# Partnering4Health® Approaches to Sustaining Healthy Communities:

## A Toolkit for Supporting Policy, Systems, and Environmental (PSE) Change Initiatives

Society for Public Health Education, Inc.

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# EXECUTIVE SUMMARY

Chronic diseases, such as heart disease, diabetes, and cancer, are the leading causes of preventable death and disability in the United States. As a result, CDC's National Center for Chronic Disease Prevention and Health Promotion funds programs that help communities promote healthy behaviors and environments where Americans live, learn, work, and play. The goal of these programs is to make lasting changes that reduce major risk factors for chronic disease, such as tobacco use/exposure, lack of physical activity, and unhealthy eating. One program aimed at reducing risk factors for chronic disease is the National Implementation and Dissemination for Chronic Disease Prevention program (referred to as Partnering4Health®). This three-year initiative (2014-2017) supported national organizations and their local networks to promote healthy communities, prevent chronic diseases, and reduce health disparities.

Among the resources developed during the Partnering4Health initiative was an online sustainability course, *Partnering4Health: Approaches to Sustaining Healthy Communities*. This course for community and public health professionals comprises nine lessons and covers an introduction to sustainability; a detailed description of six approaches for helping communities ensure the long-term sustainability of their efforts; and a description of lessons learned from the Partnering4Health project.

This toolkit is a companion to *Partnering4Health: Approaches to Sustaining Healthy Communities* and is framed around six approaches to sustainability:

1. Developing and implementing PSE change strategies for chronic disease prevention
2. Building coalitions and partnerships
3. Establishing a home for healthy community's work
4. Developing communication strategies
5. Building coalition members' skills
6. Developing social marketing strategies

As individuals, communities, coalitions, and other organizations complete the online course, the complementary tools and resources in this toolkit can help them apply the course principles and tailor their plans to build and maintain healthy communities through the use of PSE change strategies.

# INTRODUCTION

Chronic diseases, such as heart disease, diabetes, and cancer, are the leading causes of preventable death and disability in the United States. According to the Centers for Disease Control and Prevention (CDC)[1]:

- Half of all adults in the U.S. have a chronic disease.
- One in three Americans has high blood pressure.
- Two million heart attacks and strokes occur each year.
- Seven out of ten deaths among Americans are caused by chronic disease.
- For every $1 spent on health care, 75 cents is spent on chronic disease and factors that increase the risk for developing chronic disease.

Recognizing that chronic disease poses such a significant threat to public health and wellbeing, CDC's National Center for Chronic Disease Prevention and Health Promotion funds programs that help communities promote healthy behaviors and decrease the risk for chronic disease where Americans live, learn, work, and play. The goal of these programs is to make lasting changes that reduce major risk factors for chronic disease, such as tobacco use/exposure, lack of physical activity, and unhealthy eating.

## The National Implementation and Dissemination for Chronic Disease Prevention Program

CDC's National Implementation and Dissemination for Chronic Disease Prevention program, was a three-year initiative (2014–2017) to help national organizations and local networks promote healthy communities, prevent chronic diseases, and reduce health disparities. As part of this initiative, CDC selected three national organizations to work with their existing regional or local affiliates, chapters, or members: American Heart Association (AHA), American Planning Association (APA), and National WIC Association (NWA). In addition to funding these three organizations, CDC funded two other national organizations for training, communication support, and technical assistance to the project: the Directors of Health Promotion and Education (DHPE) and the Society for Public Health Education (SOPHE). To ensure that the program functioned as a single entity, the five national organizations formed a coalition — sharing decision-making, coordinating resources, and communicating lessons learned with each other. They named the project Partnering4Health.

Through the Partnering4Health project, the five national organizations provided funding and support to 94 communities across the U.S. to build and strengthen each community's ability

to use population-based PSE change strategies to create healthier communities. The goals of the Partnering4Health project were to reduce tobacco use and exposure, improve nutrition, increase physical activity, and improve access to chronic disease prevention, risk reduction, and management opportunities.

## Focus on Sustainability

From the start of this project, funded communities were required to develop sustainability plans so that their efforts would continue after the completion of federal support. So that other non-funded communities could benefit from lessons learned and insights, the funded communities recommended developing the online course, *Partnering4Health: Approaches to Sustaining Healthy Communities*. For more information, a copy of the white paper on the Partnering4Health project is available at https://partnering4health.org/whitepaper/.

The online sustainability course consists of nine lessons and covers a range of topics, including an introduction to sustainability, a detailed description of six approaches for helping communities ensure the long-term sustainability of their efforts, and a description of lessons learned from the Partnering4Health project. The six approaches to sustainability are based on approaches described in *A Sustainability Planning Guide for Healthy Communities (see figure below).*

### WHAT IS SUSTAINABILITY?

**An initiative's ability and capacity to continue over the long term to maintain effective strategies that continuously improve health and quality of life**

This toolkit is a companion to the online sustainability course and is another product of the Partnering4Health team's effort to support all communities to build and sustain healthy communities using PSE change strategies.

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## Overview of the Toolkit

As a companion to the online course, *Partnering4Health: Approaches to Sustaining Healthy Communities*, this toolkit has been designed to provide guidance and resources for those who seek to carry out the sustainability activities described in the course. Whereas the online course provides guidance about the background and principles for program sustainability, this toolkit provides the tools and resources that can help communities to apply those principles and personalize their plans to their individual projects, stakeholders, and environment.

This toolkit is designed for public health professionals and educators, community-based organizations, and community residents who are passionate about improving the health of their communities.

The toolkit is organized around the aforementioned six approaches to sustainability. Our hope is that individuals, communities, coalitions, and other organizations will complete the online course and then use the tools and resources contained herein to develop and implement activities designed to build and maintain healthy communities using PSE change strategies.

### HOW CAN I USE THIS TOOLKIT?

**Use the tools and resources in this toolkit to carry out the recommended activities in the online sustainability course,** *Partnering4Health: Approaches to Sustaining Healthy Communities*

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# APPROACHES TO SUSTAINABILITY

## 1: Developing and Implementing Policy, Systems, and Environmental (PSE) Change Strategies

### PSEs and Sustainability

PSE change strategies seek to go beyond individual behaviors and into the systems that form the structures in which people live, learn, work, and play.

- Policy change strategies typically seek to enact or modify policies at the legislative or organizational level.
- Systems change strategies involve changes made to the rules, structures, or processes within an organization.
- Environmental change strategies are those that result in changes to the physical environment.

By creating multi-level interactions, PSE change strategies can significantly impact a community's norms and values.[2,3] Individual approaches to behavior change are most successful when reinforced, rewarded, and supported by these social norms and networks in communities and environments that support positive health decisions.[4,5] The Social-Ecological Model illustrates how effective strategies for community change occur across multiple levels - individual, interpersonal, organizational, community, and public policy.[6]

### WHAT ARE PSE CHANGE STRATEGIES?

**PSE change strategies address socioeconomic and environmental factors in an effort to impact more people than individually focused interventions and improve the overall health of a community.**

**The Social-Ecological Model**

*Adapted from: McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351–377, 1988.*

Sustainability is, in large part, about developing momentum to maintain community-wide changes that improve public health. Sustainability depends on communities developing and maintaining momentum to promote policies, ensuring that the policies are implemented, and monitoring the policies to determine whether they are having the intended effect. The PSE change strategies that a community, coalition, or other organization identifies as methods to improve community health provide the long-term goals around which community members will organize their efforts.

| Examples of PSE Change Strategies | | |
|---|---|---|
| **Policy** | **Systems** | **Environmental** |
| • Change local zoning ordinances so that markets can display produce outdoors<br>• Designate public land (or previously vacant land) for green space or farmers' markets<br>• Change laws or ordinances to prohibit smoking in public places | • Implement farm to school programs<br>• Create a community plan to account for the health impact of new projects<br>• Create a certification process for school bake sales to ensure that they are in line with school wellness policies | • Incorporate sidewalks, paths, pedestrian friendly intersections, and recreation areas into community design<br>• Make healthy food choices available in cafeterias<br>• Designate office space for lactating mothers to pump breast milk |
| *Adapted from The Food Trust, 2012* | | |

## Assessing the Needs and Assets of the Community

To enhance the long-term sustainability of a PSE change strategy, it is vital to heed the advice of Dorothy Nyswander to "start where the people are."[7] A community needs assesment can provide valuable information about the needs and assets of a particular community. The following are common components of community needs assessment and stakeholder engagement:[8]

- **Collect and Analyze Data:** Gather qualitative and quantitative data from primary and secondary sources. Primary data are data that one collects directly through surveys, interviews, and focus groups; such data often add local or unique information difficult to obtain through secondary data. Secondary data are existing data that have already been collected, often by organizations such as CDC or other state or local governmental entities, that are reanalyzed to provide new insights. Previously collected evaluation data may also be useful to the assessment.
- **Engage Communities of Focus:** Gain an understanding about current issues of most importance and relevance to community members. Use information obtained through community engagement activities to develop or refine program objectives and activities.
- **Incorporate Stakeholder Feedback:** In addition to community members, seek feedback about community needs and assets from local decision makers, program partners, program participants, and other affected stakeholders to understand their priorities and inform the selection of appropriate PSE strategies.

