



CDC's Healthy Communities Program

Special Combined Newsletter Issue: July/October 2009

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CDC's Strategic Alliance for Health Conducts First-Ever Action Institute in April

By Joe Ralph,
Healthy Communities Program Staff Writer

CDC's Healthy Communities Program hosted the first-ever Action Institute for Strategic Alliance for Health (SAH) communities April 14–17 at CDC's Headquarters in the Senator Tom Harkin Global Communications Center in Atlanta. The Action Institute was designed to help train SAH representatives in creating healthier communities through sustainable, innovative,



Community leaders from New York State discussed future projects and plans during one of the At-Work Time sessions.

and evidence- and practice-based community health promotion and chronic disease prevention interventions that promote policy, systems, and environmental changes.

The attendees included representatives from 12 funded communities, liaisons from across CDC, and subject matter experts from around the country. Sessions at the Action Institute focused on the following themes: coordinating local program development and evaluation; discussing opportunities and resources for policy, systems, and environmental changes; and acquiring tools and strategies for helping sustain community programs and interventions. Team-building opportunities (At-Work Time)

were scheduled for promoting in-depth team discussions and infrastructure development.

Dr. Wayne Giles, director of CDC's Division of Adult and Community Health (DACH), opened the Action Institute with a presentation on DACH's cross-cutting programs and how they broadly support chronic disease prevention and services across CDC's National Center for Chronic Disease Prevention and Health Promotion. He highlighted CDC's Healthy Communities Program and its current projects in relation to the division's overall mission.

The first day of the meeting featured two keynote speakers. Mark Fenton (an author and nationally recognized authority on physical activity and public health issues) examined the epidemics of physical inactivity and poor nutrition that are threatening America's health and economic well-being. Next, Larry Cohen (founder of the Prevention Institute) discussed how health disparities shape institutions and community environments, which, in turn, shape health and safety. The day's

breakout sessions focused on best practices and key strategies for addressing chronic disease—particularly obesity, diabetes, and heart disease—in the community, school, work site, and health care sectors. Day one ended with a networking event to help provide clarification on programmatic issues and stimulate discussion about the earlier presentations.

Jessica Donze Black, Alliance for a Healthy Generation's Healthy Schools Program director, opened day two with a discussion about nutrition policy—what's working, what's promising, and what's worth abandoning. The second day's itinerary included three additional keynote presentations.

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CDC's Strategic Alliance for Health Conducts First-Ever Action Institute in April (Cont'd)

Larry Cohen returned to present on both the vision and the “nuts and bolts” of effective coalitions; Jeanne Casner, Northrop Grumman project manager, defined management information systems and highlighted the process for CDC's Healthy Communities Program management information system development; and Tim LaPier, CDC's Healthy Communities Program Translation and Dissemination Team lead, highlighted current and soon-to-be developed resource materials for SAH communities. The breakout sessions for day two focused on chronic disease risk factors and a CDC Healthy Communities Program tool for assessing community needs, called CHANGE (for **C**ommunity **H**ealth **A**ssessment **a**nd **G**roup **E**valuation), that helps guide the development of community action plans.

A talk by Kristen Grimm, president of Spitfire Strategies, kicked off the final day of the Institute with a spirited presentation on strategies for framing effective public health messages.

Day three offerings also highlighted successful CDC resources and tools, such as the *School Health Index*, which are used to assist public health professionals in program development and dissemination at the local and state levels.

CDC's Healthy Communities Program incorporated physical activity at the Action Institute by hosting a walking tour of CDC's Roybal campus. In addition, Mark Fenton led two walkability audits for assessing pedestrian conditions ↗

on downtown Atlanta's famous Peachtree Street. While walking nearly a mile, he provided information on the environmental factors that encourage or discourage routine physical activity and guidance on the process of improving the pedestrian environment in attendees' own neighborhoods. Topics included safe places to walk, crosswalks and traffic-calming measures, convenience, compact and mixed-use development, and amenities and aesthetics.



Spitfire's Kristen Grimm tackled a challenging question about whom to consider when framing a message.

Kenneth Rose, acting director of CDC's Healthy Communities Program at the time, closed the Action Institute by thanking all the SAH community representatives for their commitment and dedication to changing the environment with an eye toward “making healthy choices the easy choices.” ☀

Community Profile:

New York City's Strategic Alliance for Health

By Gretchen Van Wye, NYC SAH

The New York City Strategic Alliance for Health (NYC SAH) is excited to be joining CDC and other partners from around the country in creating a national network of professionals focused on integrated, population-based chronic disease prevention and health promotion.

The core NYC SAH team is made up of three New York City Department of Health and Mental Hygiene (DOHMH) staff members.

Javier Lopez, NYC SAH director, comes from a large community health center in the Bronx where he directed a wellness initiative that brought together local elected officials, government agencies, and community organizations.

He also helped establish the first health literacy center in the Hunts Point community of the South Bronx (Project HOPE).

“I am happy to be part of a structured and systematic national movement that promises to take the type of work I did in the Bronx to a broader level,” Lopez said.

Geysil Arroyo, the NYC SAH community coordinator, is tasked with conducting intensive outreach to Bronx partners. Geysil also worked previously in a Bronx health care organization.



Nicole Collins, SAH assistant, and Geysil Arroyo, community coordinator, are members of NYC SAH's dedicated staff.

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SAH

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for Health*

SAH

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Community Profile:

New York City's Strategic Alliance for Health (Cont'd)

Nicole Collins, the NYC SAH assistant, worked in a large hospital in New York City before joining the NYC SAH team.

The dedicated NYC SAH staff works closely with the DOHMH and the New York Academy of Medicine, co-conveners of the NYC SAH. Several of these organizations' staff members are committing a substantial amount of time as well.

Andrew Goodman, Jane Bedell, and Ruth Finkelstein make up the NYC SAH management team, and Roger Hayes is the management team liaison who oversees the day-to-day activities of the NYC SAH. Gretchen Van Wye leads the team's evaluation activities.



Representatives of New York City's SAH at the Action Institute included, from the left, Gretchen Van Wye, Roger Hayes, Javier Lopez, and Andrew Goodman.

Harlem and the South Bronx, the team has been working to build local capacity that will enable the completion of its objectives in the school and community sectors.

School sector objectives are twofold: helping institutionalize healthy in-class breakfast in 50% of the elementary schools in the target area, and helping these schools reach the state-level

120-minutes per week physical education mandate by training nearly 1,900 classroom teachers to lead in-class physical education curricula. These activities will reach 39,000 children in more than 130 elementary schools.

Building Capacity in the Community

The NYC SAH team is committed to achieving and sustaining policy, systems, and environmental changes that will increase physical activity, improve nutrition, and reduce tobacco exposure and use. Currently focusing on ↗

In the community sector, NYC SAH is working with partners to preserve existing supermarkets, identify sites for additional ones, and recruit food sellers to establish markets at those sites. The NYC SAH team and its partners also aim to create walking paths that reach 75% of the residents of public housing, or about 83,000 people. ☼

Two New Communities Join Strategic Alliance for Health

CDC welcomes the Boston Strategic Alliance for Health (SAH) and Hillsborough County–Tampa SAH communities! SAH funding was awarded on September 30 to the Boston Public Health Commission and to the Hillsborough County Health Department in Florida to support SAH activities in those communities.

These additions increase the total number of SAH awardees to nine, representing 14 funded communities. They join the original seven awardees working to improve community health through sustainable, innovative, and evidence-based community health promotion and chronic disease prevention interventions that promote policy, systems, and environmental changes. To do this, SAH communities focus on building local capacity to

- Institute policy, systems, and environmental changes related to promoting physical

activity and nutrition and reducing tobacco use and exposure.

