

Creating Healthy Communities:

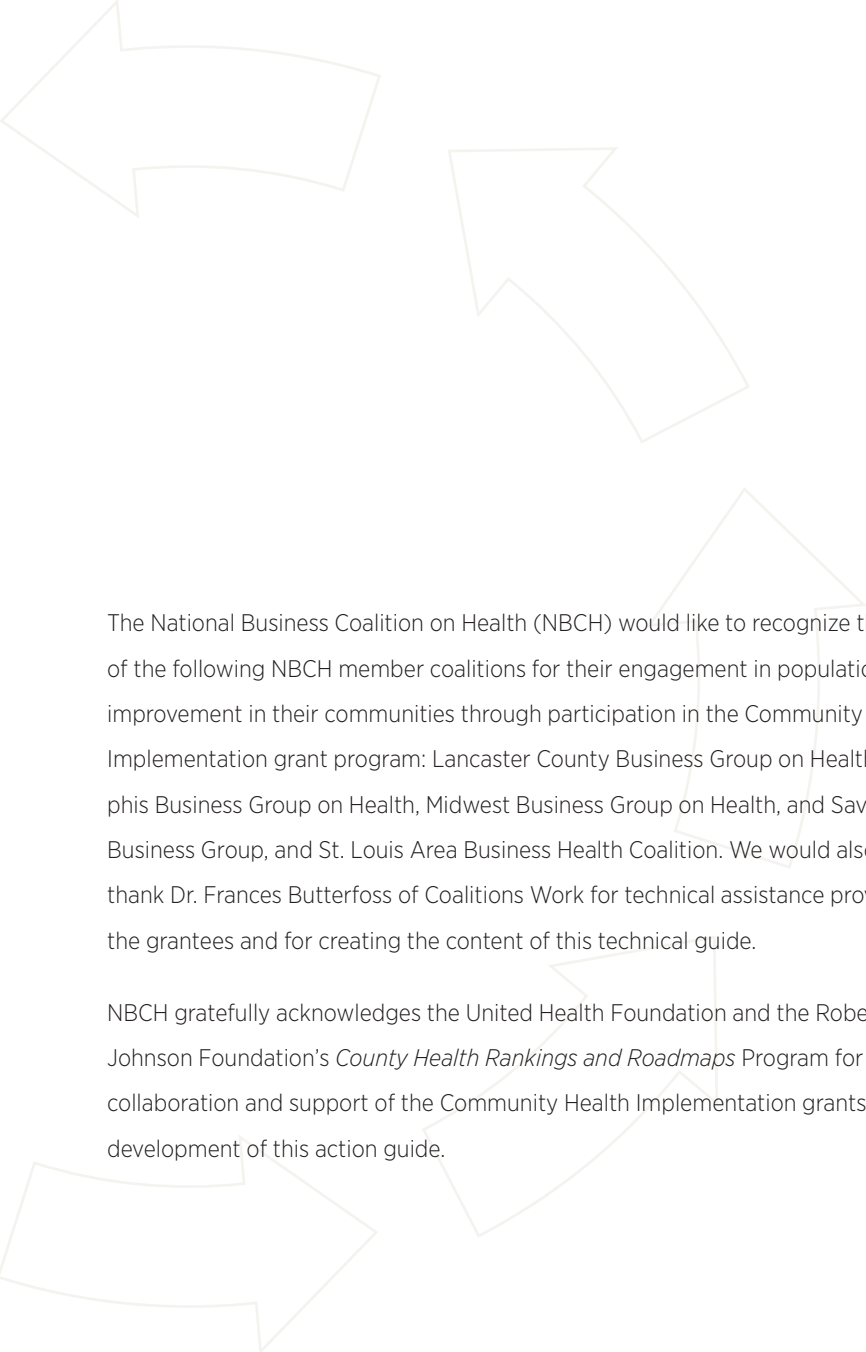
THE IMPLEMENTATION STAGE

**ACTION
GUIDE**

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The National Business Coalition on Health (NBCH) would like to recognize the staff of the following NBCH member coalitions for their engagement in population health improvement in their communities through participation in the Community Health Implementation grant program: Lancaster County Business Group on Health, Memphis Business Group on Health, Midwest Business Group on Health, and Savannah Business Group, and St. Louis Area Business Health Coalition. We would also like to thank Dr. Frances Butterfoss of Coalitions Work for technical assistance provided to the grantees and for creating the content of this technical guide.

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Introduction

The health of the American population is undermined by both cost and quality burdens and exacerbated by a failure to avoid many conditions that can be prevented or mitigated by behavior change. For example, as documented by United Health Foundation's America's Health Rankings®, obesity continues to rise and is an underlying contributor to many chronic conditions and co-morbidities such as heart disease, diabetes, and hypertension. In our mostly employer-based health insurance economy, employers have shouldered much of this burden, paying ever-increasing health care costs and experiencing decreased worker productivity and increased absenteeism associated with poor employee health. These burdens have a large enough effect to put U.S. businesses at a competitive disadvantage relative to other economies (Webber, 2010).

Clinicians have long recognized that behaviors—both good and bad—are strongly influenced by communities and their environmental factors. The *County Health Rankings* further illustrate the influence of many factors—including not only health behaviors and access to and quality of clinical care, but also social and economic factors

and the physical environment—that affect how long and how well people live. As such, health at the worksite and community are tightly linked. Not only can efforts aimed at improving the health of an employed population have a domino effect on a community, but the condition of that community and community-level initiatives can influence the worksite in return. Moreover, unhealthy communities can compromise employer investments to improve employee health and productivity at the work site and present an economic barrier to product consumption and economic investments. On the other hand, a healthy community may be more desirable to live and work and therefore, good for business.