**QUICK TIP:**

**Check out CDC's series of online public health maps that can be used to assess the health status and needs of specific geographic areas. The maps are available at: https://www.cdc.gov/dhdsp/maps/gisx/resources/public-health-maps.html**


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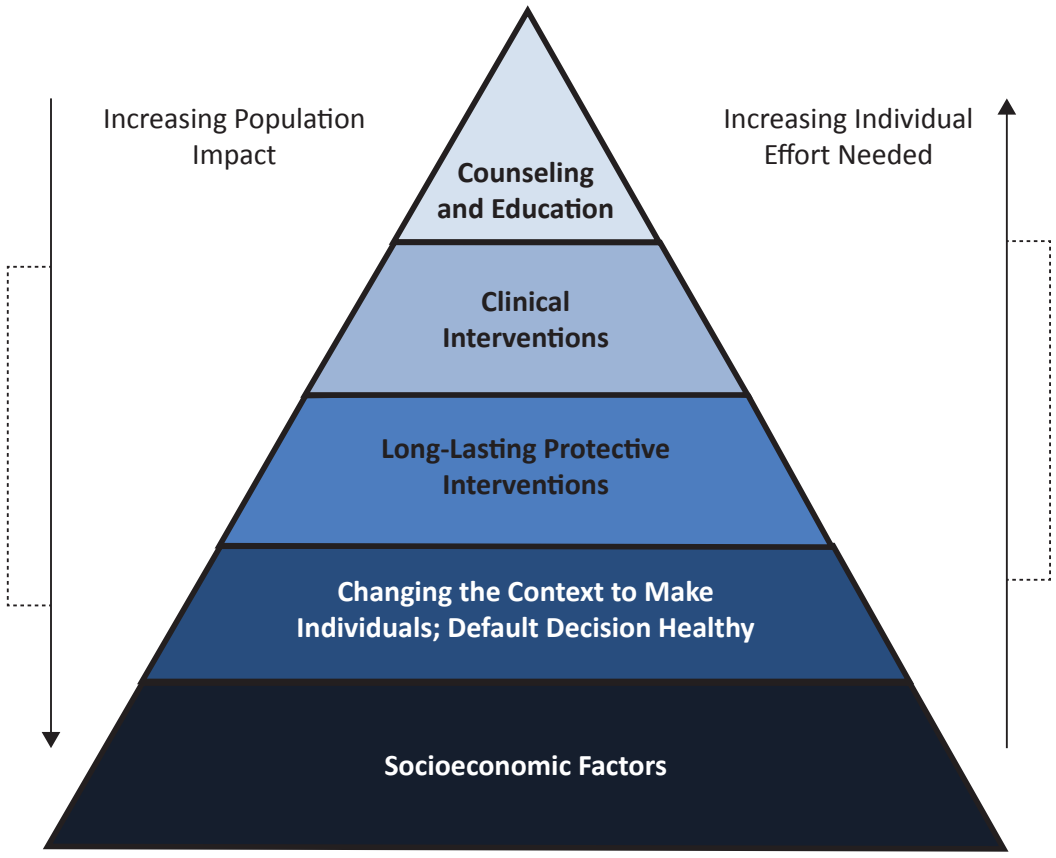
- **Form Community Advisory Groups:** These groups are important for facilitating and maintaining stakeholder input and support. Individuals can also serve as spokespersons to various priority populations and gatekeepers. Present a range of evidence-based strategies that can be used to address the problem and develop consensus around the optimal program objectives.
- **Coordinate Efforts with Other Programs:** If there are other programs or initiatives in the community whose efforts are related to yours, coordinate your efforts to ensure that you are leveraging strengths and not duplicating efforts.
- **Partner with Other Services and Resources:** Developing and enhancing partnerships is critical to instituting PSE change strategies in communities. Identify any relevant services or resources at the national, state, or local level and leverage these services and resources to further the reach and impact of your PSE change strategies.
- **Identify Opportunities to Reach Large Segments of the Population:** PSE change strategies should be evidence-based and aim to reach large segments of the population. It is important to identify opportunities and settings that allow your initiative to reach large groups of people, rather than relying on reaching out to one individual at a time. The Health Impact Pyramid (shown below) illustrates the tiers of influence that can result from public health interventions.[9] At the base of the pyramid, indicating interventions with the greatest potential impact, are efforts to address social determinants of health.
- **Identify Areas of Greatest Need:** Most communities have geographic areas where there are more barriers than others to healthy options (e.g., limited access to healthy and affordable foods, unsafe pedestrian walkways, limited parks and open spaces). Geo mapping and other techniques can be useful in identifying such areas and developing priorities for PSE change strategies.




*Source: Frieden TA. (2010). Framework for public heath action: The health impact pyramid. American Journal of Public Health, 100(4):590–595*

There are many resources and examples of assessment tools available online. A useful tool to assess community needs and resources related to physical activity has been adapted from the Washington State Department of Health and is included as a resource in this toolkit (Tool A: Tool to Assess Community Resources for Physical Activity).

There are many additional assessment tools available online, including:

- **The Washington State Department of Health's Community Assessment Tools.** A set of community needs assessment tools to guide interventions and activities aimed at creating environments that encourage walking, biking, and use of public transit. Available at http://here.doh.wa.gov/materials/active-community-environments/13_ACEtoolkit_E15L.pdf
- **CDC Community Food Assessment.** A collection of resources and tools to help communities understand their environment related to food and nutrition. Available at: https://www.cdc.gov/healthyplaces/healthtopics/healthyfood/community_assessment.htm
- **Walkability Checklist:** How walkable is your community? Available at: https://www.epa.gov/sites/production/files/2014-03/documents/checklist_walkability_0.pdf
- **Bikeability Checklist:** How bikeable is your community? Available at: https://one.nhtsa.gov/people/injury/pedbimot/bike/Bikeability/checklist.htm
- **Standardized Tobacco Assessment for Retail Settings (STARS):** An assessment tool designed for communities to gather information that can be used to inform state and local tobacco control policies related to retail or point-of-sale settings. Available at: http://countertobacco.org/wp-content/uploads/2017/02/2_STARS-Assessment-Tool.pdf
- Active Neighborhood Checklist: A user-friendly and reliable tool for assessing activity-friendliness of neighborhoods. Available at: http://activelivingresearch.org/active-neighborhood-checklist-user-friendly-and-reliable-tool-assessing-activity-friendliness

### Identifying and Selecting Effective PSE Change Strategies

Findings from assessing the needs and assets of local communities should help inform the selection of PSE change strategies. There are many sources of information to help with the identification and selection of evidence-based interventions that have the potential to improve community health.

CDC has developed a list of 14 evidence-based interventions that have the potential to positively impact the health of a community. These interventions are referred to collectively as HI-5 interventions because they have the potential to demonstrate positive health impact in five years or less, as well as cost-effectiveness and cost savings over time. Detailed information about each of the HI-5 interventions is available on the CDC's website at https://www.cdc.gov/hi5.

Other resources that can be used to identify evidence-based interventions to improve health and prevent disease include The Guide to Community Preventive Services, also known as The Community Guide, (http://www.thecommunityguide.org), the World Health Organization (WHO) Non-Communicable Disease Action Plan (http://www.who.int/nmh/publications/9789241597418/en/), and the Cochrane Reviews (http://www.cochrane.org/).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| HI-5: 14 Evidence-Based, Community-Wide Interventions | |
|---|---|
| **Addressing the Social Determinants of Health**<br>• Early childhood education<br>• Clean diesel bus fleets<br>• Public transportation system introduction or expansion<br>• Home improvement loans and grants<br>• Earned income tax credits<br>• Water flouridation | **Changing the Context: Making Healthy Choice the Easy Choice**<br>• School-based programs to increase physical activity<br>• School-based violence prevention<br>• Safe Routes to School (SRTS)<br>• Motorcycle injury prevention<br>• Tobacco control interventions<br>• Access to clean syringes<br>• Pricing strategies for alcohol products<br>• Multi-component worksite obesity prevention |
| *Source: CDC HI-5 Initiative (https://www.cdc.gov.hi5)* | |

The U.S. Department of Agriculture (USDA) has developed a toolkit and website that is particularly useful for identifying evidence-based PSE change strategies and interventions aimed at promoting healthy eating and physical activity (https://www.snapedtoolkit.org). The website allows users to identify PSE change strategies based on target behvaiors, such as breastfeeding, healthy eating, and physical activity. Each strategy in the database is classified as research-tested, practice-tested, emerging, or evidence-based. By selecting a particular PSE change strategy, the user is able to view relevant details about the strategy or intervention, including information about the intervention components, materials, evidence summary, evaluation indicators, and contact information to learn more about the program and/or download program materials.