- Improve and increase access to quality care.
- Help eliminate racial/ethnic and socio-economic health disparities.
- Reduce complications from and incidence of heart disease, diabetes, and obesity.

The original awardees were Dallas, Perry, and Sumter Counties in Alabama; Albany, Broome, Orange, and Schenectady Counties in New York; DeKalb County–Atlanta, Georgia; Hamilton County–Cincinnati, Ohio; New York City, New York; Cherokee Nation, Oklahoma; and Sault Saint Marie Tribe of Chippewa Indians, Michigan. Each community will work with key partners for a 5-year period. Schools are a required sector for all SAH communities, and the other(s) will be selected from the community, work site, or health care sectors. ☼

Actions Speak Louder Than Words at Action Institutes in Alexandria, Virginia, and Denver, Colorado

By **Connie Hogle**,
Healthy Communities Program Staff Writer

At the July ACHIEVE Action Institutes, actions most assuredly did speak louder than words. New community CHART members, joined by representatives from CDC and the five ACHIEVE national partners, listened, took notes, huddled during team discussion times, and participated in walkability tours, all in an effort to learn more about how they can start making health-affirming policy, systems, and environmental changes in their home communities.

Because the number of new ACHIEVE communities quadrupled to more than 40 this year, CDC held two separate ACHIEVE Action Institutes. The first institute, for eastern U.S. communities, was held in Alexandria, Virginia. Western U.S. communities met a week later in Denver, Colorado. More than 200 local community members attended each institute. The meeting facilitator, Monte Roulier, kept discussions lively, and many distinguished guest speakers each offered a varied look at topics essential for consideration by new CHART members. Presenters also led participants through numerous exercises that enabled them to start sketching out the details of their community action plans.

Primary presentations focused on helping participants gain clarity on the goals and expectations for ACHIEVE communities, including understanding policy, systems and environmental changes and developing effective community-based change initiatives. Dr. Wayne Giles, director of the Division of Adult and Community Health at CDC, spoke on "The Urgency of Chronic Disease Prevention: The Need for Local Action to Confront a National Crisis," which asked four questions about the work of ACHIEVE. The answers were clear, valuable, and inspiring.

- *Why are we here?* The answer included a look at health statistics through a powerful graphic depiction of obesity trends from 1990 through 2008.
- *What can communities do?* The answer: change the places that touch people's lives.
- *Why focus on policy changes?* Here Wayne offered examples of policy changes over time and their impact on society, including

car safety, food fortification, tobacco ordinances, school lunch programs, and mammography reimbursement.

- *What does it take?* To illustrate the importance of collective community actions, Wayne quoted Margaret Mead as saying, "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."



CDC's Wayne Giles addressed ACHIEVE participants from eastern U.S. communities at the Alexandria, Virginia, Action Institute.

Mark Fenton, walkability tour guide and nationally recognized physical activity expert, gave a lively presentation that included what he called his rant: "Change the conversation. It's not just an obesity epidemic. It's an epidemic of physical inactivity and poor nutrition." He exemplified his message with the "Story of 4":

- 4,000—approximate number of pedestrian deaths in America annually.
- 40,000—approximate number of total deaths in motor vehicle crashes annually.
- 400,000—approximate number of deaths each year due to sedentary living and poor nutrition.
- \$40,000,000,000—estimated direct annual medical expenditures due to inactivity and poor nutrition, borne by taxpayers.

Mark went on to answer the question, "How do we get where we want to go?" His answer is to create policies that make active designs the norm. To help accomplish this, he urges CHARTs to recruit land developers, real estate

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Actions Speak Louder Than Words at Action Institutes (Cont'd)

agents, and lenders who can foster approval of innovative designs.

“Both the built and social environments of the community matter, so work on improving them,” he said. “It’s usually political will, not money, that is the problem.” Mark suggests that CHART members “define the policy problem and then define the policy solution; give that solution to the decision makers.”

These thoughts were later echoed by two additional speakers. Judy Meredith, executive director of the Public Policy Institute, provided often humorous but singularly compelling real-life examples of public policy successes.

“A sympathetic, compelling problem + a strategic effective solution = a hero opportunity,” she said. She pointed out that this will give policy makers the occasion to champion a solution—one that you can provide.

Judy Meredith's descriptions of both her personal and public policy work were humorous and compelling.



Larry Cohen, founder of the Prevention Institute, emphasized the economic impact that drives decisions and products. He quoted the Institute of Medicine’s statement, “It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.” This statement ties in with his “Spectrum of Prevention,” which covers the levels of prevention from strengthening individual knowledge and skills, to fostering coalitions and networks, to finally influencing policy and legislation. Larry graphically illustrated the importance of investing in prevention, showing that after only 5 years there is a return of \$5.60 for every \$1.00 spent on prevention.

Ed Walz, vice president of Spitfire Strategies, covered “Messaging for Target Audiences.” Ed explained how to use a “message box” to prepare for meetings with policy makers to gain

their support for community changes. The message box includes four sections: value, barrier, ask, and vision. In delivering a message, Ed says to start with a **value** (theirs, not yours) that your proposal would reinforce; move to what they might see as **barriers** to their support, then preempt these barriers (but don’t repeat them); **ask** for what you want, tying it in with their values; and then show the **vision**, or the positive outcome of their support (from their point of view, possibly a “hero opportunity”).

In addition to the guest speakers, staff members from CDC’S Healthy Communities Program presented on a variety of topics. Dr. Shannon Griffin-Blake, Program Services and Evaluation Team lead, discussed the ACHIEVE process and how to use data strategically to guide CHART priorities. She described what success looks like from the perspective of ACHIEVE and the value of using the CHANGE tool for community assessment. Shannon and Monte also spoke on “Community Action Plans That Get Results.”

A highlight at both institutes was a panel discussion led by 2008 ACHIEVE CHART members who spoke earnestly about their experiences, challenges, and ACHIEVements and offered comprehensive responses to participant questions. Panelists included Pat Brill, Darcy Celletti (Denver only), Deb Nichols, and Anne Short.

Presentations also highlighted tips for starting the community-change process:

- Use editorials or other free (“earned” media) strategies, or invite news media staff to become members of your CHART.
- Support public transit systems because they usually prompt people to walk or bike to a central location.
- Consider making even small changes because they can make big differences—as in the example of restriping a road to change traffic from four to three lanes and adding a bike lane.

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Spitfire Strategies vice president Ed Walz delighted Action Institute participants with his entertaining and informative presentation on Messaging for Target Audiences.

Community Profile:**Northeast Connecticut's ACHIEVE Gets Off on the Right Foot**

By Linda J. Colangelo, ACHIEVE Coach,
Northeast Connecticut ACHIEVE

On October 15, 2007, a northeastern Connecticut businessman and health advocate sent an e-mail to the Northeast District Department of Health (NDDH) and WINY-1350 AM, a local radio station. It said, "I just wanted to get you thinking about something we can do in our schools to help combat obesity in our children."

That e-mail turned into a conversation among community partners that quickly developed into action, and in the span of 18 months, that single inquiry snowballed into a strong active coalition that recently became another ACHIEVE community, with NDDH selected for funding by the National Association of Chronic Disease Directors. ↗

In Alexandria and Denver, Actions Speak Louder Than Words (Cont'd)

- Look for other funding opportunities, such as from the government's Safe Routes to School program (<http://safety.fhwa.dot.gov/saferoutes/funding/>).