Addressing poor health outcomes and high health care costs requires local leadership and solutions—leadership that comes from all sectors and solutions that are based upon the needs of the community and the best available evidence. Given the strong tie between employment and health, the National Business Coalition on Health (NBCH) and its member coalitions are well-poised to serve as leaders in making our communities healthy and prosperous.

Purpose

This Action Guide summarizes the approach to implementation of a community action plan (CAP) and is informed by the approaches and methods used by NBCH member coalition grantees participating in NBCH's Community Health Implementation Grant Program. The

guide includes the critical *lessons learned* by the grantees and a set of *best practice* recommendations for coalitions to follow in replicating this process of initiating and evaluating robust change strategies to improve community health outcomes.



The Community Health Implementation Grant Program

Overview

NBCH has a history of promoting collaborative activities between coalitions, public health organizations, and other like-minded stakeholders through the coalition grant approach. Through a partnership between NBCH's nonprofit affiliate organization, the Community Coalitions Health Institute (CCHI), and the United Health Foundation, NBCH administered two grant programs aimed at supporting business sector engagement in community-level population health improvement. The 2010 Community Health Partnership Population Health Grant Program aimed at increasing the number of business-led coalitions working with public health and other stakeholders to improve population health. This program led to coalition-developed projects addressing issues ranging from diabetes prevention and management to obesity reduction to mental health screening. The first round of Community Health Planning Grant projects in 2011 supported member coalitions' engagement in health planning with their local communities. The goal of the projects was to bring about behavioral changes and supportive environmental policies that promote healthier lifestyles. The six grantee projects focused on perinatal education and policy, as well as nutrition and exercise interventions to combat obesity in both children and adults. Through a partnership with the United Health Foundation and the Robert Wood Johnson Foundation, NBCH supported in 2013 a second round of member coalition communities in their health improvement planning efforts. These four grantee projects focused on disparities in cancer screening; using the patient-centered medical home model to focus on diabetes, cardiovascular disease & preterm deliveries; physical activity; and health and productivity of transportation

workers. NBCH also supported the efforts of coalitions who have undergone a community health improvement planning process to lead their communities' effort to implement their action plans. These grant programs are unique from many others in that they fund the business community for their role in community health improvement.

Grantee Approaches, Methods, And Results

In order to participate in the Community Health Implementation Grant Program, each grantee had to: establish or convene a committee of key stakeholders committed to implementing the action plans that were developed as part of a completed community health planning process, use data to prioritize interventions described in the community action plan, and implement a revised and finalized community action plan over a two-year period. They also had to host a community health impact summit highlighting project implementation, community partners, population health outcomes to date, and project sustainability to garner additional project support and media attention, and document best practices and lessons learned for fellow coalition communities. The timeframe for project activities was two years. NBCH used a competitive application and review process to select and award a total of \$500,000 to five coalition communities in Winter 2012-2013:

- ▶ Lancaster County Business Group on Health (Lancaster County, Pennsylvania)
- ▶ Memphis Business Group on Health (Memphis, Tennessee)

- ▶ Midwest Business Group on Health (Chicago, Illinois)
- ▶ Savannah Business Group (Savannah, Georgia)
- ▶ St. Louis Area Business Health Coalition (St. Louis, Missouri)

Project summaries presenting the specific grantee activities and approaches are in Appendix C.



About Community Health Implementation

Why Focus on Implementation?

Effective community interventions can alter risky behaviors, increase personal health promotion and decrease racial and ethnic health disparities (King, 2007). Coalitions and community partnerships are often the catalysts that identify community issues, develop solutions and mobilize support for community interventions. The implementation of any community project, activity or strategy should be seen as a continuous, interactive process, rather than as a final outcome (May, 2013). Some coalitions implement programs or policies themselves, some encourage and work with member organizations to carry out agreed upon initiatives, while others sub-contract with organizations outside of the coalition to be “implementers.” However your coalition decides to proceed, it is important to get moving. The following steps are provided to keep you on track as you initiate those strategies that lead to change (Butterfoss, 2007; Community Tool Box, 2012).

What are the Steps For Implementing Community Strategies?

The following steps are recommended for implementing any community intervention:

- STEP 1. Assess the community to determine the issues that affect health and well-being**
- STEP 2. Identify the health issue(s) to be addressed and what needs to be done**
- STEP 3. Develop a Logic Model for the proposed intervention(s)**

- STEP 4. Develop a community action plan (CAP)**
- STEP 5. Engage or re-engage coalition and community members to implement the strategies**
- STEP 6. Review your CAP to prioritize feasible “promising or proven strategies”**
- STEP 7. Develop your approach to monitor and evaluate the process and outcomes**
- STEP 8. Pilot-test strategies on a small scale**
- STEP 9. Implement the intervention**
- STEP 10. Share the findings**

If you have already completed steps 1-4 listed above (a comprehensive assessment and planning process), you can proceed directly to Step 5. If you have not yet completed these steps, please see NBCH's Action Guide on creating a community action plan at <http://www.nbch.org/nbch/files/cclibraryFiles/Filename/000000003985/AG-Planning-UPDATE.pdf> for specific details.

STEP 5. Engage or re-engage stakeholders to implement the strategies.

Your coalition convened an active group of stakeholders to assess the community and after a long process of data review and debate, your CAP was crafted. By now, the partners have a clear picture of the community, awareness of critical issues, shared vision, and a proposed set of strategies for community change. However, at this critical point in the process, collective fatigue and inertia may begin to set in. That is why we

recommend engaging a fresh set of stakeholders who are ready to do something and not only plan something. These new partners can breathe new life into the effort and reenergize those who want to remain involved. Even so, it is important to recognize your early partners for their valuable contribution and try to maintain their support. Their buy in will likely be important later in the implementation process.

STEP 6. Review your CAP to prioritize feasible promising or proven strategies.