**QUICK TIP:**

**Identify evidence-based PSE interventions using the USDA's tool available at: https://snapedtoolkit.org/interventions/find/?refine**

# 2: Building Coalitions and Partnerships

## Identifying Coalition Members and Partners

Sustainability typically requires developing partners and assembling a coalition of stakeholders with a range of expertise and knowledge, and with connections to relevant organizations that can help support the coalition and its efforts. Effective coalitions are action-oriented and focus on reducing or preventing a community problem by analyzing the situation, identifying and implementing solutions, and creating social change.[10]

One of the first steps toward building a coalition or partnership is to conduct a stakeholder analysis, which can be useful for ensuring that appropriate consideration is given to the wide range of stakeholders that could be included in the coalition or partnership. This toolkit includes a template that can be useful for conducting a stakeholder analysis (Tool B: Stakeholder Analysis Matrix). The template can be used not only to identify stakeholders, but also to categorize stakeholders by their level of influence, what is important to them, and/or what they could contribute to the coalition or partnership. The template also can be used to describe how each type of stakeholder will be engaged in the coalition. For example, some stakeholders may be active and contributing members of the coalition, while others might be consulted on a periodic basis and/or kept informed of the coalition's progress.

## Building an Effective Coalition

Consider creating and using a charter to document the rules that govern the coalition and bring added structure and accountability to the group. A charter can be especially helpful to orient new members and maintain progress when coalition membership changes over time. Charter documents can vary in format and structure, but most contain information about the purpose of the coalition, justification for the coalition, scope and objectives of the coalition's activities, and timeline for coalition activities. The CDC has developed a charter template that can be adapted for partnerships and coalitions convened for the purpose of building healthy communities. The template is available at: http://www2a.cdc.gov/cdcup/library/templates/CDC_UP_Project_Charter_Template.doc.

**WHAT IS A COALITION?**

**A group or partnership consisting of representatives from numerous diverse organizations and constituencies working together to achieve a common goal.**

Coalitions can also benefit from having members sign a commitment letter. This type of letter is completed and signed by each coalition member as a way of documenting the activities in which the coalition member agrees to participate and resources that each member agrees to provide to the coalition. A model commitment letter is included in this toolkit (Tool C: Model Commitment Letter).

It is also important for the coalition to have a well-articulated vision. Many techniques or methods are available to assist with the development of vision statements for public health or community-based organizations. For example, Mobilizing for Action through Planning and Partnerships (MAPP), developed by the National Association of City and County Health Officials (NACCHO), provides a step-by-step overview of a broader framework for mission and vision statements within a strategic

**QUICK TIP:**

**Assess community gaps in preventive services and obtain guidance on building partnerships that link community and clinical services by using the community-clinical linkages toolkit available at: http://www.sophe.org/wp-content/uploads/2017/07/National-WIC-Association_final2.pdf**


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planning process, as well as specific steps for developing a shared vision. Details about MAPP are available at: http://archived.naccho.org/topics/infrastructure/mapp/framework/phase1.cfm.

### Helping the Coalition to Take Action

Developing an action plan can help coalition members turn their vision into reality, and increase their efficiency and accountability. An action plan describes the way the coalition will meet its objectives through detailed action steps that describe how and when these steps will be taken. The action plan should answer several key questions, for example:

- **What** actions or changes will occur?
- **Who** will carry out these changes?
- **By when** will the changes take place?
- **What resources** are needed to carry out these changes?
- **What are the communication plans** — who should know what and when?

A template designed to help coalitions develop action plans is included in this toolkit (Tool D. Coalition Action Plan Template).

### Sustaining the Coalition

Together, the partners and coalition can help to increase community capacity and sustain PSE strategies that improve health and social outcomes by moving through stages from formation to maintenance to institutionalization. At each of these stages, there are key sustainability tasks that should be addressed by the coalition.

**Key Sustainability Tasks for Coalitions**

| Stage of Development | Tasks |
|---|---|
| **Formation** | • Build community ownership<br>• Assess community needs and assets<br>• Develop commitment for vision, mission, goals, and objectives<br>• Create viable organizational structure<br>• Recruit key organizational members<br>• Build leadership team<br>• Plan for evaluation and quality improvement |
| **Maintenance** | • Retain member commitment and participation to achieve objectives<br>• Obtain and share member resources<br>• Continue to assess community assets and needs<br>• Plan, implement, and evaluate effective PSE change strategies and interventions<br>• Celebrate victories |
| **Institutionalization** | • Diversify and strengthen coalition's financial base<br>• Ensure a community home for ongoing efforts<br>• Plan for leadership succession<br>• Institutionalize strategies within member organizations and community institutions<br>• Continue quality improvement |

*Adapted from CDC's Healthy Communities Program, Sustainability Planning Guide (https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf)*

There following eight factors are associated with coalition sustainability:

1. **Vision**
2. **Community Ownership**
3. **Leadership**
4. **Distributed Action**
5. **Strategies Implemented**
6. **Funding**
7. **Learning Orientation**
8. **Implementation**

To learn more about each of these factors and assess the sustainability potential of your coalition, refer to the checklist available on the Coalition-Works website at: http://coalitionswork.com/resources/tools/.

**QUICK TIP:**

**Assess the sustainability of your coalition or program across a range of factors by using the online assessment tool available at: https://sustaintool.org/**

In addition, an online program sustainability assessment tool has been developed at the Center for Public Health Systems Science at Washington University and is available at: http://here.doh.wa.gov/materials/active-community-environments/13_ACEtoolkit_E15L.pdf. The assessment tool can be used to explore the organizational and contextual factors that can strengthen a program's capacity for sustainability. After completing the assessment, organizations receive a customized report of their group's results. Supporting online resources are also available to inform the group's sustainability action planning process.

## 3: Establishing a Home for Healthy Communities Work

An important part of sustainability planning is finding an organizational or community home for the coalition's efforts. This home, which does not need to be a physical entity, can serve as a stable, permanent base of operations and a fiscal agent for the entity charged with sustaining the work of the coalition or healthy community initiative. When identifying where to create an organizational or community home, consider the following key functions of a community home:

- **Acting as a neutral broker for public health resources.** As a neutral broker, an organizational or community home should be able to help formulate and negotiate policy strategies to address competing priorities and resource constraints in a manner that helps meet the objectives of a diverse coalition of stakeholders. Consider the longevity of the organization and its standing or reputation among diverse stakeholders.

### WHAT IS A COMMUNITY HOME?

**An organizational or community home is a place that can provide an ongoing, stable base of operations to help manage the work of the coalition and sustain the critical functions of the initiative after the coalition completes its initial work.**

- **Providing ongoing leadership and management.** The organizational or community home should be able to evaluate the health of the community and advocate for appropriate PSE approaches and strategies. As a permanent organization, the community home should be well positioned to provide a stable, ongoing presence to maintain the essential functions and efforts of the coalition.


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- **Soliciting and accepting ongoing funding.** An organizational or community home should have experience soliciting and managing funding from various sources, including tax revenues. An ongoing community home should be able to maintain relationships with funding sources and have the capability to manage and disperse funds in a fiscally responsible and transparent manner. Non-profit 501(c)(3) organizations can make suitable coalition homes, particularly since they can apply for diverse public and private funding.
- **Communications and coordination with partners and stakeholders.** The organizational or community home must be able to establish and maintain relationships with a wide range of community stakeholders and collaborators. The community home should be well positioned to foster ongoing communications and collaboration.
- **Monitoring, evaluation, and learning.** The long-term nature of the community home should enable it to monitor the effects of the coalition over the long-term and shift priorities to respond to the needs of the community. Sharing knowledge from community a ctivities can help the community home build capacity for sustaining and adapting public health initiatives.

An organizational or community home can be based within an existing business, nonprofit organization, or government agency. There are many examples of organizational or community homes established to support the ongoing work of public health coalitions and partnerships.