At the end of the meetings, Dr. Alyssa Easton, CDC's Healthy Communities Program director, asked attendees to share their impressions of the Action Institutes. Comments were overwhelmingly positive—attendees said they were eagerly looking forward to the work ahead and that it made them feel good to be a part of this exciting national movement. They found the institutes to be useful and the quality of the presentations, speakers, and content exceptional. They also said they valued the opportunity to interact and network with others.

Alyssa gave special thanks to the participants on behalf of CDC and all of ACHIEVE's national partner organizations, whose commitment to this program will address the urgent need to combat chronic diseases at the community level. She also expressed her sincere appreciation to all the presenters, panelists, and institute coordinators for their hard work in organizing the meetings.

For more information about ACHIEVE, visit the ACHIEVE Web site at <http://www.achievecommunities.org>. ☼

HealthQuest Northeast Connecticut is a collaborative partnership between local organizations who share the common vision of achieving healthier communities. Now in its second year, the HealthQuest partnership includes representatives from the local health department, hospital, school district, and Chamber of Commerce and Community Development, plus a local pharmacy, manufacturing company, and radio station. Core members of the HealthQuest team now comprise the founding membership of the ACHIEVE Community Health Action Response Team (CHART).

Recently, the Northeast Connecticut ACHIEVE scored an early success when two schools in its community adopted a HealthQuest initiative to establish a school policy that requires beginning each school day by walking outdoors for 10 minutes. At the beginning of their walk, students are given a topic to discuss while walking; upon returning to the classroom, they write in a journal for 10 minutes about their walking experience and discussion topic.

"This is the easiest thing we've ever done," said Jerry Davis, Principal of Plainfield Central School. "We see this as becoming part of our school culture."

His comments were echoed by Lyn Gandolf, Principal of Plainfield

Memorial School. "If you visit our school between 8:20 and 8:30 A.M. each day, you'll find everyone walking—the students, teachers, administrators, secretaries, maintenance and cafeteria personnel—everyone! They love it!"

"It's going to hopefully produce some really great results in the classrooms," Superintendent of Schools Mary Conway said, "because healthy, fit kids make better students." In fact, the program is already showing such results—Plainfield Memorial School Principal Gandolf reported that some of the students were journaling up to two pages a day about their walking experiences!

To launch the initiative, HealthQuest relied on Robert Sweetgall, who has walked across America seven times and is considered the nation's leading recreational walker. Robert lost several family members to heart disease and took up

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Community Profile:

Northeast Connecticut's ACHIEVE Gets Off on the Right Foot (Cont'd)

walking as a way to stay healthy. As part of a 2-day community health awareness program hosted by HealthQuest, he conducted walking clinics and gave talks at local businesses, in schools, and for community members about the benefits of recreational walking. On May 8, he conducted a motivational walk rally for more than 1,000 students, teachers, and administrators in the Plainfield School System.

Through financial support from the HealthQuest partners and other community businesses, students and teachers received pedometers, educational materials, and other tools to help them achieve their physical activity goals.

"It's all about making the right connections," said Linda J. Colangelo, the N.E. Connecticut ACHIEVE coach. "Another ACHIEVE coach, Cherie Poirier, found Robert Sweetgall on the Internet. HealthQuest partners raised the funds to sponsor his visit, and now sustainable walking initiatives are catching on throughout our schools, businesses, and communities. Thanks to the initial work of our HealthQuest team and the support, tools, and funding provided by ACHIEVE, we anticipate many more successes on the heels of this one." Cherie, who is the Operations Manager at Daniel's Pharmacy, a founding HealthQuest partner, is equally enthusiastic.

"We are blessed to have such dedicated partners working to address the issues that affect the health and wellbeing of our communities," she said. "We know that we cannot do this easily on our own, but our HealthQuest coalition is showing that together we can achieve our goals, healthier lifestyles, and stronger communities." ✨



School principals Jerry Davis (back row, left) and Lyn Gandolf walked with students who logged the most steps in a week.

ACHIEVE

Action Communities for Health, Innovation, and Environmental change

Children List Reasons to Keep Walking

The health department received more than 400 comments from students about the walking policy at Plainfield Central and Plainfield Memorial Schools. Here are the "Top 10" comments received:

- "It wakes me up in the morning."
- "It makes my brain work better."
- "It makes me happy."
- "I think better on tests and quizzes."
- "I will not die at a young age."
- "I love it because I can see the trees and birds and smell the fresh air."
- "I love seeing how many steps I can take."
- "I love to see my progress each day."
- "It makes me feel relaxed."
- "It makes me proud of myself."

Awash in ACHIEVE—a New Coach's Personal Experience



*By Linda J. Colangelo
ACHIEVE Coach, Northeast
Connecticut ACHIEVE*

We arrived from all corners and 43 communities of the United States. We left the rolling hills and scenic valleys of Connecticut, the big skies of Montana,

the diverse cultures of sunny and shore-lined Florida, and the theme parks, forests, and free-ways of California.

At the invitation of four national partner organizations, 153 newly ordained "coaches" converged in Atlanta for 2 days in April to learn how to implement policy, systems, and environmental changes to reduce chronic disease rates in our communities. For many of us passionate (and impatient) to create positive healthy changes in our communities, it seemed like a long time getting here.

We came to share stories, to ask questions, and to find answers. We found all that and more.

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Awash in ACHIEVE—a New Coach's Personal Experience (Cont'd)

From the rousing energy and enthusiasm of facilitator Monte Roulier to the captivating stories and charming southern drawl of 2008 Coach Karma Edwards, we were educated, entertained, and inspired.

The more we listened, the more we learned—and not just what was on the minds of our experienced presenters, but what was in the hearts of our community coaches. The firsthand accounts of what is lacking in so many towns and cities—from a fresh banana to basic health care—provided a sobering perspective for many of us and made us mindful of the many opportunities and blessings that were waiting for us back home.

We networked, brainstormed, broke bread, forged new alliances, and exchanged business cards and good wishes for shared success. We realized just how united the states of America really are in their quest to be a healed and healthier nation. ↗

Then, one by one, we filed out of the conference hall, empowered and energized to bring our knowledge and vision home. Many of us couldn't wait to get there, but Mother Nature had other plans. Rain and strong winds caused travel delays for many of us at Atlanta's Hartsfield-Jackson Airport, so we had plenty of time to reflect on the past 48 hours. In Eastern cultures, rain is thought to be a joyful gift—a sign of good fortune and prosperity. How appropriate to think that perhaps this was a metaphor for the first gathering of the 2009 Coaches.

Kudos to all who endeavored to make the ACHIEVE Coaches Meeting a resounding success. Who would have thought there would be so much to ACHIEVE? ☀



Linda Colangelo and Cherie Poirier represented the Northeast District Department of Health/HealthQuest Northeast Connecticut ACHIEVE at the Coaches Meeting in April.

Community Profile:

Using Community Engagement in Birmingham, Alabama, to Improve the Built Environment

By Webb Lyons, Community Investment Manager, Community Foundation of Greater Birmingham; Lisa Jones, Association Advancement Director, Birmingham Metropolitan YMCA; and Sarah Ho, Project Assistant, Activate America: Healthier Communities Initiatives (Pioneering Healthier Communities), YMCA of the USA

Just 2 weeks after returning from the Pioneering Healthier Communities (PHC) Conference (Action Institute) outside of Washington, D.C., the Birmingham, Alabama, PHC team had a great opportunity to turn its newly acquired knowledge into action.