Strategies are more likely to achieve realistic goals and community support if they: 1) use resources efficiently, 2) complement existing programs, 3) are culturally competent, 4) provide a focus for group work efforts, 5) achieve intermediate outcomes, and 6) promote credibility by addressing community issues in an innovative way (Foster-Fishman, Berkowitz, Lounsbury, Jacobson & Allen, 2001). After creating your logic model, review the strategies in your CAP. It may be necessary to prioritize them based on your coalition's capacity for implementation, changes in external conditions or available funding. Moreover, you and your partners should ensure that the priority strategies still are relevant to the core mission and goals of your effort.

First, determine which strategies are most promising. Strategies that are easier or most feasible often are those with the least evidence.

Groups often jump into strategies such as conducting health fairs or creating resource guides even though they have been shown to have minimal impact on changing behavior or health outcomes. Start by asking yourself whether justification for the potential strategy exists and whether the strategy represents a best or promising practice. The Guide to Community Preventive Services (<http://www.thecommunityguide.org/index.html>) and the *Roadmaps to Health* Action Center (<http://www.countyhealthrankings.org/roadmaps/what-works-health/choosing-your-strategy>)

provide in-depth guidance to help: 1) prioritize among possible strategies that you might use; 2) assess your community's available resources, political constraints, and readiness; and 3) determine whether a policy or program needs to be adapted to fit your community. The following evidence ratings can help you develop a 'short list' of strategies to consider more comprehensively in your community (Roadmaps to Health, 2012):

- ▶ **Scientifically Supported** – These strategies should be your top priority
- ▶ **Some Evidence** – Consider implementing these strategies when those with stronger evidence aren't available or appropriate to your community, and you have limited evaluation resources
- ▶ **Expert Opinion** – Consider implementing these strategies when you have the time and resources to thoroughly assess effects
- ▶ **Insufficient Evidence** – Consider implementing these strategies when you want to innovate, and have time and resources to thoroughly assess effects
- ▶ **Mixed Evidence** – Consider implementing these strategies only when others with stronger evidence aren't available or applicable
- ▶ **Evidence of Ineffectiveness** – Invest your resources elsewhere

Next, consider the context of your community.

The 'fit' of the strategy along with the evidence of its effectiveness will help you make strategic decisions about when to implement tried and true options and when to be more innovative. Involving other stakeholders, including local data and subject matter experts, can help answer these questions. The following questions may be useful to consider (Butterfoss, 2007):

CHARACTERISTICS OF SUCCESSFUL STRATEGIES

Policymakers often seek “silver bullets” for solutions to social issues and want to fund the policy or program that can eliminate the problem. However, poor community health outcomes rarely result from a single incident or source; other supporting structures and institutions must work to strengthen the community as well. Successful strategies:

- ▶ Are comprehensive, flexible, and responsive. They address many aspects of an issue and change according to the needs of participants and the community. They evolve over time and continually improve. When individuals and organizations adopt a new practice or idea, they often make it their own by changing it to meet their particular needs (Rogers, 1995). These reinvented innovations are more responsive to local conditions and “owned” by community members and, therefore, are more likely to be adopted.
- ▶ Focus on underlying causes of problems, are prevention oriented, and maintained long enough to accomplish their aims.
- ▶ Focus on changing policies, systems and environments (PSE). When PSE change strategies are implemented, they help ensure that the easy choice is the healthy choice.
- ▶ Are managed by competent, committed individuals with strong management and communication skills. Competent staff (Butterfoss, 2007):
 - Experiment, take risks, and seek evidence of results;
 - Are committed to build leadership and other capacities in local people;
 - Provide high quality service with support from the coalition and lead agency for ongoing education and training; and
 - Build collaborative relationships with community members based on mutual trust and respect.
- ▶ Have reasonable costs that directly relate to expected benefits.
- ▶ Engage staff, partners and participants in planning, implementing, and decision-making.
- ▶ Build shared purpose among staff, partners and participants to help overcome barriers and setbacks. Core values, such as a passion for the work and social justice, encourage personal development and empower participants to succeed.
- ▶ Are measurable so impact can be identified, articulated, and disseminated more broadly.

- ▶ Does the strategy reflect the coalition's goals and objectives?
- ▶ Is the strategy aligned with priorities of the lead agency, staff, and community partners?
- ▶ Is the strategy supported by resources of staff and partners who will carry it out?
- ▶ Does the strategy have the support of key decision-makers?
- ▶ Does the strategy mesh well with existing ones in the community?
- ▶ Is the strategy an appropriate cultural fit for the priority population?
- ▶ What barriers may stand in the way of carrying out this strategy?
- ▶ Is the strategy cost effective?
- ▶ Is the strategy politically feasible?
- ▶ How will success be measured and evaluated?
- ▶ Is the strategy likely to have a positive impact, such as improving access to and delivery of services or maximizing resources and partners' efforts?

Your list of potential strategies may be reduced to two or three that best fit the criteria. Then, these should be vetted with key partners to decide if they are feasible and appropriate. Moreover, coalitions should research whether the strategies that they plan to implement have been tried before and were effective. By focusing on proven and promising strategies, you can benefit from others' experience of how to make them even more effective.

STEP 7. Develop your approach to monitor and evaluate the process and outcomes of your strategies.

Here, we are especially concerned with tracking the adoption of the intervention, quality of implementation, and how satisfied participants are with the process. Of course, we also want to make sure that we evaluate whether or not we attain our outcomes. This step will be covered in depth in the Evaluation Technical Action Guide, but the basic steps are:

STEP 1. Engage stakeholders

STEP 2. Identify program elements to monitor

STEP 3. Select key evaluation questions

STEP 4. Determine how the evaluation information will be gathered

STEP 5. Develop a data analysis and reporting plan

STEP 6. Ensure use and share lessons learned

STEP 8. Pilot-test strategies on a small scale.