**Community Home Examples**

- **Buffalo County Community Partners (Kearney, Nebraska): https://www.bcchp.org**
- **Health Collaborative (San Antonio, Texas): http://healthcollaborative.net/**
- **Community Health Improvement Partners (San Diego, California): http://www.sdchip.org/**
- **Kanawha Coalition for Community Health Improvement (Charleston, West Virginia): http://www.healthykanawha.org/**

Some communities have set up 501(c)(3) nonprofit organizations to serve as brokers of the funding and activities associated with community health initiatives. Coalitions or other organizations that are considering creating a 501(c)(3) will need to consider a number of national, state, and local legal and administrative issues. This toolkit includes a checklist developed by CoalitionsWork to help organizations consider factors related to becoming a 501(c)(3) nonprofit organization (Tool E. Checklist for Becoming a 501(c)(3) Nonprofit Organization).

# 4: Developing Communication Strategies

Effective internal and external communication strategies are critical to sustaining the coalition and its activities to promote healthy communities. Communication strategies intended to promote sustainability typically fall into one of three categories:

| | |
|---|---|
| **Internal Communications** | To manage the work of a coalition or planning group |
| **External Communications** | To inform the public about the activities and achievements of the coalition |
| **Communications with Decision-Makers** | To ensure that the coalition's activities are aligned with the needs and concerns of decision-makers |

### Communicating with Internal Stakeholders

Frequent and positive communication within a coalition increases member motivation and satisfaction, enhances implementation of coalition activities, and is an important aspect of enhancing sustainability. Effective internal communication creates a shared vision, establishes roles and expectations for the coalition members, promotes collaboration and coordination among coalition members, and helps inform members of coalition successes.

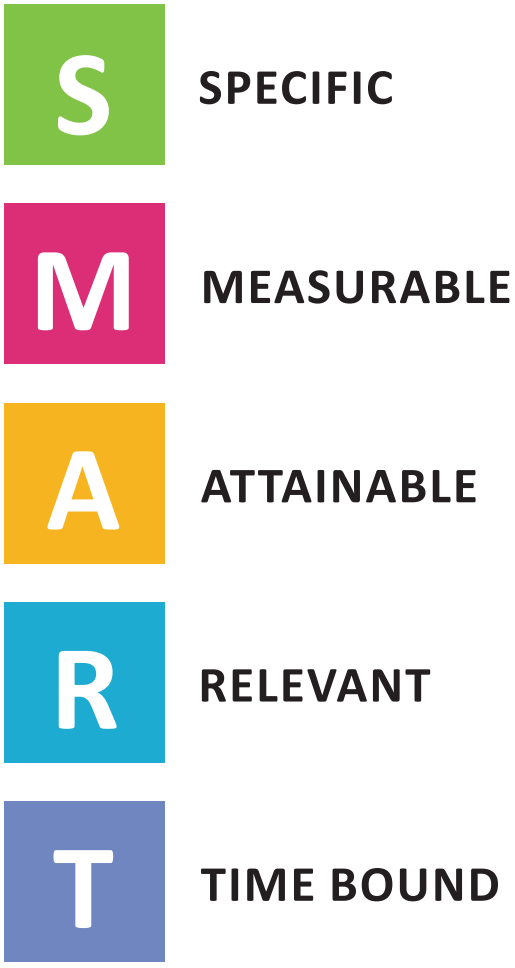
Communication strategies should reinforce and build commitment to the goals and objectives of the coalition. The goals and objectives should be developed and conveyed in a format that is SMART (specific, measurable, attainable, relevant, and time-bound). This toolkit includes a template that can be used to create SMART goals and objectives (Tool F: SMART Goals and Objectives Worksheet).

Additional tips for successful and effective internal communication within a coalition or workgroup include:

- Distribute clear and specific action plans.
- Document progress in a manner that recognizes individual member efforts and accomplishments.
- Provide periodic updates and reports to communicate progress to all coalition members.

**QUICK TIP:**

An example of a SMART objective for a coalition whose purpose is to enhance the health of a community is: By August 31, identify and recruit eight community members to serve on the community health advisory board.





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### Communicating with External Stakeholders

A coalition or work group should strive to keep community members and leaders informed about the actions and achievements of the group, and obtain input on objectives, activities, and goals. This helps enhance sustainability by promoting buy in from the community, improving awareness of the coalition and its activities, increasing support for the coalition, and creating enhanced opportunities for collaboration and financing.

Coalitions can communicate with the community via paid and non-paid media delivered through channels such as the newspaper, radio, television, and social media. Direct communication with the public can be achieved by attending school, community, or faith-based meetings; participating in listening sessions; participating in health fairs; and attending other community events.

**QUICK TIP:**

**Use the Smart Chart for Communications to craft your media messages and communication plan available at: http://smartchart.org/content/smart_chart_3_0.pdf**

It is important to understand how to use the media to garner support for activities designed to improve community health. If funds are not available to purchase advertising, coalitions can work to increase awareness of their work and positions via the news media, press events, and editorials. The CDC Healthy Communities Program has developed a media guide with advice for working with the media, available at https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/mediaaccessguide.pdf.

To assist with the development of an overall communication plan, this toolkit includes a template for communication planning (Tool G: Communication Planning Template) and a template for developing a press release (Tool H: Press Release Template).

As the coalition develops messages around an issue, it is critical to understand how the community views the issue. Collecting opinions from stakeholders, decision-makers, subject matter experts, and community representatives will help you develop a message that resonates with these audiences and stakeholders. Whenever possible, test the message with a small representative group of persons you are trying to reach. You may need to translate your message to reach non-English speaking audiences, and carefully select appropriate images or photos that help convey your key messages.

A message map is a useful tool for developing messages about key questions that are expected to arise during meetings with stakeholders. Message mapping tools are available to assist in the development of health messages that address specific issues. Experts in message mapping often recommend developing three main messages and three supporting messages for each of those main messages. The Agency for Toxic Substances and Disease Registry (ATSDR) has developed a useful tool for developing messages using the concept of three main messages and three supporting messages. The ATSDR messaging tool is available at: https://www.atsdr.cdc.gov/communications-toolkit/documents/12_message-mapping-tool-final-111015_508.pdf.

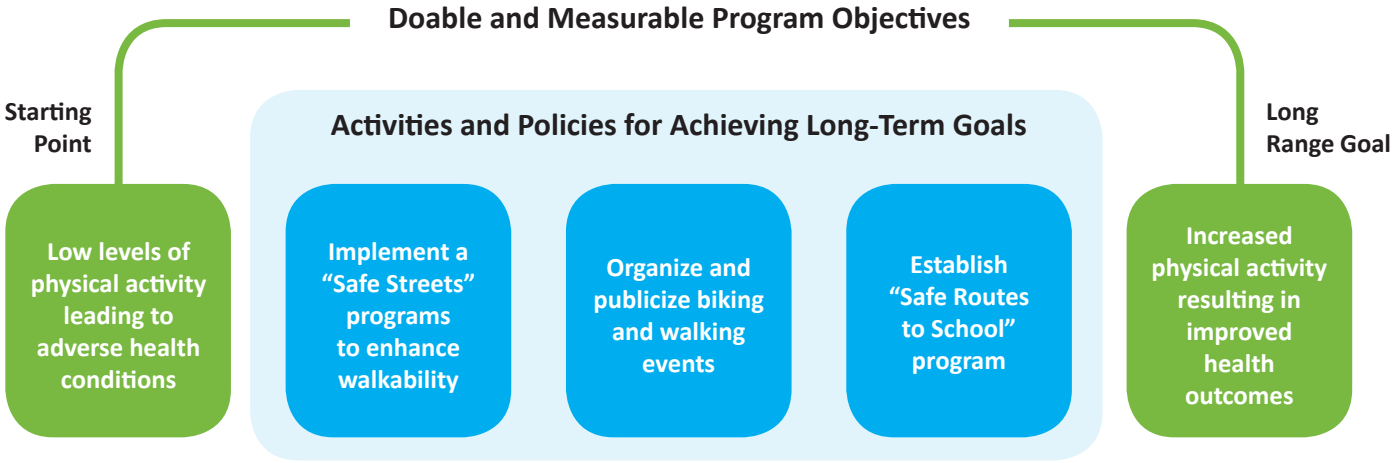
### Communicating with Decision-Makers

For sustainability, coalition members must understand the needs and concerns of decision-makers whose support is needed for PSE changes. Periodic face-to-face meetings with key decision-makers are recommended to inform and educate them about the project's goals, respond to questions and concerns, and receive feedback. Prior to meeting with decision-makers, it is important to spend time researching the decision-makers' position on topics to be addressed during the meeting. For example, if the meeting is to discuss the possibility of a community garden and the decision-maker has previously expressed opposition to converting a vacant lot into a community garden then the coalition representative should anticipate this reaction and prepare an appropriate response.