In late December 2008, Birmingham Mayor Larry Langford introduced a proposal to spend \$11.6 million to repave all of the streets in downtown Birmingham, and the City Council scheduled a vote on the proposal within the week. The PHC leadership team, recognizing the importance of street design in promoting physical activity and eager to begin the work of policy and environmental change, organized a quick response to educate local policy makers about the importance of making the newly paved streets both bike and pedestrian friendly.

The PHC team first set out to determine a feasible recommendation to present to the Mayor's Office and the City Council. To

complicate matters, Birmingham lacked a master bicycle plan and had already chosen a contractor to do the repaving. Working with the Regional Planning Commission and several other urban planners and traffic engineers, the PHC team developed a realistic, no-cost recommendation that would greatly improve the design of the streets—striping the inner traffic lanes of the streets to a minimum width standard and allowing significantly more room in the outside lane for cyclists to ride safely in a shared lane with motorists. Striping in this manner would preserve the possibility of adding designated bicycle lanes at a future date, when the city develops a master bicycle plan.

With the recommendation in place, Birmingham's PHC team began reaching out to local businesses and organizations—including the city's largest employer, the University of Alabama at Birmingham—and, within just 2 days, gained the signatures of more than 30 businesses and organizations on a letter supporting the recommendation to stripe the inner traffic lanes to minimum width standards. The PHC team then presented the letter of support to the Mayor's Office and City Council. A few days later, the Council voted to

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PHC

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Communities*

Using Community Engagement (Cont'd)

approve the Mayor's repaving plan with the new recommendations incorporated, and the City's Traffic Engineer committed to striping the inner traffic lanes to minimum width standards wherever possible.

Although the PHC team's educational efforts were successful and resulted in a revision to the city's repaving plan, the more significant victory may be that they energized a host of others to work toward more comprehensive policy and environmental changes related to street design. In February 2009, a core group of individuals—including members from the PHC team—began to brainstorm a strategy for pursuing a "Complete Streets" policy. Such a policy ensures that all streets are designed to accommodate not only motorists, but also pedestrians, bicyclists, and public transit. (For more information on "Complete Streets," visit <http://www.completestreets.org>.)

The Birmingham PHC team believes it is important to be prepared when opportunities present themselves, which is precisely what happened with the mayor's repaving proposal. As a result, Birmingham is one step closer to building an environment that promotes and supports physical activity. ☼

YMCA of the USA's Healthier Communities Initiatives Host Learning Institute

Participants left the 4th Annual Learning Institute primed and re-energized to provide leadership and stewardship to Y-USA's Healthier Communities movement. YMCA of the USA welcomed 121 participants from 45 different communities to the meeting June 10–12 in Atlanta, where teams from Pioneering Healthier Communities (2004–2007) and ACHIEVE (2008) exchanged knowledge, insight, and wisdom. This sharing, coupled with presentations from the keynote speakers (Maya Rockey Moore, Leadership for Healthy Communities; Judy Meredith, Public Policy Institute; Alyssa Easton, CDC's Healthy Communities Program; and Bill Grace, Grace and Associates), provided an environment rich with experience and expertise to further the work YMCAs and their partners are leading in their local communities.

PHC
Pioneering Healthier Communities

Steps Communities... Still Moving Forward

By Healthy Communities Program Staff Writers

Steps communities and CDC Healthy Communities Program representatives met in early June at CDC's Global Communications Center in Atlanta for one last peer-to-peer meeting.

Steps communities were originally funded through two 5-year cooperative agreements, which closed at the end of September. Of the 22 Steps community grantees, 15 attended this final meeting to celebrate their accomplishments and the legacy they leave to CDC's Healthy Communities Program.

Dr. Wayne Giles, director of CDC's Division of Adult and Community Health, opened the Peer-to-Peer Meeting with an overview of how Steps communities helped shape public health practice. He noted that new community initiatives were developed in the Healthy Communities Program based on the Steps communities' successes and lessons learned in implementing evidence- and practice-based interventions and setting in motion policy, systems, and environmental changes to address physical inactivity,

poor nutrition, and tobacco use and exposure—all risk factors for developing chronic disease.

On behalf of the center's senior leadership, the deputy director of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Rosemarie Henson, attended the reception for the Steps communities and thanked them personally for their dedication and outstanding successes.

CDC's Healthy Communities Program presenters at the meeting included Rick Roman, associate director, who discussed NCCDPHP's new U.S. State and Territorial Health Departments Collaborative for Chronic Diseases and how it streamlined the process for health departments to apply for funding from four separate divisions and programs in NCCDPHP and creates a more integrated model for implementing community-level chronic disease interventions. Tim LaPier, Translation and Dissemination Team lead, gave a talk on CDC's current and ongoing Healthy Communities Program translation and dissemination activities, and Shannon Griffin-Blake,

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Steps

Steps Communities... Still Moving Forward (Cont'd)

Program Evaluation and Services Team lead, provided an overview of a community assessment tool developed by the Healthy Communities Program—Community Health Assessment and Group Evaluation (CHANGE)—and discussed its benefits for use in Steps communities' work.

Even though Steps funding has ended, many of the communities have created sustainable programs that will continue. The last day of the meeting featured a panel discussion where representatives from New York, Alabama, and California described successful sustainability strategies that have been carried out in their communities. (See related article on page 14.)

Cynthia Jaconski, program manager for **New York State Steps**, described how New York is using the ACHIEVE model to fund chronic disease prevention activities in every county and borough statewide. Ruth Whitten, program manager for **Alabama's River Region Steps**, discussed the River Region's collaboration with six key partners to accomplish a wide range of activities. These activities include making county parks smoke free, training day-care personnel on healthy eating and physical activity, working with a faith-based organization to create a walking trail, creating a statewide asthma coalition, and working with city parks and recreation officials to develop a "Field of Dreams" softball field for special needs children. Lori Martin described her **Santa Clara County, California**, Steps collaboration with the YMCA, the county's parks and recreation agency, and Kaiser Permanente to leverage funding for their activities, which include working to remove sugar-sweetened beverages from work sites and providing healthier food choices in hospitals. They also engaged 33 school districts in improving school nutrition and physical activity programs.

Following this panel presentation, the meeting participants highlighted other notable Steps accomplishments:

Boston, Massachusetts, created a Wellness Action Plan, under which all 143 city schools and the Boston Public School District work together through centralized functions to improve the physical activity and nutrition status of the district's 56,000 students. Since its implementation, the consumption of sugar-sweetened beverages among Boston's high school students has decreased significantly. In addition, the

community's *Boston Best Bites* initiative assisted 30 participating restaurants in making one or more changes to their menus to bring appetizers, entrees, and desserts into compliance with a prescribed set of nutritional standards for calorie, sodium, saturated fat, and trans fat (none!) content. Boston's *Healthy Main Streets* is a wellness initiative that encourages locals to explore healthy eating, shopping, dining, and outdoor fitness options in local *Boston Main Streets* neighborhoods. Both initiatives have been featured on Facebook, U-Tube, and Twitter.

Colorado created LiveWell Colorado, a free, year-round health promotion program based on community recommendations for ways to improve residents' health through workplaces, health care providers, and private-sector companies. LiveWell is now a 501(c)(3) corporation and will be sustaining many of the Colorado Steps initiatives. Program funding has leveraged in-kind donations worth more than \$280,000 from about 80 sponsoring organizations so far.

Hillsborough and Pinellas Counties in Florida and DeKalb County in Georgia are Steps communities that use earned media to sustain their Steps social marketing campaigns; in Hillsborough and Pinellas, the media matches \$2 for every \$1 the Department of Health spends (this is on-going); in DeKalb, the Steps advertisements remain on city buses.