The next step is to develop and carry out your strategies to achieve planned goals and objectives. Strategies and activities can be piloted, phased in, or initiated all at once (McKenzie, Neiger & Thackeray, 2008). *Pilot testing* allows coalition planners to “work out any bugs” before the program or policy is offered to more people in the priority population. The new program or policy should be piloted in a similar setting with populations similar to those who will eventually use it. The coalition should assure that the strategies are implemented as planned, resources are adequate and participants evaluate the program.

STEP 9. Carry out the intervention.

The next step is to actually carry out your planned policy, systems or environmental change (PSE) strategies. Once the strategy has been piloted and revised, the coalition should gradually phase it in to control for quality and avoid being overwhelmed by a large number of participants. Phasing in can occur by gradually adding more parts of the strategy, limiting the number of participants, and offering it in select locations or for different levels of ability (McKenzie et al, 2008). Total implementation should only happen for single programs or policies such as screenings, where resources don't allow for trial runs. Note that the strategy or intervention may not be entirely new, but may be an adaptation of one that already exists or was used by another coalition in a different setting or for a different population.

Attention to the following implementation tasks will help ensure that implementation results in positive outcomes (Fixsen, Naoom, Blasé, Friedman & Wallace, 2005):

- ▶ Train, coach and evaluate the performance of staff and volunteers who will implement the strategy or intervention;
- ▶ Use social marketing and media techniques to make communities aware of the planned strategy;
- ▶ Use incentives and positive reinforcement to encourage wide participation in the planned strategy;
- ▶ Monitor strategies to assure that they are implemented as planned (i.e., with fidelity);
- ▶ Regularly evaluate whether strategies are working and to adapt them as necessary; and
- ▶ Provide administrative structures and processes to assure that ongoing resources and support for the evidence-based practices are provided.

You must accomplish all of this in the context of variable and influential changes in funding levels, governments, leadership, economic boom-bust cycles, and shifting social priorities.

Organizational Change and Development

Implementation of evidence-based strategies almost always requires organizational change. Fixsen and colleagues describe the following elements that an organization (or community partnership) must have in place in order for change to occur (2005):

- ▶ Commitment of leadership to the implementation process
- ▶ Involvement of stakeholders in planning and selecting strategies to implement and encouraging buy-in and ownership during implementation
- ▶ Creation of a team that oversees the implementation process
- ▶ Aligning organizational structures and practices to support planned strategies
- ▶ Providing needed resources for extra costs, effort, equipment, manuals, materials, recruiting, access to expertise, and re-training for new roles associated with implementation of an innovation
- ▶ Providing time and scheduling for leadership and team development, coaching, participatory planning and evaluation

Step. 10. Share the findings.

Once you have implemented your strategies, don't forget to think ahead to how you will share your findings and sustain your work. Rely on your evaluation data to develop charts and graphs to illustrate your progress and results. Include information from your community assessment and action plan, as well. Community members and other stakeholders are more likely to support these efforts when they clearly understand what the community needs and how your strategies meet those needs. You may decide to develop

a full report, but also publish a one-pager that summarizes key findings and actions. Hold community meetings or summits to highlight your project's implementation, community partners, and population health outcomes to date. Issue

press releases to increase dissemination in different media outlets. These activities will inform the evidence base and attract additional support for continuing your work.



Lessons Learned from Grantee Communities

Our grantees shared the following lessons that emerged from their work:

- ▶ **Lesson Learned 1:** Funding for infrastructure and staff assistance is challenging
- ▶ **Lesson Learned 2:** Develop relationships with key organizations and leaders
- ▶ **Lesson Learned 3:** Let data drive the process
- ▶ **Lesson Learned 4:** Encourage partners to support each other in the work

Lesson Learned 1: Funding for infrastructure and staff assistance is challenging

- ▶ The capacity to provide technical assistance to employers is difficult to sustain
- ▶ The time commitment for scheduling meetings and follow-ups with employees is more than expected.
- ▶ Small business need extra support; they are reluctant to adopt best practices due to concerns related to capacity and priorities
- ▶ The coalition must keep strategies moving and people regularly informed
- ▶ Expect variations in commitment and momentum over the course of any intervention

Lesson Learned 2: Develop strong relationships with key organizations and leaders

- ▶ Your priorities to implement best practices may not match employers' priorities
- ▶ Bring leaders of competing organization together to champion the effort
- ▶ Use uncontested, credible & objective data to drive decisions & joint actions
- ▶ Hold meetings at neutral locations facilitated by facilitators w/no vested interest in any one organization
- ▶ Invite specialty medical societies to represent physical interests & concerns

Lesson Learned 3: Let data drive the process

- ▶ Survey participants & use results to direct strategies
- ▶ Adopt common methods, standards, measures and messaging within community partnerships
- ▶ Use focus groups and other methods to gauge perceptions of partners and populations served and inform implementation

Lesson Learned 4: Encourage partners to support each other in the work

- ▶ Encourage stakeholders to promote each others' activities
- ▶ Promote successful strategies to inspire other communities to emulate them
- ▶ Embed events in already established community education activities and programs
- ▶ Be willing to give up your convening role to another organization who is a natural community partner

APPENDIX A: Implementation Resources

America's Health Rankings. Ranks health disparities, and rates of obesity, tobacco use and diabetes by state. Want to see how all states stack up on a certain measure? View by year? Or maybe compare your state to another? *America's Health Rankings*® employs a unique methodology, developed and periodically reviewed by a panel of leading public health scholars, which balances the contributions of various factors such as smoking, obesity, sedentary lifestyle, binge drinking, high school graduation rates, children in poverty, access to care, and incidence of preventable disease, to a state's health. The easy to use web-based report is based on data from the U.S. Departments of Health and Human Services, Commerce, Education, Justice and Labor; U.S. Environmental Protection Agency; U.S. Census Bureau; the American Medical Association; the Dartmouth Atlas Project; and the Trust for America's Health. <http://www.americashealthrankings.org/Rankings>.