The likelihood of a successful meeting with a decision-maker will be enhanced if the coalition understands the perspective of the decision-maker, anticipates potential barriers, and is prepared to offer solutions that meet the needs of the coalition and decision-maker. Communications with decision-makers should be focused on actions and results. The work that the coalition has previously done to develop goals, objectives, and design effective messages can be leveraged to enhance communication with decision-makers.

**QUICK TIP:**

**Enhance your approach to communicating with decision-makers by using the tips and techniques suggested by the Center for Healthy Communities at: http://sph.berkeley.edu/sites/default/files/Advocating-for-Change-Manual-2.pdf**




## 5: Building Coalition Members' Skills

A key element of sustainability is to provide coalition members with an opportunity to enhance their skills and knowledge. Coalitions function best when there are rewarding relationships, acquisitions of new knowledge and skills, and collaborative practices among diverse members. While many members will gain substantial experience and knowledge through their coalition participation, providing training on specific topics will improve members' capabilities, effectiveness, decision-making, satisfaction, and participation. Training can also reduce coalition member turnover.

Coalition training often focuses on collaboration, team building, leadership, communications, and project planning. Depending on the backgrounds and experiences of coalition members, it might also be necessary to offer training specific to public health topics (e.g., PSA change strategies, health equity, and the role of the built environment). Coalition members will be more receptive to training that is designed to address a mutually recognized need and/or focused on helping them to achieve a planned goal or task.
A training needs assessment is included in this toolkit (Tool I: Training Needs Assessment).

Due to the wide variety of training topics that could be addressed, coalitions should use a combination of strategies to identify and prioritize all possible training topics. Methods for prioritizing topics include:

- **Conducting a formal survey.** This method involves using a questionnaire or survey to ask coalition members about their training needs. The training need assessment included in this toolkit can be used for this type of data collection.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- **Discussing training needs as part of a coalition meeting.** Add a discussion of training needs to a coalition meeting agenda and use the time to brainstorm and prioritize potential training topics.
- **Consulting with coalition leaders or subject matter experts.** Coalitions often have access to staff and leaders from other coalitions, organizations, and academic institutions that can suggest types of training that might be most useful for the coalition. The advantage of this type of information gathering is that individuals from outside the coalition can provide a more objective or detached perspective on the strengths and weaknesses of the coalition and its members.
- **Consulting the literature.** There is a large body of scientific research and literature about building and sustaining coalitions. This body of literature can be a useful source of information about the types of training that tends to be the most needed and most effective in enhancing the knowledge and skills of coalition members.

Once training needs are identified, several approaches can be used to train coalition members. Workshops are one of the most common approaches for simultaneously training all coalition members. The workshop should be professionally facilitated and offered in a place and at a time that is convenient for coalition members.

Joint workshops are particularly advantageous when topics involve improving collaboration by focusing on skills such as team building and project management. In joint workshops, participants can discuss the training content and reach consensus on solutions.

Self-paced, online, and one-on-one training approaches can also be useful, especially when the training is intended to enhance skills such as mentoring and leadership.

**QUICK TIP:**

**Check with local chapters of professional organizations, colleges, and universities to identify subject matter experts who are willing to offer training and workshops on topics such as collaboration, communication, health promotion, and community health.**

## 6: Developing Social Marketing Strategies

### Unlocking the Potential of Social Marketing

Effective social marketing strategies are a critical element of a coalition's goal to achieve a PSE-focused change for a healthier community. In public health, social marketing refers to the use of marketing theory, skills, and practices to build awareness about an issue and promote positive change in behaviors or attitudes that are related to health. For example, the CDC's Tips from Former Smokers campaign uses social marketing strategies to raise awareness of the negative health effects caused by smoking and encourage smokers to quit; and nonsmokers to protect themselves from exposure to secondhand smoke.

**SOCIAL MARKETING VS. SOCIAL MEDIA**

**Social marketing refers to the practice of building awareness about an issue and prompting a change in behavior or attitude; whereas social media refers to tactics and platforms (e.g., Facebook, Twitter) that can be used for social marketing.**

Social marketing can be used effectively to:

- Explain the rationale, activities, objectives, and goals of the PSE initiative to the community and decision-makers.
- Build consensus about the use of a specific PSE change strategy.
- Modify community members' attitudes and behaviors to meet healthy behavior objectives.

"Marketing Mix" or "Four Ps" is a commonly used concept in the marketing profession. The Four Ps refer to the four levels of decisions that impact an organization's approach to marketing a particular product, service, or concept.

| The Four Ps of Marketing | |
|---|---|
| Product | Is the product designed to appeal to perceived need of individuals or groups? |
| Price | Does the perceived value of the product exceed its cost? |
| Place | Can the product be easily purchased, obtained, or accessed? |
| Promotion | Are there processes that can be used to make people aware of the product (e.g., advertising, public relations, direct selling)? |

*Source: https://www.cdc.gov/healthcommunication/ToolsTemplates/Basics.html*

The answers to the questions outlined in the Four Ps can be used to decide whether to offer and how to market a particular product, service, or concept. Although the Four Ps are sometimes used to market unhealthful products such as tobacco or sugary beverages, these concepts can also be used to promote health and wellbeing.

When healthy products, services, or concepts are "marketed" to a community, it is sometimes referred to as "counter-marketing" because the intent is to counterpoint the marketing of unhealthy products. For example, whereas a traditional marketing approach is to place candy in a highly visible location near the front of a grocery store, a counter-marketing approach could be used to replace the unhealthy foods with an attractive display of healthy grab-and-go snacks.

### Using Social Media to Support Social Marketing

Social media (e.g., Facebook, Twitter, Instagram, blogs, podcasts) are valuable coalition aids in social marketing. Collectively, the use of multiple social media tactics and platforms can be referred to as a social media strategy.

As CDC notes in its guidance document, titled The Health Communicator's Social Media Toolkit, a social media communications strategy is only one part of a larger communication effort and should be integrated into the coalition's overall communication planning and activities. Therefore, overarching communication goals should be considered when developing social media activities (See also Chapter 4).

The keys to effective social media outreach are identifying target audience(s), determining objective(s), knowing outlet(s), and deciding on the amount of resources (e.g., time, effort) that can be invested. However, with social media more information can be obtained through a particular media channel to help build your strategy. For example, by joining an online chat group or listserv, one can listen to conversations in real time, identify influencers and fans, and improve understanding of audience knowledge, attitudes, behaviors, needs, concerns, and jargon.

If the coalition decides to incorporate social media into its overall marketing and communication plan, numerous social media tools are available for use. The CDC's Social Media Toolkit (referenced above) provides a detailed overview of several social media tools, including buttons and badges for websites and social network profiles, image sharing, content syndication, RSS feeds, podcasts, widgets, and online video sharing. The social media toolkit also contains information about monitoring


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the impact of social media strategies. In addition to the social media toolkit, CDC's Guide to Writing for Social Media can help develop health messages that resonate and are relevant to social media audiences.

**QUICK TIP:**

**Use the CDC Gateway to Health Communications and Social Marketing Practices website to access information and tools designed to support social marketing strategies.** https://www.cdc.gov/healthcommunication/ToolsTemplates/Basics.html

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# CONCLUSION

This toolkit has been designed as a companion to the online course titled, *Partnering4Health: Approaches to Sustaining Healthy Communities*. It is framed around the six approaches to sustainability described in the course and can assist coalitions, communities, and other organizations to enact and sustain healthy communities through the use of PSE change strategies. Many examples herein address risk factors related to nutrition, physical activity, tobacco, and clinical community linkages; however, the templates and tools are applicable across a wide variety of public health issues.

It is our hope that this toolkit will be helpful to organizations, including those that were part of the Partnering4Health project and future healthy community coalitions, to support the development, implementation, and sustainability of healthy communities that will enact PSE change strategies to reduce chronic disease risks. We encourage users to access the SOPHE Partnering4Health website (http://www.sophe.org/focus-areas/chronic-diseases/partnering-4-health/) for additional guidance and resources on PSE change and continuing the movement for a healthier America.

