Promoting Healthy Living and Preventing Chronic Disease

An Action Planning Guide for Communities

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A Preface

Our common purpose: to assure that <u>all</u> people live under conditions that promote healthy living. To achieve this broad aim, we must create environments that encourage healthy behaviors—in particular, those that promote physical activity, healthy diets, tobacco-free surroundings, and access to health care and preventive services. Healthy People 2010, the health objectives for the nation, calls for creating environments that make these behaviors easier and more rewarding. Public agencies, such as the U.S. Centers for Disease Control and Prevention, and private foundations have launched an array of efforts to promote physical activity, reduce tobacco use, encourage healthy diets, and increase access to health services.

"Promoting healthy living for all" is a worthy and challenging aim. This work is bigger than any one of us. It demands new levels of collaboration. It requires us to make multiple and interrelated changes in many different aspects of our communities and broader systems. Social justice requires a commitment to eliminating disparities in health outcomes among different ethnic, racial, and income groups.

The purpose of this guide is to help support community efforts to promote healthy living and prevent chronic diseases by increasing those behaviors that we know protect individuals from chronic diseases, such as physical activity and fruit and vegetable consumption. It also aims to reduce disparities in related health outcomes, such as diabetes and cardiovascular diseases, associated with race, ethnicity, or social inequalities. It outlines a process for involving those most affected by negative health outcomes, and those who can bring about the most change, in planning for a common purpose. The focus is on identifying those community and system changes—the new or modified programs, policies, and practices—that could make a difference in health outcomes.

This guide is informed by what we know about "what works" (evidence based practices), and the conditions under which they work. It draws on both scientific assessments and experiential knowledge about what might work in our communities. It captures working knowledge about what we can do in communities to promote healthy living and prevent chronic diseases and enhances co-learning among those doing the work.

Creating conditions to support healthy living requires broad-based efforts involving many different sectors or parts of the community. Often referred to as **state and community partnerships**, these initiatives involve key community leaders, experts, and representatives of grassroots organizations who value healthy living in our communities. They bring together representatives from health organizations, faith communities, schools, businesses, and other sectors of the community that share a concern about the problem of chronic disease or have a stake in their prevention. The aim of such initiatives is to foster changes in communities that promote healthy living for all.

This planning guide offers many potentially valuable ideas for creating conditions that promote healthy living. It outlines **community and system changes** that community members, service providers, and broader agents and allies can make to prevent the health-related problems of diabetes, cardiovascular disease, and some cancers. These include new or modified:

- **programs**, such as screening or peer support programs,
- **policies**, such as "health opportunity" zones that allow tax credits to support health improvement efforts in neighborhoods of concentrated poverty, and
- **practices**, such as increased after-hours care or enforcement of tobacco restrictions.

The community's **action plan** outlines what will happen to achieve its **vision** of healthy living for all. How could health organizations be changed to help promote healthy living and prevent chronic disease? What changes in faith communities would help fulfill the mission? How can the business community do its part? What about schools? How about local government? How could community residents assist?

The process of action planning consists of several major sets of activities, including:

- Convening a planning group in your community that consists of:
  - Key officials
  - Grassroots leaders from the community
  - Representatives of key sectors
  - Representatives of ethnic and cultural groups
- Listening to the community
- Documenting the levels of healthy behavior and chronic disease
- Identifying risk and protective factors
- Developing a framework for action
- Becoming aware of local resources and efforts
- Defining your group's vision, mission, objectives, and strategies

- Defining your group's choice of targets and agents of change
- Determining what community sectors should be involved in the solution
- Developing tentative lists of changes to be sought in each sector
- Building consensus on proposed changes and finally,
- Outlining action steps for proposed changes

Taken together, the proposed changes in all relevant sectors of the community provide a **blueprint for action**.

Each community has different assets and needs for promoting healthy living and preventing chronic disease. A particular community's intervention for promoting healthy living—the combination of programs, policies, and practices it seeks—will be unique. To work, chosen approaches must be adapted to fit the culture and context. Together, we have a lot to discover about how people can work together to create the "dose" of environmental (community and system) change sufficient to improve population-level outcomes and reduce disparities.

Activities for developing an action plan are explained in detail in this guide. Chapter 1 provides background information on key issues and concepts in community planning. Chapter 2 offers an overview of the planning process, with particular emphasis on how the community can clarify its vision, mission, objectives, and strategies for change. Chapter 3 provides help in considering which sectors of the community should be involved in the initiative. Chapter 4, the heart of this guide, assists in identifying particular community or system changes that local communities will seek to promote healthy living and prevent chronic disease. Appendix 1 provides an inventory or menu of hundreds of different community and system changes that your community might use and adapt to fit your context. Chapter 5 outlines a process for building consensus on those changes to be sought. Chapter 6 offers guidance in listing action steps to finalize the community's unique action plan. Finally, Chapter 7 outlines a strategy for documenting progress in bringing about community and system change and promoting celebration and renewal within the initiative.