County Health Rankings and Roadmaps. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Ranking the health of nearly every county in the nation, the County Health Rankings illustrate what we know when it comes to what's making people sick or healthy. The *County Health Roadmaps* show what we can do to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to bring this groundbreaking program to cities, counties and states across the nation. <http://www.countyhealthrankings.org/>

What Works for Health. Developed by experts at the University of Wisconsin Population Health Institute, this is an online tool that you can use to find effective policies and programs to improve the many factors that affect your health. Each of the included programs is given an evidence rating and the highest-rated programs and policies have been shown to work. Just choose a health factor of interest (i.e. tobacco use, employment, access to health care, environmental quality, etc.) and browse through the evidence ratings for particular programs, policies, or system changes that address this health factor. <http://www.countyhealthrankings.org/what-works-for-health>.

Campbell Collaboration (C2). The Campbell Collaboration disseminates systematic reviews of existing interventions in areas such as crime, social welfare, and education. Its Resource Center provides researchers, policy makers, and others with helpful resources in training, research, knowledge translation, evidence-based decisions and practice, policy documents, guidelines, links and tutorials. http://www.campbellcollaboration.org/resources/resource_center.php

Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention. This site aims to develop and disseminate best practices information for chronic disease prevention and control interventions, provide decision makers with a comprehensive and standardized resource about best practices for chronic disease prevention and control, and to create awareness of the overall Canadian Best Practices System through communication and marketing activities targeted to key audiences (decision makers in practice, decision makers in policy development, decision makers in research). <http://cbpp-pcpe.phac-aspc.gc.ca/>

CDC's Strategic Alliance for Health (SAH)

Implementation Guides. SAH communities build local capacity to 1) institute policy, systems, and environmental changes for promoting physical activity and nutrition and reducing tobacco use and exposure; 2) improve and increase access to quality health care; 3) help eliminate racial/ethnic and socioeconomic health disparities; and 4) reduce complications from and incidence of heart disease, diabetes, and obesity. Their 14 Implementation Guides mentor other communities in chronic disease prevention by providing evidence—and practice-based strategies to reduce the burden of chronic diseases. These Guides are a resource to assist communities in replicating specific policies, systems, or environmental change strategies across multiple sectors and chronic disease risk factors. Each Guide offers key lessons learned and step-by-step guidance for planning, evaluating, and sustaining policy, systems, and environmental change strategies. <http://www.cdc.gov/healthycommunitiesprogram/communities/sah/index.htm#guides>

CDC's Strategies to Prevent Obesity and Other Chronic Diseases.

(2013). Atlanta: U.S. Department of Health and Human Services. These documents provide guidance for public health professionals and others on how to select community-based strategies that are likely to be successful.

The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies (2013). <http://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF>

The CDC Guide to Strategies to Increase Physical Activity in the Community. (2011). http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf

The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables. (2011). http://www.cdc.gov/obesity/downloads/FandV_2011_WEB_TAG508.pdf

Cochrane Collaboration. This site provides quality-assessed review evidence on diagnostic tests, health technology assessments, economic evaluations, and methods studies from the world's medical literature. It reviews standards for healthcare interventions and appropriate treatments, offers training and other services. Healthcare evidence also is available in Spanish. *The Cochrane Library* (subscription required) contains full-text Cochrane Reviews, as well as other databases of reviews and controlled trials. <http://www.cochrane.org/about-us/evidence-based-health-care/webliography>

Health in All Policies (HiAP). : Strategies to Promote Innovative Leadership. (2013).

Association of State and Territorial Health Officials. This document includes a description of the National Prevention Strategy along with key talking points to explain a HiAP approach to other leaders in state or local government, characteristics of successful cross-sector collaboration, and a collection of state stories meant to inspire communities into action! <http://www.astho.org/Programs/Prevention/Implementing-the-National-Prevention-Strategy/HiAP-Toolkit/>

Healthy People 2020 Structured Evidence Queries.

This site makes information and evidence-based strategies related to the Healthy People 2020 objectives easier to find. The National Library of Medicine has worked together to develop search strategies for selected *Healthy People 2020* subject areas. These one-click strategies search *PubMed*, a database of the National Library of Medicine that provides access to over 11 million citations from MEDLINE and additional life science journals. <http://phpartners.org/hp2020/index.html>

Making the Case to Stakeholders: Linking Policy and Environmental Strategies to Health Outcomes. (2011). Chicago, IL: YMCA of the USA. YMCA and the Health Improvement Program at Stanford Prevention Research Center, funded by the CDC, created this publication to demonstrate the connection between environmental and policy strategies and longer term outcomes. It will assist communities to better understand potential outcomes of policy and environmental change objectives that focus on healthy eating and active living. Examples include: Increasing access to recreational facilities, supporting walking and biking, and providing physical activity in the workplace. <http://ymca.net/healthier-communities-guide/complete-guide.pdf>

MAP-IT: A Guide To Using Healthy People 2020 in Your Community. Healthy People is based on a simple but powerful model: 1) Establish national health objectives; and 2) Provide data and tools to enable States, cities, communities, and individuals across the country to combine their efforts to achieve them. Use the MAP-IT framework to help: 1) Mobilize partners; 2) Assess the needs of your community; 3) Create and implement a plan to reach Healthy People 2020 objectives; and 4) Track your community's progress. <http://www.healthypeople.gov/2020/tools-and-resources/Program-Planning>.

