Self-Disclosure and Feedback begin to occur and the potential for a Win / Win Orientation and outcomes is demonstrated. As an example, physicians get a chance to demonstrate that they care about everyone’s health; in turn the community benefits by having knowledgeable champions for prevention.

At first partnerships between prevention specialists and physicians need to reflect the limited time and energy of physicians, but in time the partnership will expand. The ability to succeed with even a modest goal is necessary for the
partnership to grow. For most physicians, the desired outcome, one that they consider a win, is something that has a positive impact on their patients. For prevention specialists, the desired outcome is health improvement for the community. The two overlap significantly.

Strategies for prevention often take little more than creative thinking. For example, physicians and prevention specialists can sponsor programs for teen-agers to learn coping mechanisms and refusal skills to avoid alcohol and drugs. Alternatively, they may promote projects to train employees in businesses that serve alcohol to recognize when people drink too much. In both of these examples, there is great potential for partnership between prevention specialists and physicians.

Promoting Screening and Early Referral for Alcohol Problems

Some partnerships between prevention specialists and physicians concentrate on screening the physicians' patients for alcohol and drug problems. The partners decide how they can together educate clinic staff and medical colleagues so that patients are screened for drug and alcohol problems and referred for treatment if necessary. The partnering attributes of Comfort with Change and Comfort with Interdependence are important to make this strategy successful.

Capitalizing on Public Relations Tools

Prevention specialists and physicians can be partners in developing good public relations and promoting effective social marketing messages for alcohol and
drug prevention. For example, the partners might highlight their working alliance in their newsletters and share their successes in articles and testimonials. In doing so, the prevention specialists make good use of the health organizations’ existing newsletters and employee education programs to convey prevention messages. The might contribute information about alcohol prevention to patient mass communications. Another way to work together in public relations is to nominate an individual or group working with alcohol prevention for a community service award or citation. This example illustrates the partnering attributes of a Win / Win orientation and the Ability to Trust.

**Forming Alliances for Advocacy and Lobbying**

Community prevention specialists and physicians make effective allies for advocacy and lobbying. Physicians benefit from prevention specialists’ knowledge of particular issues, their ability to focus, and their experience in judging strategies. Together, they send powerful messages to decision makers beyond what they achieve as individuals or organizations. In keeping with partnering theory, prevention specialists need to choose advocacy issues of practical interest to physicians that benefit their patients. For example, as prevention partners, physicians and health workers might write letters to newspapers, testify at governmental hearings, and lobby individual lawmakers. As a solid and unified front, the partners demonstrate their Ability to trust and their Future Orientation, two of the Six Partnering Attributes.
Sharing Information and Data to Advance Prevention

Partnerships between prevention specialists and health professionals are made strong through exchange of data and information. Clinical scenarios, patient reports, outcome studies, community health assessments, and epidemiological research are necessary to support the public relations, advocacy efforts, and policy positions taken by the participants individually and as partners. Information about prevalence and incidence of alcohol and drug abuse is the basis for public policy and lobbying for changes in organizations and governments that favor prevention. For example, information about the toll of alcohol on health and life, not just property, provides powerful argument for laws and ordinances that decrease consumption. The data about societal cost savings of reducing alcohol and drug abuse appeals to the whole spectrum of political ideology. The sharing of information and data between the physicians and the prevention specialists demonstrates the partnering attributes of Ability to Trust and Comfort with Interdependence.

Moving Prevention Upstream

Partnerships in prevention change the focus from end-stage problems that have already occurred to preventing problems before they occur. This attention upstream has positive results in many unexpected ways. For example, the prevention specialists’ and physicians’ support for each other sets the tone that prevention as an important cultural and societal value, not just an agenda of a special interest group. The partnership helps create a culture of “prevention first” in which everyone
benefits. Moving prevention upstream is an excellent example of a Future
Orientation, one of the Six Partnering Attributes.

The Vision of Successful Health Partnerships for Prevention

Ms. Fine and Dr. Good’s effort to be partners might have survived if they had
communicated their strategic frameworks to one another and planned their
partnership using the Six Partnering Attributes. They might have used partnering
intelligence to develop their partnership through the relationship and task components
of their alliance. With partnership intelligence, they might have created a healthy
new alliance to reach their mutual goal of reducing teen drinking in their community.

Perhaps one or both of them will learn about partnering intelligence before their
next attempt at working together. With new partnering skills, they are likely to
achieve a strong partnership able to withstand opposition. They will take control of
their opportunity to achieve their mutual goals.

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