**Please tell us what you think about the Partnering4Health sustainability tools, including this toolkit and the online sustainability course. You can provide feedback by completing the brief survey accessible via the Partnering4Health sustainability webpage at https://partnering4health.org/sustainability/ or by sending an email to education@sophe.org.**

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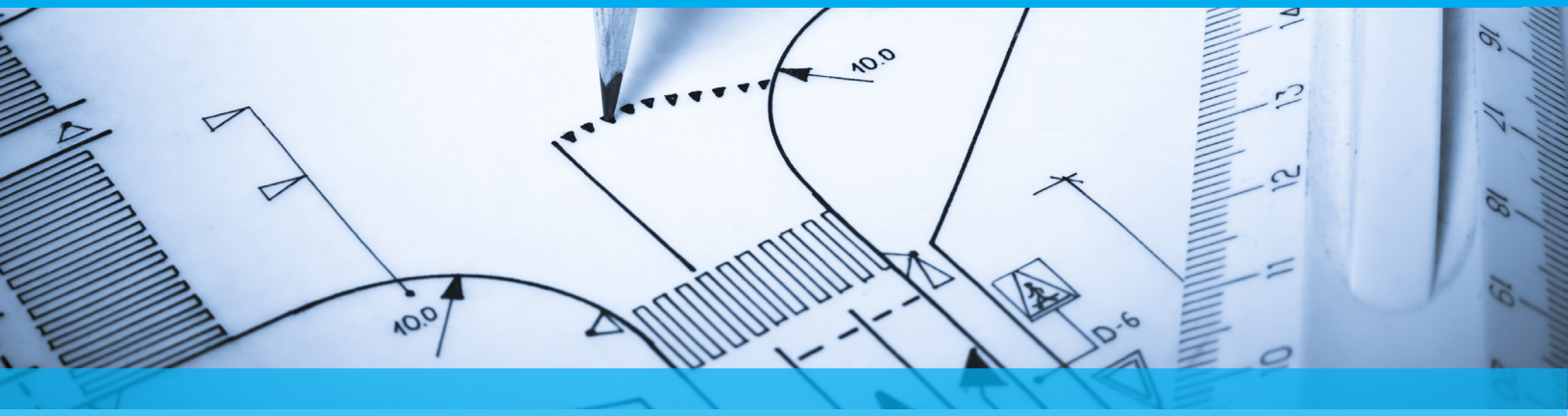
# TOOLS




A. Tool to Assess Community Resources for Physical Activity

B. Stakeholder Analysis Matrix

C. Model Commitment Letter

D. Coalition Action Plan Template

E. Checklist for Becoming a 501(c)(3) Nonprofit Organization

F. SMART Goals and Objectives Worksheet

G. Communication Planning Template

H. Press Release Template

I. Training Needs Assessment

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# TOOL A. TOOL TO ASSESS COMMUNITY RESOURCES FOR PHYSICAL ACTIVITY

Use this tool to assess the types of recreational services that are available, the population groups they are designed to serve, and the ways in which these programs and facilities are promoted.

| Free and Low-Cost Physical Activity | | | | Points |
|---|---|---|---|---|
| Community groups. Are there groups in the community working together to encourage physical activity and create opportunities for activity in the community, such as public health or recreation agencies, the local American Heart Association affiliate, bicycle clubs, walking clubs, etc.? | No: 0 points | Yes: 1 point | Multiple groups: 2 points | |
| Community events. Does the community sponsor events that promote physical activity, such public walks, biking events, corporate challenges, etc.? | No: 0 points | Once or twice a year: 1 point | Three or more a year: 2 points | |
| Financial commitment to community recreation. Are funds for parks and recreation activities, such as sport coordination, included in the community's current operating budget?<br><br>What is the total amount allocated in the community's current annual operating budget for parks and recreation (for staff, maintenance, and programs)? $_____<br><br>What is the population size of the community? _____<br><br>What is the amount per person? $_____ | Less than $10 per person: 0 points | $10.01 – $35 per person: 1 point | More than $35 per person: 2 points | |
| Safe recreational facilitates for children. Are safe, supervised recreation facilities available to children in the summer, after school, and weekend hours? | Never: 0 points | Some locations: 1 points | Many locations: 2 points | |
| Youth activity programs. Are sports leagues and/or recreational activity programs available for youth in the summer, after school, and weekend hours (in addition to school athletic programs)? | No: 0 points | Some locations: 1 points | Many locations: 2 points | |
| Adult activity programs. Are sports leagues and/or recreational activity programs available to adults? | No: 0 points | Some locations: 1 points | Many locations: 2 points | |
| Senior activity programs. Are sports leagues and/or recreational activity programs available to older adults (age 55 and older)? | No: 0 points | Some locations: 1 points | Many locations: 2 points | |
| Access for low-income individuals. Do recreational facilities and programs that charge for admission make provisions for low-income individuals or families to gain access? | No: 0 points | Some: 1 point | Most: 2 points | |
| Promotion of opportunities. How many media promotions for current and future physical activity opportunities in the community have been published in the past 12 months? | None: 0 points | 1 – 2: 1 point | 3 or more: 2 points | |
| Media stories in past year. How many locally funded special interest stories about physical activity have been covered in the local media (e.g., radio, print, television) in the past 12 months? | None: 0 points | 1 – 2: 1 point | 3 or more: 2 points | |
| | | | **Total of 20 possible points for this section** | 0 |


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**How did your community do?**

| Free and Low-Cost Physical Activity Rating Scale | |
|---|---|
| Stage 1. Some commitments have been made to remove barriers to being an active community. | Below 10 |
| Stage 2. Community is off to a good start towards building an active community. | 11 – 14 |
| Stage 3. Community makes it easy for people of all ages and abilities to be physically active. | 15 – 18 |
| Stage 4. Community is a model active community environment. | 19 – 20 |

List what you believe are the most important things about your community that make it easier for people to be physically active:

1. _____

2. _____

3. _____

Describe what you believe are three changes that your community could realistically make in the next one to two years to make it easier for people to be more physically active:

1. _____

2. _____

3. _____

Describe what you believe are three changes that your community could realistically make in the next three to five years to make it easier for people to be more physically active:

1. _____

2. _____

3. _____

*Adapted from Washington State Department of Health: http://here.doh.wa.gov/materials/active-community-environments/13_ACEtoolkit_E15L.pdf*

# TOOL B. STAKEHOLDER ANALYSIS MATRIX

**Instructions:** Use this template to identify the stakeholders for the partnership or coalition, including their level of influence, which issues are important to them, and how they will be engaged.

| Stakeholder Name and Affiliation | Contact Person Email, Phone | Impact *How much do the coalition and its activities impact them? (Low, Medium, High)* | Influence *How much influence do they have over the coalition and its activities? (Low, Medium, High)* | What is important to the stakeholder? | How could the stakeholder contribute to the coalition or project? | How could the stakeholder block the coalition or project? | Strategy for engaging the stakeholder |
|---|---|---|---|---|---|---|---|
| **EXAMPLE** *Tom Jones, Riverdale Partners for Health* | *tjones@rph.org 123-456-7890* | *High* | *Medium* | *Improving access to healthy foods in Riverdale county* | *Leverage reputation and experience in community to build support* | *Withdraw support for the project, which would lead to less community support overall* | *Invite to monthly coalition meetings* |
| | | | | | | | |
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*Source: http://www.tools4dev.org/resources/stakeholder-analysis-matrix-template/*


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# TOOL C. MODEL COMMITMENT LETTER

**MODEL COMMITMENT LETTER: COALITION ORGANIZATIONS**

Our organization, <name>, is committed to be an active member of the <name> Coalition. We are committed to the vision, goals, objectives, and strategies that have been and/or will be decided by the coalition. We are committed to the planning and collaboration that such coalitions undertake and understand that it will take time. We acknowledge the contributions and expectations of the other members of the Coalition. Benefits of membership include: <specify - e.g., access to coalition website and its resources, educational events, connection to other members and priority populations, etc.>.