Model Practice Database from National Association of County and City Health Officials (NACCHO). A guide to model / promising practices that is searchable by state, type, year, or keyword. <https://eweb.naccho.org/eweb/DynamicPage.aspx?site=naccho&webcode=mpsearch>

Pew Partnership for Civic Change: Solutions for America (The Guide for Civic Problem Solving). This guide summarizes effective evidence-based strategies in addressing healthy communities and families, thriving neighborhoods, living-wage jobs, and viable economies. <http://www.solutionsforamerica.org/>

Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide. (2009). Keener, D., Goodman, K., Lowry, A., Zaro, S., & Kettel Khan, L. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. In order for local governments to target strategic investments that promote healthy eating and active living in their communities, they need information about the current conditions in their community that could be improved to better facilitate the health of their citizens. In addition, communities need tools to track their progress over time and to compare themselves to other similar communities on measures of environmental and policy change for obesity prevention. The 24 strategies and measures presented in this manual are designed to meet these needs. More specifically, the strategies and measures can be used by local governments and communities in three ways: 1) For baseline assessment 2) To identify priorities for action, and 3) To measure change over time. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

The Guide to Community Preventive Services (Community Guide). A credible resource to help you choose programs and policies to improve health and prevent disease in your community. With oversight from the Community Preventive Services Task Force, scientists and subject-matter experts from the CDC systematically review the scientific literature and make recommendations in collaboration with government, academic, policy, and practice-based partners. The Guide answers questions about what interventions have and have not worked, in which populations and settings, at what cost, and with what benefits or harms <http://www.thecommunityguide.org/index.html>

Wisconsin Cooperative Extension Website.

This teaching and learning site provides a wealth of materials, samples and examples to help community-based practitioners design, implement, and evaluate their programs. The

following link will guide you in developing useful logic models for your interventions. <http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>



APPENDIX B: References

- Adler, PS, & Kwon, SW. (2002). Social Capitol: Prospects for a new concept. *Academy of Management Review*, 27(1):17-40.
- Braveman, P., & Egerter, S. (2008). Overcoming obstacles to health: Report from the Robert Wood Johnson Foundation to the Commission to Build a Healthier America. Princeton, NJ: Robert Wood Johnson Foundation.
- Bruner, C. (2004). Rethinking the evaluation of family strengthening strategies: Beyond traditional program evaluation models. *The Evaluation Exchange*, Summer Issue, 10(2).
- Butterfoss, FD. (2007). *Coalitions and Partnerships in Community Health*. San Francisco, CA: Jossey Bass.
- Community Anti-Drug Coalitions of America. (2010). *Implementation Primer: Putting Your Plan Into Action*. <http://www.cadca.org/sites/default/files/resource/files/implementationprimer.pdf>
- Centers for Disease Control and Prevention. (1999). Framework for program evaluation in public health. *Morbidity & Mortality Weekly Report*, 48, 1-40.
- Centers for Disease Control and Prevention. (2011). *Developing an Effective Evaluation Plan*. Atlanta, Georgia: CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Division of Nutrition, Physical Activity, and Obesity. http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/evaluation_plan/index.htm
- Centers for Disease Control and Prevention. <https://store.extension.iastate.edu/Product/Preparing-for-a-Collaborative-Community-Assessment>
- Centers for Disease Control and Prevention. (2008). *Introduction to Process Evaluation in Tobacco Use Prevention and Control*. Atlanta, GA: U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- CDC Healthy Communities Program. *Building Our Understanding: Key Concepts of Evaluation: What is it and how do you do it?* http://www.cdc.gov/healthycommunitiesprogram/tools/pdf/eval_planning.pdf
- Community Tool Box. University of Kansas. *Developing an Intervention*. Accessed October 6, 2012 at http://ctb.ku.edu/en/dothework/tools_tk_content_page_217.aspx
- Fixsen, DL, Naoom, SF, Blase, KA, Friedman, RM, and Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: The National Implementation Research Network, Louis de la Parte Florida Mental Health Institute, University of Florida. <http://captus.samhsa.gov/print/access-resources/what-are-core-components-and-why-do-they-matter>
- Foster-Fishman, P., Berkowitz, S., Lounsbury, D., Jacobson, S. & Allen, N. (2001). Building collaborative capacity in community coalitions: A review and integrative framework. *American Journal of Community Psychology*, 29(2):241-61.
- Frieden, TR. (2010). A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health*, 100(4):590-5. Institute of Medicine. (2002). *Unequal treatment: confronting racial and ethnic disparities in health care*. *Journal of National Medical Association*, 94(8):666-8.
- Juster, HR, Loomis, BR, Hinman, TM, Farrelly, MC, Hyland, A., Bauer, UE, & Guthrie S. Birkhead, GS. (2007). Declines in Hospital Admissions for Acute Myocardial Infarction in New York State after Implementation of a Comprehensive Smoking Ban. *American Journal of Public Health*, 97(11): 2035-9.
- King, ML. (2007). *Community Health Interventions: Prevention's Role in Reducing Racial and Ethnic Health Disparities*. Washington, DC: Center for American Progress. https://www.americanprogress.org/wp-content/uploads/issues/2007/02/pdf/community_health.pdf
- Mackenbach, JP, Stirbu, I., Roskam, AR, Schaap, MM, Menvielle, G., Leinsalu, M., & Kunst, AE. (2008). Socioeconomic Inequalities in Health in 22 European Countries *New England Journal of Medicine*, 358:2468-81.
- May, C. (2013). Towards a general theory of implementation. *Implementation Science*, 8(18). <http://www.implementationscience.com/content/8/1/18>.