Pennsylvania is in the process of developing a *Healthy Communities Implementation Resource Guide*. When completed, it will include a searchable database of interventions that includes "how to" guidance. An Internet link will be available after its release.

DeKalb County, Georgia, also developed a *Healthy Foods Assessment Guide* and a *Live Healthy DeKalb Community Resource Guide*. The *Healthy Foods Assessment Guide* is a report on findings from two DeKalb County neighborhoods to be used to inform communities and key leaders about issues related to food availability and affordability and related health outcomes. The report illustrates the tough realities of locating healthy foods, particularly fresh fruits and vegetables, in some local communities. The 2008 *Live Healthy DeKalb Community Resource Guide* is a

Steps



Congratulations to a 2008 Steps Hero!

Congratulations to 2008 Steps Hero **Stephanie Heim** for her publication in the *Journal of the American Dietetic Association*, July 2009 issue! The research she conducted at the Rochester Area Family YMCA's Delicious and Nutritious Garden was summarized in the article, "A Garden Pilot Project Enhances Fruit and Vegetable Consumption among Children." Thank you, Stephanie, for documenting the process and for showing that when kids learn to garden, they eat more fruits and veggies!

To read the abstract of her article, visit

[http://www.adajournal.org/article/S0002-8223\(09\)00458-1/abstract](http://www.adajournal.org/article/S0002-8223(09)00458-1/abstract).

(Continued, next page)

2009 Steps Heroes Honored at Peer-to-Peer Meeting



**Kathy Boeckman
San Jose, California**

Kathy Boeckman has been a key partner and contributor since the inception of Steps to a Healthier Santa Clara County in 2004. Kathy knows

firsthand that creating healthy school environments is critical to the success of students in the classroom. She is a quiet force, working tirelessly behind the scenes to help students, parents, the faculty, and community members work together to improve the health for all, and it is her passion and dedication that has resulted in positive change.

Kathy has been the Steps School Health Liaison for the largest school district in San Jose, comprising 53 schools and almost 31,000 students. Since the beginning, Kathy has dedicated herself to working with students and teachers in the classroom, providing training for teachers and administrators, and serving in a leadership role ↗

on several school and community-based collaborations.

In trying to make a lasting change in her school district, Kathy embraced the value and importance of CDC's School Health Index (SHI) tool, and she implemented its use at 39 of the 40 traditional schools within the district. This was no small feat. She knew in her heart that if she was to create healthy campuses across the district, she needed to convince decision makers that coordinated school health programs really work. The SHI results confirmed what she knew: that student test scores were better in those schools that had coordinated school health programs or activities, and school board members and administrators were convinced by these outcomes.

This is a wonderful example of Kathy's perseverance and how it paid off. There is now a District School Health Council as well as School Health Leadership Teams on every campus. Health and safety education is being delivered, and despite tight fiscal times, every school has a full-time nurse dedicated to student health. Kathy's commitment to Steps has helped more than 31,000 students and their families live healthier lives. She is truly a Steps Hero!

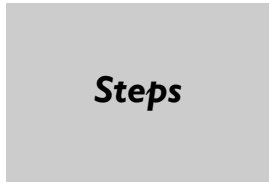
**Ann Brown
DeKalb County, Georgia**

Ann Brown has been a vital part of the DeKalb Steps community, serving as a Steps ambassador and cheerleader throughout DeKalb County. In addition to working in DeKalb County government and volunteering her time to neighborhood causes, Ann has been a member of the Steps to a Healthier DeKalb Leadership Team and Co-Chair of the Healthy Eating Active Living (HEAL) initiative sponsored by Kaiser Permanente. She has also been an integral part of numerous DeKalb Steps initiatives.

Ann's volunteerism has had a major impact on the DeKalb community, particularly in her role as champion of the expanding built environment initiative in the Belvedere community. She spearheaded a petition to help save one of the neighborhood's main bus routes, which is an integral mode of public transportation for the residents of this Steps target neighborhood of lower-income and elderly residents. Ann was also the driving force behind a Steps initiative to connect



(Continued, next page)



Steps Communities... Still Moving Forward (Cont'd)

compilation of DeKalb community organizations that offer resources in the areas of physical activity and nutrition programs for young people and adults, healthy cooking demonstrations, public and private pools, walking tracks and trails, and tobacco cessation programs. Resources are either free or have a reduced fee and are for the purpose of helping DeKalb County residents make use of local opportunities to engage in healthy behaviors.

One of the high points of the peer-to-peer meeting was recognizing the 2009 "Steps Heroes." The Steps Community Heroes Awards were a Steps activity that honored those who made outstanding contributions to improve the health and well-being of others in their communities. These awards were designed to acknowledge "Steps Heroes" who, without expecting personal recognition, unselfishly contributed their time, talents, and expertise to make significant and often sustainable contributions in their communities and making them a healthier place to live. (Read their profiles starting at the top of this page.) ✨

2009 Steps Heroes Honored at Peer-to-Peer Meeting (Cont'd)

the neighborhood with the only park in the area so that young people, among others who use the park, wouldn't have to cross a dangerously busy main road to get there.

In her role as a Steps Leadership Team member, Ann is actively involved in educating the community about DeKalb Steps' healthy living programs and activities. As Co-Chair of the HEAL initiative, she works diligently to promote healthy lifestyles among local residents by collaborating with community stakeholders who provide cooking demonstration classes, organize walking clubs, and develop fitness programs for families at a local elementary school. Ann also works closely with county officials to ensure the development of safe walking routes for community members.



Karen Pesce
Tampa, Florida

Karen Pesce has worked with Steps to a Healthier Hillsborough County for nearly 5 years to address the program's call to action to improve parent

and student knowledge and behavior regarding nutrition and fitness. Through a collaborative effort among school districts, hospitals, law enforcement agencies, and numerous community partners, Karen's team has taught interactive health lessons, free of charge, to more than 1.5 million school-aged children throughout the Tampa Bay Community. These lessons, taught in public and private schools for approximately 190,000 students annually, are matched to the required Florida Sunshine State Standards for health, science, language, and math. As part of this effort, Karen set up a Nutrition Continuum Program that consists of six nutrition and fitness lessons for more than 65,000 K–12 students in Hillsborough and Pinellas counties.

Karen is a strong, quiet force behind changing the way students and parents in the Florida Steps communities think about nutrition and fitness. Because of her commitment to working with them, many of these students and their parents have begun to adopt healthier lifestyles. Karen works tirelessly to help these community

residents increase their knowledge about good nutrition and regular physical activity, hoping that, in the end, her work will pay off and the rates of diabetes and obesity, as well as other chronic diseases, will decrease among the residents of Tampa. As a committed Steps champion, Karen is deeply respected in her community and throughout Hillsborough and Pinellas counties where she has so unselfishly dedicated her time to these Steps initiatives—like a true “hero.”

Bernard Turner
Minneapolis, Minnesota

About 8 years ago, while teaching classes at upscale workout clubs in downtown Minneapolis, Bernard became ill with a respiratory illness. Not one to give up easily, he used his fitness routine to help him manage and improve his chronic condition. The experience of changing from a person who personified health and wellness to one who felt sick and then learned to use fitness to manage his illness has been transformational to Bernard. As he put it, “fitness became my ministry.”