**As general evidence of our commitment, we agree to do the following:**

- ❑ Appoint a representative(s) to attend coalition meetings and archives
- ❑ Authorize that representative to make decisions on our behalf, except for decisions regarding _____ <specify exceptions, if appropriate>
- ❑ Read minutes, reports, and newsletters to keep abreast of coalition decisions/activities
- ❑ Disseminate relevant information to organizational members or employees through listservs, websites, and newsletters
- ❑ Keep coalition informed of our organization's related activities

**Specifically, our organization will commit the following resources to the coalition:**

- ❑ Access to volunteers for coalition tasks
- ❑ A financial commitment for $_____ (or dues, if appropriate)
- ❑ In-kind contributions of <specify - e.g., staff time, material resources, meeting space, refreshments>
- ❑ Connections to other key organizations/individuals _____ (specify)
- ❑ Other (specify)_____

**Name of Organization: _____**

**Name of Representative of the Organization: _____**

**Signature of Representative of the Organization: _____**

**Date:_____**

*Adapted from CoalitionsWork (http://coalitionswork.com/resources/publications/coalitions_and_partnerships_in_community_health/*

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# TOOL D. COALITION ACTION PLAN TEMPLATE

**Instructions:** Complete this template to develop an annual action plan for your coalition.

| OVERALL COALITION OR WORK GROUP GOAL: | | | | | | |
|---|---|---|---|---|---|---|
| **Coalition or Workgroup Objectives:**<br>**1.**<br>**2.**<br>**3.** | | | | | | |
| **Obj.#** | **Action** | **Strategy/Major Steps Needed (include timelines)** | **Defining Success (specific outcomes, by when?)** | **Partners** | **Resources** | **Barriers** |
| **1** | | | | | | |
| **2** | | | | | | |
| **3** | | | | | | |
| **4** | | | | | | |
| **5** | | | | | | |

*Source: CoalitionWorks (http://coalitionswork.com/resources/tools/)*


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# TOOL E. CHECKLIST FOR BECOMING A 501(C)(3) NONPROFIT ORGANIZATION

- ❑ **Determine Coalition's Purpose.** Draft clear, concise written mission statement and goals.
- ❑ **Form a Steering Committee or Executive Board.** A leadership or steering committee can translate ideas into practice through planning and fund-raising.
- ❑ **File Articles of Incorporation.** For nonprofits that want to incorporate, requirements for forming and operating a nonprofit corporation are governed by state law. Contact secretary of state or state attorney general's office.
- ❑ **Draft Bylaws.** Bylaws should be drafted and approved by coalition early in its development. An attorney experienced in nonprofit law can review bylaws for appropriateness.
- ❑ **Develop Strategic Plan.** The strategic planning process expresses a vision of coalition's potential. Outline steps needed to work toward that potential and determine staffing needed to implement plan. Establish program and operational priorities for at least one year.
- ❑ **Develop Budget and Resource Development Plan.** Financial oversight and resource development (e.g., fundraising, earned income, membership) should be described in resource development plan and budget.
- ❑ **Establish Record-Keeping System.** Corporate documents, minutes, financial reports, and other official records must be saved for the life of the coalition.
- ❑ **Establish Accounting System.** Good stewardship of coalition's funds requires an accounting system that meets current/future needs. Annual audits by an accountant (CPA) may be required.
- ❑ **File Internal Revenue Service (IRS) Determination of Federal Tax Exempt Status.** Nonprofit corporations with charitable, educational, scientific, religious, or cultural purposes have tax exempt status under section 501(c)(3) or section 501(c)(4) of the Internal Revenue Code. To apply, obtain application form 1023 and publication 557 (detailed instructions) from the local IRS office. The application is a legal document - an attorney can help prepare it.
- ❑ **File State and Local Tax Exemptions.** According to state, county, and municipal law, apply for exemption from income, sales, and property taxes with appropriate revenue department.
- ❑ **Meet Requirements of State, County, and Municipal Charitable Solicitation Laws.** Many states and local jurisdictions regulate organizations that solicit funds. Compliance involves obtaining a license and filing an annual report/financial statement. Check with state attorney general's office, state department of commerce, state/local department of revenue, or county/city clerk's office.
- ❑ **Obtain Employer Identification Number from IRS.**
- ❑ **Register with State Unemployment Insurance Bureau.**
- ❑ **Apply for Nonprofit Mailing Permit from U.S. Postal Service.**
- ❑ **Obtain Directors' or Officers' Liability Insurance.**

*Source: CoalitionsWork (http://coalitionswork.com/resources/tools/)*

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# TOOL F. SMART GOALS AND OBJECTIVES WORKSHEET

**Instructions:** Work through this worksheet, including as much detail as possible under the heading in each column. When you have completed the worksheet with the consensus and approval of your coalition, you will have clear and measurable goals to continuously guide your group's efforts over time. These goals can also be shared with internal and external audiences.

| Goals and Objectives | | | | | |
|---|---|---|---|---|---|
| **Intention** | **Specific** | **Measureable** | **Attainable** | **Relevant** | **Time Bound** |
| What is it that you want to achieve? | Who?<br>What?<br>Why?<br>Where?<br>When? | How much?<br>How often?<br>How many? | Achievable?<br>Feasible? | Is it important to what you ultimately want to achieve? | Is it important to what you ultimately want to achieve? |
| ***Example:***<br>*Identify and recruit 8 community members to serve on the community health advisory board* | *Coalition leaders* | *Eight community members* | *Yes* | *Yes* | *August 31, 2017* |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |


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# TOOL G. COMMUNICATION PLANNING TEMPLATE

**Instructions:** Work through this worksheet, including as much detail as possible under the heading in each column. When you have completed the worksheet, you will have the information necessary to guide communication strategies with stakeholders.

| Stakeholder | What | When | How | Who |
|---|---|---|---|---|
| Identify the name of the individual stakeholder and/or organizational affiliation | Describe what needs to be communicated (i.e., results of assessment) | Indicate the start and/or end date(s) | Describe the communication method (i.e., presentation to stakeholders) | Indicate the person or organization responsible for ensuring this communication is completed |
| ***Example:*** *Senator Jones* | *Results of community needs assessment* | *After assessment results are available (Fall 2018)* | *Request in-person meeting* | *M. Smith* |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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# TOOL H. PRESS RELEASE TEMPLATE

[Insert logo(s) here]

**FOR IMMEDIATE RELEASE: DATE**
Contact:
Phone:
E-mail:

**Community rallies for healthier food options**
*Recommendations offered to improve access*

[City, state] - Harlem, a neighborhood that lacks enough supermarkets to meet neighborhood needs, has the highest rates of obesity and diabetes in New York City. The Harlem community is rallying for healthier food options. East and Central Harlem residents, in conjunction with the Harlem Food & Fitness Consortium, are hosting a press conference on April 28 to release a report on food justice, which gives recommendations on how to improve community health by increasing access to healthy, affordable food in Harlem.

Community members and advocates will address the press at 5:30 p.m. on Tuesday, April 28 on the northeast corner of 103rd St. and Lexington Ave., at a now-vacant lot where a supermarket once stood. The press conference and report will share community visions for the changes that residents would like to see in supermarkets and food access.

“We wanted to make sure we documented the burdens that Harlem residents experience in trying to purchase nutritious food,” said <name, title, organization>. “The diseases that we face in such large numbers cannot be addressed by better nutrition education alone. We need to make sure that efforts are made to preserve current supermarkets and develop new ones as well as other venues for good food. Our lives depend on it.”

The report is being released now to give a voice to community members, so that their concerns can shape the public policies being designed to promote healthy food access. Recommendations include using government subsidies and incentives to establish new supermarkets and preserve existing ones on the condition that stores provide good jobs, healthy and affordable foods, universally accessible shelves, a clean environment, and good service. The report also highlights possible sites for new supermarkets in Harlem.

The activism of Harlem residents makes clear that food access is about justice and community empowerment. As <name, title, organization>, says, “When we work together in unison, we understand how to solve problems that affect all of us.”

###


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# TOOL I. TRAINING NEEDS ASSESSMENT

**Instructions:** This self-assessment is designed to help identify topic areas and training approaches that meet your needs and the goals of the coalition. The assessment is designed to gather information about the experience you have in the following areas: needs assessment, planning, implementation, evaluation, coalitions, policy/systems/environmental change, advocacy, communications, leadership management, and chronic disease. For each question, you are asked to rate your familiarity with the topic area and your confidence in your ability to apply your skills or take action. In addition, this tool seeks to help identify your preferred methods of training and technical assistance.

The survey is organized into three sections:

- Part I – list of training topic areas applicable to this project
- Part II - preferences for training or delivery methods or approaches
- Part III - information about you, your role in the coalition, and access to technology.