The conditions that promote healthy living, such as environmental and policy changes that promote physical activity and healthy diets, should be widespread. Our hope is that each community's planning efforts will help bring about the conditions that support healthy living for all.

Table of Contents

Chapter 1
Community Planning for Healthy Living

With clarity of purpose, it is possible to address even a very complex issue like promoting healthy living and preventing chronic disease. This guide uses a process of action planning to help build consensus on what can and should be done within the unique needs and assets of local communities. The primary aim is to help communities specify the concrete ways in which they can take action, such as to promote physical activity and healthy diets and reduce tobacco use, in order to prevent chronic diseases such as diabetes, cardiovascular diseases, and some cancers.

This chapter explores key background issues and concepts of the planning process. At the end of this chapter, we provide planning pages that can be used to help:

- Listen to the community about issues and options
- Document the problem
- Understand personal and environmental factors affecting health outcomes
- Develop a framework for action
- Raise awareness of local resources and efforts
- Involve key officials and grassroots leaders
- Create a supportive context for planning and action.

Listening to the Community about Issues and Options Related to Healthy Living for All

Listening contributes to a better understanding of what the issues are and what can and should be done. It helps ground the planning in the lives of local people. Perhaps the most important preliminary step in action planning is to become familiar with the issues and context of the community. Leaders of local healthy living initiatives begin by talking with people actually experiencing difficulties in maintaining health promoting behaviors such as regular physical activity, including those from communities that are disproportionately affected by chronic diseases.

As with any community organization effort, it is critical to listen before taking action. Connect with and listen to a variety of people. These should include those most at risk for chronic diseases, such as diabetes and cardiovascular disease, and those interested in doing something about the goal of promoting healthy living and preventing chronic diseases for the whole community.

In addition to talking one-on-one, group leaders can listen by conducting public forums or focus groups in which people express their views about the issues and what can be done about them. Such public meetings should be convened by and with people from different ethnic and cultural groups. People from multiple income groups and social classes, and from those places or locations most affected in the community, should be represented. This will expand available perspectives on issues and options for promoting greater physical activity and better food choices and eliminating tobacco use and poor access to health care.

Conducting listening sessions. One method of becoming familiar with the issues uses structured opportunities to listen to a variety of members of the community. These listening sessions go by different names including focus groups, public forums, social reconnaissance, or community meetings. Group listening sessions are a straightforward and effective tool for gaining local knowledge about the issues and context. We recommend sing public forums to learn about the community's perspectives on local issues and options.

Listening sessions provide information regarding:

- The problem or issue (e.g., assuring physical activity and healthy diets, preventing tobacco use, assuring access to health services)
- Barriers and resistance to addressing the problem or issue
- Resources for change
- Recommended solutions and alternatives
- Current and past initiatives

Discussion leaders set a limited time for brainstorming about each factor, using newsprint or poster paper to record the product of discussions. Brief reports based on the findings can be used to publicize the issue in the media, thereby enhancing the credibility of the early developing initiative.

Documenting the Level of Health-Related Behaviors and Related Chronic Diseases

In addition to hearing the community's perspective on the issue of healthy living and chronic disease, it is important to document relevant aspects of the problem or goal using existing information sources. Health organizations, such as local public health departments or clinics, may have data that can be used to document the level of healthy behaviors (i.e., reported levels of regular physical activity, fruit and vegetable intake, tobacco use) and the prevalence of chronic diseases such as diabetes,

**Chapter 1:
Community Planning
for Healthy Living**

cardiovascular disease, obesity, and emphysema in your community. For example, data may be available on the percentage of local community members who engage in physical activity regularly. Perhaps public records can be used to create a scorecard for priority community health outcomes such as the number of people who have diabetes.

Such information can be used to help document the level of the problem (social attainment) and to consider whether further action is necessary. Later, these data can be used to determine how effective your group was in addressing the problem. (A caution: Increased community awareness and activity may also bring changes in reporting or other activities that may make it difficult to conclude that there was an effect or that observed effects were solely due to the initiative.)

Some Personal and Environmental Factors Associated with Physical Activity, Healthy Diets, and Tobacco Use

Those most affected by conditions related to healthy living include:

- Community members,
- Service providers, and
- broader agents of change (and their allies) in this effort.

A number of factors contribute substantially to risk. Addressing these factors can help protect against negative health outcomes. Although our knowledge is incomplete, research and experience suggest that somefactors may contribute to access to opportunities for healthy behaviors, such as engaging in physical activity, eating fresh fruits and vegetables, and working in smoke-free environments.