Today, Bernard teaches fitness classes for community-based organizations in south Minneapolis' low-income communities of color. Most notably, he teaches classes at a community fitness center that cannot afford to pay him. Although Bernard could now easily obtain a well-paying fitness position, he prefers to provide his services free of charge when needed, offering one of the few such fitness opportunities in this community. He also does television appearances and radio interviews on behalf of Steps and makes presentations in the community, inspiring and motivating others to live a healthier lifestyle.

Bernard Turner is a “great ambassador for fitness and for Steps,” according to the Steps to a Healthier Minneapolis program coordinator. Bernard is currently working on a master's degree in business with the goal of launching a chain of fitness centers specifically for people living with chronic conditions. ☼

Steps

Recent Publications Feature Healthy Communities Program Successes

By Michael Dickey, Assistant CEO, SOPHE, and Linda Elsner, Healthy Communities Program Staff Writer
 CDC is pleased to announce that two professional journals recently highlighted program accomplishments and described the “how to’s” of successful local-level changes brought about by communities participating in CDC’s Healthy Communities Program.



An April 2009 special supplement to the **Society for Public Health Education’s journal, Health Promotion Practice**, includes eight peer-reviewed articles featuring communities funded by CDC’s Healthy Communities and REACH U.S.

Programs. The supplement, “Fostering Healthy Communities: Lessons Learned from CDC’s Premier Community-Based Interventions,” highlights the work of these diverse U.S. communities that have taken remarkable steps to modify policies, systems, or the environment to support health and well-being, reduce risk factors associated with chronic diseases, and achieve health equity in local population groups. (See related article, page 14.)

Health Promotion Practice publishes authoritative peer-reviewed articles devoted to the practical application of health promotion and education. It is unique in its focus on critical and strategic information for professionals engaged in the practice of developing, implementing, and evaluating health promotion and disease prevention programs.

CDC’s online journal, Preventing Chronic Disease, April 2009 issue, features an editorial—“Public-Private Partnerships and Public Health Practice in the 21st Century: Looking Back at the Experience of the Steps Program”—by the



Healthy Communities Program director, Dr. Alyssa Easton. This editorial describes how public-private partnerships play an important role in initiating, supporting, and sustaining activities to improve the health of communities. This issue of the journal also highlights the accomplishments of two Steps communities—Austin, Texas, and Thurston County, Washington.

Preventing Chronic Disease is a peer-reviewed electronic journal that provides a forum for public health researchers and practitioners to share study results and practical experience. Published by the National Center for Chronic Disease Prevention and Health Promotion, the journal’s mission is to address the interface between applied prevention research and public health practice in chronic disease prevention. Articles focus on preventing diseases such as cancer, heart disease, diabetes, and stroke, which are among the leading causes of death and disability in the United States.

You can link to both of these journals from the following Healthy Communities Program Web page: <http://www.cdc.gov/healthycommunitiesprogram/evaluation-innovation/successarticles.htm>.

In addition, the **National Association of County and City Health Officials (NACCHO)** recently published a compendium of success stories, **Building Healthy Communities: Lessons Learned from CDC’s Steps Program**. This compendium highlights successful interventions in 15 Steps programs that are managed by local health departments and represent diverse geographic profiles and settings (schools, work sites, communities, and health care settings). Each case study includes descriptions of the community dynamics, specific chronic disease interventions, elements for success, collaborations, challenges, and future plans. This compendium focuses on particular interventions or unique components that have made the approaches used by each Steps community so successful.



You can access the compendium from NACCHO’s Web site at <http://eweb.naccho.org/prd/?na276pdf>. ☼

National Scientific Conference Highlights Healthy Communities Program Accomplishments

By Michael Dickey, Assistant CEO, SOPHE

During the 2009 Society for Public Health Education (SOPHE) Mid-year Scientific Conference, held May 6–9 in New Orleans, Dr. Wayne Giles, director of CDC's Division of Adult and Community Health, gave the opening address at a special session featuring the public health achievements of three Steps communities. Wayne also shared some exciting outcomes of CDC's Healthy Communities Program, of which Steps is a part, and described the impact the program is having across the country.

- In **Broome County, New York**, Steps worked with 15 school districts to create a consolidated bid to purchase healthy foods at a reduced cost for a centralized school lunch menu. Fruit and vegetable consumption increased 14%.
- In **Pinellas County, Florida**, all after-school programs are now required to provide children with at least 30 minutes of physical activity 5 days a week, thanks to a local Pioneering Healthier Communities initiative.
- In **Austin, Texas**, a work-site wellness program, with support from Steps, reduced employee absences by 25% since implementation of the program. And total health care costs increased by progressively smaller rates from 2003 to 2006 and then decreased by 4% from 2006 to 2007.
- In **Salamanca, New York**, ACHIEVE was able to successfully promote the adoption of a city ordinance banning smoking in all city parks and playgrounds.
- In **Pittsburgh, Pennsylvania**, fruits and vegetables are now served in YMCA after-school care programs, thanks to a Pioneering Healthier Communities initiative.

Through the Healthy Communities Program, many other local efforts to facilitate policy, systems, and environmental changes are having a positive influence on the population's health. The activities of the following three Steps communities were presented at the session as specific examples:

Krista Hanni, Epidemiology and Evaluation Branch manager at the Monterey County Health Department, explained how Steps in **Salinas**,

California, developed a taquería (taco shop) intervention to address obesity and diabetes among Mexican Americans. Taquería owners are now promoting available healthy menu items and modifying other menu offerings to reduce fats and increase fruit and vegetable availability, which has led to owners perceiving themselves as gatekeepers for a healthy community.

Yvonne Johnston, clinical assistant professor and research associate at Binghamton University's Decker School of Nursing, discussed Rock on Café, a Steps initiative in **Broome and Tioga Counties, New York**, that works with the school system to create and provide healthier, fun versions of kids' favorite foods. Steps also developed a marketing strategy to promote the "new" lunch foods and get kids excited about eating at school. The strategy included developing an age-specific interactive Web site to engage the students and repackaging foods, such as low-fat milk, in creatively designed containers that are visually appealing to young people.

Rebecca Drummond, program director for family wellness at the University of Arizona's Mel and Enid Zuckerman College of Public Health, described the success of an **Arizona** Steps obesity prevention intervention targeting the child-care environment. Partners in Yuma County worked with child-care providers to implement organizational best practices and policy changes that promote positive nutrition and physical activity behaviors among young children. Because of these changes, there has been a significant increase in the number of child-care centers that provide large, accessible play areas; serve healthier foods; and teach parents how to prepare healthy meals for their kids. Additionally, a ripple effect has spread the success of this intervention beyond the individual child-care setting into broader statewide initiatives to improve early childhood development and health.

These three Steps initiatives were also featured in a supplemental issue of SOPHE's journal *Health Promotion Practice*—see related article on page 13. ☼

For more information on CDC's Healthy Communities Program activities, including upcoming action institutes and training, tools for community action, investments in local communities, national networks for community change, evaluation and innovation, and program news, visit <http://www.cdc.gov/healthycommunitiesprogram>

Discussion:

Six “Myths” of Coalition Development

By *Tim LaPier*,
Healthy Communities Program Staff Writer

NOTE: “Coalition” can be used interchangeably with “CHART” or “leadership team.”

A great deal of information has been published on coalition development during the last several years. As a matter of fact, “Googling” a phrase as specific as “coalition development” returns ↵

CDC’s Healthy Communities Program Successes Recognized in Congressional Quarterly

By *Michael Dickey*, Assistant CEO, SOPHE

The Society for Public Health Education, YMCA of the USA, and Trust for America’s Health organized a Congressional briefing to educate legislators and their staff members about successful interventions from CDC’s Healthy Communities Program and other community-based initiatives that help prevent chronic disease and childhood obesity and improve health equity. This briefing, which took place June 5 at the U.S. Senate, was later featured in the *Congressional Quarterly Health Beat News*.