- McKenzie, JF, Neiger, BL, & Thackeray, R. (2008). *Planning, Implementing & Evaluating Health Promotion Programs*, 5th Ed., San Francisco, CA: Pearson/Benjamin Cummings.
- Minkler, M. & Wallerstein, N. (2005). Improving health through community organization and community building: a health education perspective. In M. Minkler (Ed.) *Community Organizing and Community Building for Health*, 2nd ed., p. 26. New Brunswick, NJ: Rutgers Univ. Press.
- Patton, MQ. (1987). *Qualitative Research Evaluation Methods*. Thousand Oaks, CA: Sage Publishers.
- Promising Practices Network on Children, Families and Communities. Programs That Work. Accessed October 6, 2012 at <http://www.promisingpractices.net/criteria.asp>
- Rogers, EM. (2006). *Communication of innovations*. Sage Publications Pvt. Ltd
- Schorr, L. (1997). *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America*. New York: Anchor Books Doubleday.
- Roussos, ST, and SB, Fawcett (2000). "A review of collaborative partnerships as a strategy for improving community health." *Annu Rev Public Health* 21: 369-402.
- Schorr, LK, Sylvester, et al. (1999). *Strategies to Achieve a Common Purpose: Tools for Turning Good Ideas into Good Policies*. Washington, D.C., Institute for Educational Leadership.
- Swinburn, BA. (2008). Obesity prevention: The role of policies, laws and regulations. *Australia and New Zealand Health Policy*, 5(12). <http://www.anzhealthpolicy.com/content/5/1/12>
- Turning Point Social Marketing Collaborative, Centers for Disease Control and Prevention, Academy for Educational Development (2005). *CDCynergy: social marketing edition*, version 2.0 [CD ROM] Atlanta (GA): CDC, Office of Communication.
- United Way of America. (1996). *Measuring Program Outcomes: A Practical Approach*. http://www.unitedwaystore.com/product/measuring_program_outcomes_a_practical_approach/program_film
- Webber, A., Mercure, S. (2010). Improving Population Health: The Business Community Imperative. *Preventing Chronic Disease*; 7(6):A121. www.cdc.gov/pcd/issues/2010/nov/10_0086.htm.
- W.K. Kellogg Foundation. (1998). *W.K. Kellogg Foundation Evaluation Handbook*. Battle Creek, MI: Author. Accessed October 7, 2012. <http://www.wkff.org/Pubs/Tools/Evaluation/Pub770.pdf>

APPENDIX C: Grant Project Summary Table

Coalition	Health Issue	Key Strategies	Evidence of Success	Best Practices & Factors that Support Success	Sustainability & Next Steps
Memphis Business Group on Health Memphis, TN	Healthy Eating, Active Living & Tobacco Cessation	Recruit CEOs to commit to create Culture of Health (COH) via worksite policies, benefits & programs	61 COH organizations w/ 68,000 employees committed to date (goal was 40)	Partnership w/Memphis Tomorrow, CTHA, Healthier TN, UW of Mid-South & Greater Memphis Chamber Formal sales approach to recruitment Encouraged committed CEOs to recruit other orgs to learn about & commit to COH; 14 such referrals committed	Post grant, COH initiative was added to ongoing MBGH member benefits Define structures to maximize adoption & spread of COH in Memphis
		Provide technical assistance for selection & implementation of national recognition programs for comprehensive worksite wellness	All 61 orgs. selected national program (91% within 6 mos. of signing); 44/61 (72%) achieved recognition & 91% have been committed for 1 yr. or more;	Options for employers fit their own organizational structure Direct assistance provided to 5 orgs.; 9 orgs. received 2 employee communication toolkits.	Design specific approaches for small businesses
		Host Annual Culture of Health events to recognize participation & achievements	34 CEO COH organizations recognized at April '14 luncheon attended by 115 people; 39 were recognized at April 2015 luncheon (6 CEOs attended)	Quarterly newsletter w/ resources Awards luncheons built awareness & momentum Small business package created to make implementation clearer & easier	Seeing funding to engage employers in building COH beyond their walls

Coalition	Health Issue	Key Strategies	Evidence of Success	Best Practices & Factors that Support Success	Sustainability & Next Steps
Midwest Business Group on Health Chicago, IL	Early Elective Deliveries (EEDs)	Create statewide, standard, performance data infra-structure for public reporting of results	Worked w/IHA, Leapfrog Group, Northwestern U. & Joint Commission to align data measures & develop metrics to evaluate EEDs Reviewed existing gaps & community efforts to reduce EEDs	Used credible, uncontested, & objective data to drive decisions & joint actions	Dedicated website will be updated to enable patients & employers to get current EED information Partners such as IL Hospital Assoc. & Dept. of Public Health will continue to be meaningfully engaged
		Adopt elective delivery policies aligned with best practices by every maternity hospital	Created IL Perinatal Quality Collaborative to convene regional directors & convey message of EED & support hard stop policies by maternity hospitals. Reduced EED rates from 24% in 2010 to 2% (reporting hosps.), 2.9% (Joint Commission) & 5.9% (birth certificates) in 2014 Since MBGH's Call to Action, 70% of urban hospitals reduced EEDs & many set 5% as their goal	Developed personal relationships w/leaders of competing orgs. to bring them together & champion the effort Held meetings at neutral locations facilitated by facilitators w/no vested interest in any one org.	State policies to incorporate hard stops at all IL maternity hospitals will be continued
		Educate providers on best practice for maternity care	Met w/health plans to determine potential strategies to engage providers to adhere to ACOG guidelines on EED	Asked specialty medical societies to represent physician interests & concerns	Providers & those who complete report forms will continue to be educated on defining EEDs
		Educate worksite programs to increase knowledge of importance of full term births	Conducted employer webinar & disseminated toolkit of resources & strategies to help worksites promote full term births		White paper or OpEd will be published on work that MGBH & other coalitions have done in EEDs & maternal care
		Outreach & educate consumers on importance of full term births	Rolled out community awareness internet & TV EED campaign May 2014 www.tchy.org/ Conducted community impact summit—all partner orgs. attended	Surveyed participants & used results to direct strategies Keep strategies moving & people regularly informed Encouraged stakeholders to promote each others' activities	Conduct communication campaign in IL on results of this initiative