Please answer the questions from your personal viewpoint or perspective. The survey should take about 20 minutes to complete. There are no correct or incorrect answers; please answer to the best of your ability and feel free to provide additional comments in the space provided. Your responses are completely anonymous, unless you choose to provide a name and contact information at the end of the survey.

| Topic Area | Understanding<br>1 = Little familiarity with topic<br>2 = Somewhat familiar with topic<br>3 = Very familiar with topic | Application of skills<br>1 = Not confident<br>2 = Somewhat<br>3 =Very confident | Comments |
|---|---|---|---|
| **A. NEEDS ASSESSMENT** | | | |
| 1. Accessing existing information/data on your community or policy issues: where to locate information, determining compatibility of data from multiple sources, how to use computerized sources | | | |
| 2. Collecting data: using appropriate data-gathering instruments, getting input from those who are or will be affected, developing new instruments, identifying community assets | | | |
| 3. Using info/data: analyzing data, setting priorities | | | |

| Topic Area | Understanding<br>1 = Little familiarity with topic<br>2 = Somewhat familiar with topic<br>3 = Very familiar with topic | Application of skills<br>1 = Not confident<br>2 = Somewhat<br>3 =Very confident | Comments |
|---|---|---|---|
| **B. PLANNING** | | | |
| 1. Involving people: obtaining input from people/organizations that will be affected by new policy or environmental change (e.g. if you are considering revising school health lunch policies, obtaining input from parents, school administrators, food service personnel, students, etc.) | | | |
| 2. Setting measurable program goals and objectives: develop policy or environmental change objectives based on needs and evidence-based approaches that work | | | |
| 3. Analyzing factors (e.g., social, cultural, demographic, and political) that influence decision-makers: obtaining information on relevant laws and processes and key gatekeepers; identifying factors that could impact implementation | | | |
| 4. Project planning: Developing budget, timeline, scope and sequence of activities | | | |
| 5. Planning/delivering training: identifying who are the key community leaders, stakeholders, individuals/groups who will receive the training and/or assist in implementation | | | |
| 6. Planning for evaluation: identifying data sources, processes, reporting, timeline | | | |
| **C. IMPLEMENTATION** | | | |
| 1. Partnering with different sectors: developing relationships with schools, hospitals, public health, parks and recreation, elected officials, universities, food advocates, urban planners, faith-based institutions, worksites, representatives of the communities to be served | | | |
| 2. Initiating plan of action: influencing health policy, implementing strategies for advocacy initiatives | | | |
| 3. Using various communication methods to accomplish goals: writing press releases, conducting media advocacy, using various types of technology to communicate messages | | | |


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|---|---|---|---|
| **D. EVALUATION** | | | |
| 1. Evaluation planning: preparing for project evaluation, importance of evaluation to achieving short- and long-term goals | | | |
| 2. Developing evaluation tools: understanding what/how to measure, developing different types of evaluation tools, plans for team members to be involved, timeline | | | |
| 3. Implementing evaluation plan: training who will be involved in collecting evaluation information, documenting and reporting results | | | |
| 4. Using evaluation results for program improvement | | | |
| 5. Communicating results to various stakeholders | | | |
| **E. POLICY/SYSTEMS/ENVIRONMENTAL CHANGES** | | | |
| 1. Policy/systems changes: overview of models/concepts, benefits, challenges, how to get started | | | |
| 2. Evidence-base: identify policy/systems changes that have worked for impacting chronic disease | | | |
| 3. Setting goals: factors to consider in selecting goals for policy/ systems changes | | | |
| 4. Measuring the impact of policy/systems changes on health | | | |
| **F. COALITIONS** | | | |
| 1. Coalition basics: purpose of coalitions, benefits/challenges, when coalitions are appropriate, basic premises | | | |
| 2. Coalition planning: what makes coalitions successful, coalition frameworks and models, how to get started | | | |
| 3. Coalition building: size, membership, recruitment, building community ownership, creating a vision, operating guidelines | | | |
| 4. Coalition implementation: roles/responsibilities of staff and members, leadership, consensus building, member retention, decision-making, conducting effective meetings | | | |
| 5. Sustaining coalitions: marketing/promotion, branding, logos, budgeting, fund-raising, evaluation | | | |

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|---|---|---|---|
| **G. ADVOCACY** | | | |
| 1. Framing message(s): understanding needs/priorities of target audience(s( and developing convincing arguments for each, identifying sources of influence for state/local officials, identifying effective messengers for different audiences | | | |
| 2. Effective materials: developing fact sheets, press kits, brochures, public service announcements | | | |
| 3. Media advocacy: writing letters to editors, developing opinion/editorial pieces, arranging and conducting editorial briefings, preparing for TV/radio interviews, media training | | | |
| 4. Advocacy Strategies: preparing and delivering effective legislative testimony, organizing sit-ins, rallies, press events, internet (web 2.0) | | | |
| 5. Meeting policymakers: arranging meetings, building relationships, understanding election cycles and other windows of opportunity | | | |
| 6. Using coalitions in advocacy: engaging diverse audiences, sustaining momentum | | | |
| 6. Legal issues: what is/is not permissible for government employees, non-profits, how to analyze/recognize “good versus bad” policies | | | |
| **H. COMMUNICATIONS** | | | |
| 1. Formulating the message: crafting the message, selecting the channel and the sender for different audiences | | | |
| 2. Cultural diversity: understanding and respecting traits, customs, beliefs, language, ethnic traditions or religious practices that may influence support/opposition to a policy or impact health | | | |
| 3. Linguistic competency: Providing readily available, culturally appropriate oral/ written language services; selecting appropriate images | | | |
| 4. Effective presentation skills: becoming a dynamic, effective presenter, reading non-verbal cues and body language, deflecting criticisms | | | |
| 5. Using new communication channels: developing effective PowerPoint presentations, using the internet, twitters, blogs, webinars, web 2.0 | | | |


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|---|---|---|---|
| **I. LEADERSHIP / MANAGEMENT** | | | |
| 1. Strategic planning and visioning: preparation, who should be involved, environmental scan, analysis of strengths/weaknesses/ opportunities/threats, action planning, monitoring and evaluating the plan | | | |
| 2. Group facilitation: building consensus, conflict resolution strategies and approaches | | | |
| 3. Team building: communicating expectations, commitment, motivation, collaboration, innovation, rewards and results | | | |
| 4. Running effective meetings: setting a meeting agenda, keeping on task, documenting decisions, dealing with difficult personalities, providing safe environment for dissent | | | |
| 5. Volunteer recruitment and retention: recruiting, screening, orienting, managing, and evaluating volunteers, legal issues, defining volunteer versus staff roles, virtual volunteering | | | |
| 6. Funding: fundraising, budgeting, resource management, proposal writing | | | |
| 7. Using Microsoft office or other tools for project management | | | |
| 8. Personnel management: being an effective supervisor, encouraging staff development, recruiting, hiring/managing consultants | | | |
| **J. CHRONIC DISEASE** | | | |
| 1. Risk factors for chronic disease | | | |
| 2. Health disparities/health inequities | | | |
| 3. Social determinants of health | | | |
| 4. Chronic disease management | | | |

## Part 2. PREFERRED METHODS OF TRAINING/TECHNICAL ASSISTANCE

| Method of Training/Technical Assistance | Preference<br>1 = Low preference<br>2 = Medium preference<br>3 = High preference | Comments<br>(please specify any constraints or technical difficulties) |
|---|---|---|
| 1. Individual, in-person training | | |
| 2. State/regional one day training | | |
| 3. State/regional multi-day training | | |
| 4. National conferences | | |
| 5. One-to-one calls with coaches | | |
| 6. Monthly technical assistance calls | | |
| 7. Ad hoc technical assistance calls | | |
| 8. Email support: individual questions/answers | | |
| 9. Email blasts/info to all coalition members | | |
| 10. Web-based support | | |
| a. Webinars | | |
| b. Coalition website | | |
| c. Online courses and/or tutorials | | |


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| Method of Training/Technical Assistance | Preference<br>1 = Low preference<br>2 = Medium preference<br>3 = High preference | Comments<br>(please specify any constraints or technical difficulties) |
|---|---|---|
| 11. Fact sheets | | |
| 12. Workbooks (i.e. book in which you can document your problem, goal, and providing various problem solving approaches for your consideration) | | |
| 13. Bibliography on specialized content area | | |
| 14. Speaker's bureau | | |
| 15. Referrals to experts: | | |
| a. Physical Activity | | |
| b. Nutrition | | |
| c. Tobacco | | |
| d. Obesity | | |
| e. Diabetes | | |
| f. Cardiovascular Disease | | |
| g. Social Determinants of Health | | |
| h. Health Disparities | | |
| 16. Case Studies | | |
| 17. Potential other funders (e.g. Kellogg, Robert Wood Johnson Foundation, etc). | | |
| 18. Other Experts (please specify in comments) | | |
| 19. Preferences for other training/Technical Assistance approaches (please specify in comments) | | |

# ADDITIONAL RESOURCES

| Organization Name | Website |
|---|---|
| Active Living Research | http://activelivingresearch.org |
| American Heart Association | https://www.heart.org |
| American Planning Association | https://www.planning.org |
| Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion | https://www.cdc.gov/chronicdisease/about/index.htm |
| CoalitionsWork | http://coalitionswork.com |
| Directors of Health Promotion and Education (DHPE) | https://www.dhpe.org |
| National WIC Association | https://www.nwica.org |
| Society for Public Health Education (SOPHE) | https://www.sophe.org |

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# ENDNOTES


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