Presenters at the briefing stressed the importance of community-based prevention programs and the impact they have on improving population health and quality of life. They shared success stories from projects that invest in community-based disease prevention and health promotion programs, with a focus on those that promote physical activity, good nutrition, and policy changes to improve health outcomes and ultimately reduce health care costs.

Dr. Janet Collins, Director of CDC’s National Center for Chronic Disease Prevention and Health Promotion, and Jeff Levi, Executive Director of Trust for America’s Health, were two of the distinguished speakers who articulated the importance of these and similar public health programs.

Organizational cosponsors of the briefing included the National Association of Chronic Disease Directors, the National Association of County and City Health Officials, and the National Recreation and Park Association. Congressional cosponsors included Senator Tom Harkin (D-IA); Senator Mike Crapo (R-ID); Representative Jesse Jackson, Jr. (D-IL); and Representative Henry Waxman (D-CA). ☼

more than 36,000 responses. Does this prevalence of information translate to widespread competencies in coalition building at the local level? You might think so if, like me, you’ve been involved in surveys to determine local training needs. In these types of assessments, and in my discussions with coalition leaders, coalition capacity-building issues are often not perceived to be as important as program content issues such as policy, media communications, and evaluation.

Having worked as a community coalition consultant for many years, I’ve come to understand that most goal-achievement problems can be traced back to poorly executed coalition and partnership management practices. So why is there often a “disconnect” between actual and perceived community need for coalition process training? I have a few theories about this.

First, local coalition leaders (also referred to as coaches, facilitators, or coalition organizers) may not realize that a particular practice is important. In other words, coalition leaders “don’t know what they don’t know.”



Coalition representatives from North Miami, Florida, formulated plans for action in their community at the ACHIEVE Action Institute in Alexandria, Va., in July.

Second, coalition processes are often perceived as “common sense,” so a coalition leader may not ask for training in something they think they already know intuitively. Of course, coalition leaders also may know what to do, but due to time constraints and other reasons, content issues are a higher priority on their “to-do” lists.

To stimulate some fresh thinking, I’ve identified six myths about coalition building. These myths, listed in random order, are worth visiting because successful coalition management practices are the “oil” of the engine. Without it, parts of the organization or its members experience

(Continued, next page)

Six “Myths” of Coalition Development (Cont’d)

friction, wear out, heat up, burn out, or stop performing.

Myth 1: It takes longer to do things with coalitions.

Okay, so mobilizing others to agree on and implement policy and system change strategies can take more time. But more time than what? Having individuals develop and implement policies on their own? In most cases, community



Team members from New Bedford, Mass., were hard at work at the Alexandria ACHIEVE Action Institute.

policy and systems changes cannot occur without the collaborative force of organized community partners. Also, jointly developed policy strategies that are supported by community organizations and leaders are more likely to be enacted, implemented, and sustained. So, in the long run, because coalition approaches are often required to create successful policies, it can be argued that they also are more efficient.

Myth 2: Successful coalitions have members who put the “we” before the “me.”

In practice, coalitions work best when members have not only altruistic views (the “we” part), but also personal and organizational reasons for participating (the “me” part). The lesson here is that a coalition organizer’s recruitment and placement strategies should strive for a match between the coalition’s resource needs (or asset requirements to accomplish goals) and a member’s personal and professional interests and skills. If the mission of the member’s host organization complements that of the coalition, the organization will likely remain committed even with staff turnover. Through coalition communications strategies, members will know how their efforts, and those of the coalition,

benefit themselves *and* contribute to the greater good. For the coalition member, it’s all about the benefits of participating exceeding the costs.

Myth 3: Members who don’t do any work or don’t attend meetings should be asked to leave.

The trick here is to be careful about understanding what *work* is. Members can contribute in many ways aside from carrying out tasks. For instance, they can be idea generators, serve as links to key resources (financial opportunities or leader connections), provide in-kind resources, or facilitate meetings. Alternatively, coalition leaders have to ask themselves if gaps in membership exist (also known as “asset gaps”) that might have to be filled to accomplish strategic goals. A very good example of a partnership asset mapping tool (part of an overall coalition evaluation plan) that can be used to evaluate partnerships can be found at the following site: http://www.cdc.gov/dhdsp/state_program/evaluation_guides/evaluating_partnerships.htm.

Another aspect of member contribution is to consider whether leaders have communicated clearly about what members can expect from their participation (see Myth 2). Before the coalition ousts a member, leaders should check to see if a clear role has been negotiated that fits the member’s interests and skills. On the other hand, coalition members should not be expected to stay indefinitely. As opportunities (funding sources), challenges, and program goals shift, it is natural for priorities to change and for members to rotate on and off the coalition.

(Continued, next page)



Presenter Judy Meredith led a consensus-building exercise among coalition teams attending July’s ACHIEVE Action Institute in Denver.

Six “Myths” of Coalition Development (Cont’d)

Myth 4: We should avoid conflict in coalitions or partnerships.

It depends. Disrespectful comments directed toward another coalition member will reduce collaboration and sap the energy from the partnership. However, creating a safe and trusting environment that promotes healthy debate about important strategies improves the group’s creativity, productivity, energy, and effectiveness. Such an environment can be fostered through pre-agreed-on guidelines or procedures, such as team-building training, operating guidelines, ground rules, statements of understanding, and pre-established processes for handling conflicts.

Myth 5: To develop joint ownership, we should rotate facilitator (discussion leader) responsibilities at meetings.

It’s possible for this to work, but only if all chairpersons are skilled group facilitators. Group facilitators should be able to create and follow an agenda, engage and keep members on track, achieve consensus, and resolve conflicts. The ability to do this well is a rarer talent than one might expect. Some groups have realized how important this function is and have engaged a skilled facilitator (with no vested interest in outcomes) to preside over meetings. Organizational experts agree that consensus is the preferred method of decision making in coalitions because members need only to get to a point where they can live with the decision. In voting, there are clear and recognized winners and losers. A skilled facilitator can work through a consensus-decision process fairly and quickly. Deciding by majority vote still makes sense in certain situations (like voting for chairpersons). Even in these cases, a skilled facilitator can ensure that those members who do not vote with the majority are not singled out (e.g., by conducting elections through private ballot).

Myth 6: Paid staff members (coaches or other support staff) should be responsible for the coalition’s program activities.

It’s not that coaches or other coalition support staff can’t help out by providing logistical support for meetings and activities, but their most productive role is to be *process champions*. Process champions recruit, orient, and place new coalition members according to their skills and interests; provide staff support for meetings; communicate with members to keep them

“in the loop” (through e-mails, newsletters, one-on-one and group telephone calls, listservs, and Web sites); monitor the overall progress of the coalition; ensure the presence of clear processes; track and resolve conflicts; and ensure the development of clear action plans and evaluation strategies. Often, coaches or other coalition support staff members, for a variety of well-meaning reasons, invest a disproportionate amount of time to the program work of the coalition. This type of engagement can drastically reduce the time that support staff can spend as process champions and block member investment. This, in turn, can reduce member buy-in, impair coalition function, and negatively affect coalition outcomes.



Team members from Longview, Washington, discussed their ACHIEVE coalition’s planned activities.