Table 1 (near the end of this chapter) provides a list of personal factors and environmental factors that may affect healthy living. Personal factors may include:

- Knowledge, skills, and history, such as knowledge of healthy food choices and skills to incorporate physical activity into daily living
- Biological/genetic influences such as the type and degree of one's current health or the presence of a physical or mental disability.

Aspects of the social and physical environment may also affect healthy living. Environmental factors may include:

- Availability and continuity of products and support services
- Physical access and communications access
- Peer support and advocacy
- Financial barriers and resources
- Policies (such as for insurance coverage)
- Poverty and living conditions

We can use this analysis of personal and environmental factors (see Table 1) – and our experience and knowledge of our local communities – to identify promising strategies and tactics for promoting healthy living.

Developing a Framework for Action

A framework (sometimes known as a "model" or "theory") helps guide the process of community action and change. How is our community to navigate the course from initial understanding and planning down the long road to improved health outcomes? A clear framework helps communicate the pathway for improvement, focusing local efforts on changing the conditions that affect health.

A Framework for Promoting Healthy Living
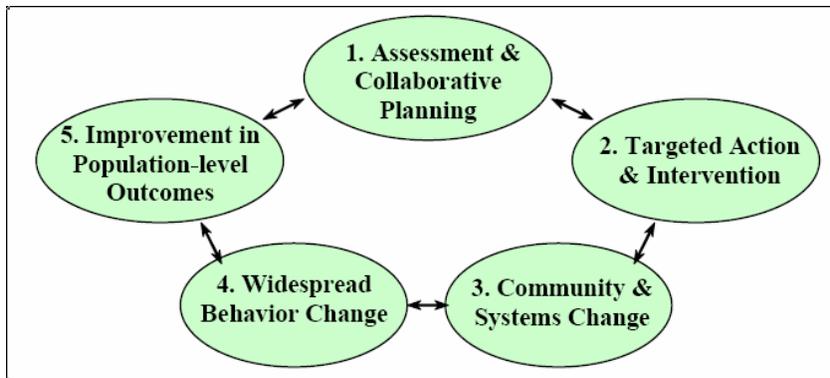
Adapted from Institute of Medicine. (2003). Chapter on "Community". (Pp. 178-211). *The future of the public's health in the 21st century.* Washington, D.C.: National Academies Press and based on Fawcett, S. B., Francisco, V. T., Hyra, D., et al. (2000). Building healthy communities. In A. Tarlov and R. St. Peter (Eds.), *The society and population health reader: A state and community perspective.* (pp. 75-93). New York: The New Press.

Based on the Institute of Medicine's (2003) model, a "Framework for Promoting Healthy Living" follows. It has five interrelated phases:
1. *Assessment and collaborative planning* (e.g., listening to the community, documenting health-related behavior and outcome levels, documenting the problem, developing action plans)
2. *Targeted action and intervention* (e.g., implementing "best practices" and processes that create change and improvement)
3. *Community and system change* (i.e., bringing about new or modified programs, policies, and practices relevant to the mission in all appropriate sectors of the community)

**Chapter 1:
Community Planning
for Healthy Living**

4._Widespread behavior change_ in relevant behaviors (e.g., eating healthy diets, engaging in physical activity, eliminating tobacco use)
5._Improvement in population-level outcomes_ (e.g., decreasing the incidence and prevalence of diabetes and cardiovascular disease)

Each community develops its own framework (or model or "theory") for action. It creates a "picture" and explanation of how change and improvement can occur in that place. The community's framework reflects its unique goals, needs, assets, and situation.

Becoming Aware of Local Resources and Past and Current Efforts

It is also important to be aware of existing programs and resources that are already working to promote healthy living and prevent chronic disease. What policies and programs with similar purposes already exist in the community? Talk with health care providers, consumers, and broader agents and allies such as in faith communities or businesses. Gather information about the scope of existing services and their effectiveness. How many people are they serving? Who is involved? Why? Are current programs or policies effective?

Are there task forces or coalitions—past or current—involved in addressing issues related to promoting healthy living or preventing chronic disease? For _current_ efforts, how many people are actively involved? Can the group become more effective? Were there _past_ initiatives with a similar mission? Who was involved? Why? Why and how did their efforts end? Knowing local resources and the history and experience of past and current efforts is critical to successful planning.

Involving Key Officials and Grassroots Leaders

Any planning process should be _inclusive_. We recommend that the leaders of the healthy living initiative arrange opportunities for participation by all those interested in changing particular sectors of the community, such as health organizations, faith communities, businesses, schools, and/or government. Key officials of each sector can be recruited, such as influential pastors of churches (for the Faith Communities sector) or the executive officer of a local hospital or clinic (for the Health Organizations sector). Similarly, leaders of grassroots community organizations should be recruited, such as those from neighborhoods and cultural communities most affected by the problem.