Coalition	Health Issue	Key Strategies	Evidence of Success	Best Practices & Factors that Support Success	Sustainability & Next Steps
St. Louis Area Business Health Coalition St. Louis, MI	Healthy Eating & Active Living	Launch & sustain “Live Well St. Louis” interactive website at LiveWellSTL.org connecting residents to > 2,500 events & resources to help them move more, eat better & learn about their health	Site launched April 28, 2014 with launch event attended by 200, all of whom signed up for newsletter Traffic to site exceeded 1st year goals in 6 months: 112 k page views 21 K sessions 15.5 K unique visitors 5.3 gages viewed/session	Reduced administrative burden for sponsors & website staff	Continue to apply for local grants to support site.
		Develop 5-15k sponsorship levels w/potential site contributors & ways for partners to become premium contributors	Reached out to 225 potential site contributors, met w/36 & set up formal sponsor relationships w/10 (5 provide cash & 4 in-kind services). Site has 140 site contributors & 2,500 active listings on any given day Newsletter launched; Published bi-weekly to 500 subscribers	Partnered w/local grocer for in-store promotions, perks & donations of \$.10 to website for shoppers who use reusable bags Improved value of sponsorship with extra perks for high-level sponsors Website included as part of St. Louis County Community Improvement Plan	4 other communities want to model LivewellSTL website Continue to promote newsletter Raised \$43K in fund-raising (exceeded goal of \$25k) Seek new sponsors
		Get word out about site to community	Social media campaign launched Dec. 2014 reached 25K/week: 2,700 FB “Likes”; 400 Twitter followers; 140 Linked In group members		Expect growth in Facebook likes, Twitter & LinkedIn followers

Coalition	Health Issue	Key Strategies	Evidence of Success	Best Practices & Factors that Support Success	Sustainability & Next Steps
Savannah Business Group Savannah, GA	Child Wellness Prevention of Obesity & Chronic Disease	Increase awareness of local childhood obesity problem	Track & trend 100 wellness data points & create Blueprint of Chatham County agreed to survey 30,000 residents in near future	Partnering & funding by Coastal Georgia Indicators Coalition & Statewide Initiative for Child Wellness	Coordinate data-collection activities & share data via CGIC across county
		Provide training to increase promotion of child wellness by physicians & medical staff	221 providers trained on Strong4 Life (motivational interviewing, goal setting, BMI tracking & childhood obesity management); 6 mos. later, 60% of MDs used motivational interviewing; 92% set wellness goals	Partner with Memorial Health System & Healthy Savannah	Engage a physician champion Train new clinicians & follow-up with those trained
		Engage parents in promoting child & family wellness policies in schools & community	Worked w/Hospital & School System to reenergize PTA Health & Wellness Committee – set up wellness policies in one school as demonstration site Offered focus groups & Parent Summit for 250, delivered 11 wellness classes (130 parents) & develop & distribute 400 Parent Resource Guides; Reach = 2180 children	Build mutually supportive relationships w/parent-led orgs. - Parent University, Early Learning College & PTA	Continue to engage parents Continue to apply for funding to support local initiatives Implement monitoring & evaluation protocol for district health & wellness policy
		Increase employer support of healthy initiatives that support child wellness	Educated 23 employers (52,000 covered lives) on Children’s Hospital of ATL’s Bright Futures Program; led to revisions in health plan documents Launched Gulfstream Child Wellness Center & Programs	Donations > \$1 million by Gulfstream, Enmark & International Paper funded work to prevent & treat childhood obesity; Healthcare GA Foundation funded complete streets ordinance & other green space initiatives.	Include more community & employer members in local coalitions Continue to advise SBG members about updates & best practices in employer health benefits plans

Coalition	Health Issue	Key Strategies	Evidence of Success	Best Practices & Factors that Support Success	Sustainability & Next Steps
<p>Lancaster County Business Health Group</p> <p>Lancaster, PA</p>	<p>Worksite wellness specific to obesity prevention, tobacco use and limited clinical preventive services</p>	<p>Educate community & share data about county mental health system</p>	<p>Community Health Summit held w/400 attendees, 34 exhibiting vendors & 9 speakers</p> <p>Follow-up Leadership Meeting held to create Action Plan w/85 representatives from diverse community sectors</p> <p>Mental Health Workshop (11/6/14) for employers to discuss & develop policy, programming & awareness strategies to use in worksites</p>	<p>SWOT analysis via web-based software</p> <p>Facilitated by coach from UM County Health Ranking group</p>	<p>Demonstrate how CoActive can improve population health over time by focusing on sizable working population</p>
		<p>Launch CoActive software engagement program</p>	<p>Develop CoActive tracking software</p>	<p>Complete, written software specifications & weekly in-person meetings</p>	<p>After delays, final refinements finished in Summer 201</p>
			<p>Hire adequate staffing</p>	<p>Person is experienced in insurance management and wellness</p>	<p>Secure funding to continue this position</p>
		<p>Create & launch CoActive marketing materials</p>	<p>Employer, employee & partner brochures</p>	<p>Conducted branding audit w/ marketing firm & identified key strategic values for all partners</p>	<p>Continue to distribute & refine messages</p>
		<p>Secure contracts from CoActive providers</p>	<p>Two of 4 area hospitals agreed to participate in CoActive & provide 20% discount off bill that compliant member of CoActive wellness program incurs at their facilities</p>	<p>Addressed legal concerns about discounts</p> <p>Persistence & many face-to-face meetings with benefits personnel & CEOs from these institutions</p> <p>Legal opinions, financial projections & marketing & business plans prepared in advance of these meetings</p>	<p>Continue to enroll companies in CoActive —since the program rewards performance, participating companies generate sustaining funds by keeping employees in the program and helping them to comply with health goals.</p> <p>Working with Pittsburgh Business group on Health to replicate this program</p>



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