Final Thoughts

Throughout this article, I have emphasized the importance of matching the needs of the coalition with those of its members. For this to happen, coalition leaders need to work with key community decision makers to develop clear goals and identify the community resources or assets (skills, influence, funds, in-kind contributions) needed to achieve them. Armed with this information, strategically recruiting from the various sectors will be easier. Once members are on board, they need clear direction (to ensure they are engaged productively from the coalition’s and their own points of view) and communication (so they know that the coalition is moving ahead and their own needs are being met). A well-written community action plan that includes short-term goals, strong communications tools, and effective meeting management practices enables this process. All of this takes an investment of effort by coalition staff and leaders—an investment that is absolutely essential for the coalition’s long-term health and success. ✨

Healthy Communities Program Staff Profiles



Alyssa Easton, PhD, MPH

Alyssa Easton, PhD, MPH, director of CDC's Healthy Communities Program (formerly the Steps Program), received her Doctor of Philosophy degree in Health Behavior from the University of Toledo in 1996 and her Master of Public Health

degree in Epidemiology from the University of Alabama–Birmingham in 1997. She joined CDC in 1997 as an Epidemic Intelligence Service (EIS) officer. During her tenure as an EIS officer, she collaborated with the Hungarian Ministry of Welfare on the Budapest Student Health Behavior Survey and presented findings at conferences and meetings in Hungary, Poland, and the Czech Republic. Prior to joining the Healthy Communities Program in 2004, Alyssa led the Surveillance and Specific Populations Team in the Office on Smoking and Health, Epidemiology Branch, where she led research and surveillance projects for specific populations. In 2007 she had the privilege of presenting on the Healthy Communities Program at Oxford University in Oxford, England, and in 2008 at the Vrije Universiteit (Free University) in Amsterdam, the Netherlands. Alyssa has authored or co-authored more than 100 presentations, abstracts, editorials, and publications. Recently published work includes *The Community Health Promotion Handbook: Action Guides to Improve Community Health*, in collaboration with Partnership for Prevention®. In 2008 Alyssa was selected for the Women and Power: Leadership in a New World course at Harvard University's Kennedy School of Government. Her passion at CDC continues to focus on advancing science and public health practice.

Richard (Rick) S. Roman began serving as the Healthy Communities Program's associate director in April 2007. In this position, he provides oversight and direction for the program's day-to-day operations and works with other staff members and those in the Office of the Director, Division of Adult and Community Health (DACH), to develop a sustainability strategy as initial Steps Program funding concludes.

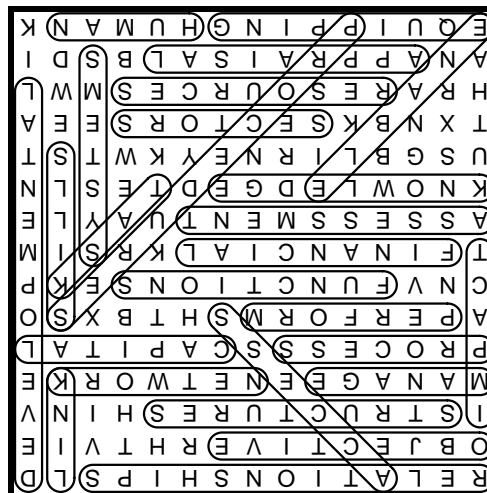
Before joining the Healthy Communities Program, Rick was deputy director of DACH's Healthy Aging Program and deputy branch chief of the Health Care and Aging Studies Branch. Earlier, before joining DACH in July 2002, Rick was one of CDC's emergency response coordinators for bioterrorism preparedness and response at the National Center for Infectious Diseases, and for natural disaster events with the Emergency Response Coordination Group at the National Center for Environmental Health. Rick represented CDC during numerous national disasters throughout the late 1980s and all of the 1990s. He played an integral role in overseeing emergency response operations following the September 11, 2001, terrorist attacks in New York City and Washington, D.C., and the anthrax investigations that followed. Before joining CDC, Rick worked in STD/HIV prevention programs throughout the United States and served as the STD/HIV program director at the Miami–Dade County District program office of the Florida STD/HIV program; at that time, that area had the fourth-highest STD/HIV morbidity rate in the country.



Rick Roman, MS

Rick has more than 27 years of experience at CDC across four National Centers. He holds a Bachelor of Science degree in Biochemistry from Syracuse University and a Master of Science degree in Health Services Administration from the University of Tennessee Health Sciences Center at Memphis. ☼

Answer to Word Search Puzzle on back page



CDC's Healthy Communities Program Newsletter

Centers for Disease Control and Prevention
 Healthy Communities Program
 Division of Adult and Community Health
 National Center for Chronic Disease Prevention
 and Health Promotion
 4770 Buford Highway, N.E.
 Mail Stop K-93
 Atlanta, Georgia 30341-3717
 Telephone 770-488-6452
 Fax 770-488-8488

For CDC-wide inquiries: cdcinfo@cdc.gov

For HCP Newsletter submissions,
 questions, or comments:

Linda Elsner, Editor
LElsner@cdc.gov

We're on the Web!

<http://www.cdc.gov/healthycommunitiesprogram>

Key Contacts**CDC's Healthy Communities Program**

- Alyssa Easton
Director aeaston@cdc.gov
- Richard (Rick) Roman
Associate Director rroman@cdc.gov
- Shannon Griffin-Blake
Program Services & Evaluation Team Lead sgriffinblake@cdc.gov
- Tim LaPier
Translation & Dissemination Team Lead tlapier@cdc.gov

ACHIEVE – National Partners

- Jennie Hefelfinger
National Association of Chronic Disease Directors hefelfinger@chronicdisease.org
- Emma Green
Erin Cox
National Association of County and City Health Officials
egreen@naccho.org
ecox@naccho.org
- Zarnaaz Bashir
National Recreation and Park Association zbashir@nrpa.org
- Monica Vinluan
YMCA of the USA monica.vinluan@ymca.net
- Michael Dickey
Society for Public Health Education mdickey@sophe.org

Pioneering Healthier Communities

- Tracy Wiedt
YMCA of the USA tracy.wiedt@ymca.net

Word Search Puzzle (Capacity Building Theme)**Find these words:**

Access	Manage
Appraisal	Network
Assessment	Objective
Capital	Perform
Developmental	Procedures
Enable	Process
Equipping	Relationships
Financial	Resources
Functions	Sectors
Human	Skills
Impact	Structures
Knowledge	Systems
Link	Task

(Answers on previous page.)

R	E	L	A	T	I	O	N	S	H	I	P	S	L	D
O	B	J	E	C	T	I	V	E	R	H	T	V	I	E
I	S	T	R	U	C	T	U	R	E	S	H	I	N	V
M	A	N	A	G	E	E	N	E	T	W	O	R	K	E
P	R	O	C	E	S	S	S	C	A	P	I	T	A	L
A	P	E	R	F	O	R	M	S	H	T	B	X	S	O
C	N	V	F	U	N	C	T	I	O	N	S	E	K	P
T	F	I	N	A	N	C	I	A	L	K	R	S	I	M
A	S	S	E	S	S	M	E	N	T	U	A	Y	L	E
K	N	O	W	L	E	D	G	E	D	T	E	S	L	N
U	S	G	B	L	I	R	N	E	Y	K	W	T	S	T
T	X	N	B	K	S	E	C	T	O	R	S	E	E	A
H	R	A	R	E	S	O	U	R	C	E	S	M	W	L
A	N	A	P	P	R	A	I	S	A	L	B	S	D	I
E	Q	U	I	P	P	I	N	G	H	U	M	A	N	K