Participants should reflect the diversity, culture, and context of the local

community. Coalition leaders must ensure that the planning group extends beyond service providers of relevant agencies. Are youth involved? Parents and guardians? Elders? People of different socioeconomic backgrounds? Are those from local racial and ethnic communities—such as African Americans, Latinos, American Indians, Asian Americans, and Pacific Islanders—fully involved in planning? Their meaningful involvement can help create conditions that support healthy living for all those in our communities.

A key question: How can we make it easier and more rewarding for key officials and grass roots leaders to participate?

Creating a Supportive Context for Planning and Action

To be successful, initiatives require a context that supports ongoing planning and action. Several aspects of the group are particularly important, including its leadership, size, structure, organization, diversity, and integration.

Leadership refers to the process by which leaders and constituents work together to bring about valued change by setting priorities and taking needed action. Successful groups have a person or small group that has accepted responsibility for their success. Leaders should have a clear vision of what conditions might affect behaviors related to health, and the ability to convey to others that vision. They should also have the capacity for listening and relating to others within the group. Good leaders have the courage, perseverance, and cultural competence to help the group transform the community to better fulfill the vision. It is a good idea to always be ready to expand leadership positions to include new members from the community since they can offer a grounded perspective on the problems and the solutions. Although a single person may accept overall responsibility, effective organizations usually engage a number of different leaders in working to fulfill the group's mission.

The **planning group** must have a manageable **size** and **structure**. Most groups operate best with a maximum of 15 people. If many people are interested in working on the issues, the group can be structured into smaller groups, such as task forces or action committees organized by objective (e.g., promoting physical activity, reducing tobacco use) or by community sector (e.g., Faith Communities, Government). The task

**Chapter 1:
Community Planning
for Healthy Living**

forces can report back to a coordinating council or the group as a whole.

Some groups use a "planning retreat" in which members can focus specifically on the goals and means of the initiative. This can be accomplished in one or more half or full-day sessions that involve all or key members of the initiative.

The planning group must reflect the **people and culture** of the community. A key question: Does the planning group have the cultural competance (e.g., language, understanding of traditions) to respectfully engage the diverse groups in the community?

The **organization** of the planning group is also important. In larger groups or communities, action planning might initially be done in subcommittees or task groups that are organized by objective to be addressed. For example, separate task forces might be set up for Physical Activity, Healthy Nutrition, Tobacco Control, and/or Access to Health Services. In smaller groups or communities, the entire group might accomplish action planning for all objectives.

The planning group should include representatives from **relevant sectors and groups** of the community. Members should include officials from important sectors, such as local public health officials from the Health Organizations sector or employers from the Business sector. They should also include people concerned about what is going on in the sector, such as grassroots leaders and advocates who are affected by and interested in bringing about change in their communities. The group must consider how the continuing participation of persons in positions of authority can be maintained — while preserving the involvement of local residents with deep experience, but no official titles.

Planning sessions must be well publicized and easily accessible to members. Final review and approval of the coalition's action plan, as well as its vision, mission, objectives, and strategies, should be sought from the entire group.

Overall Tips on the Planning Process

Several overall aspects of the planning process are worth noting. These tips on planning are described below:

- ***Be Inclusive***
  Good planning is open to all who care about the goal of promoting greater physical activity, better food choices, reduction of tobacco use,

and increased access to health services.

- *Support Participation*

  Those involved should include those most affected (i.e., those from groups experiencing the worst health outcomes) and allies who can help make a difference (e.g., health care providers, advocates, school officials). They should also seek out key players with diverse perspectives and the common purpose of promoting healthy lifestyles for all. Once a diverse group of important players is at the table, it is important to get them to communicate with each other. Effective leaders often call on silent members during pauses in the discussion. They convey the value of each person's voice on the issues. Occasionally, it may be necessary to discourage an overly enthusiastic member from talking too much or dominating meetings. Leaders may do so by thanking them for their comments and indicating the importance of hearing from other members of the group.

- *Manage Conflict*

  If the group is successful in attracting diverse views, conflict among members may result. Group facilitators can recognize differences, perhaps noting the diverse experiences that give rise to divergent views. To resolve conflicts, leaders may attempt to elevate the discussion to a higher level on which there may be a basis for agreement. By reminding the group that we are all about the shared vision of healthy living for all in our communities, leaders can help members find common ground.

- *Use Brainstorming Rules*

  Group facilitators must avoid making judgments about ideas and suggestions. Brainstorming rules apply. All ideas (okay, *nearly* all) should be heard and noted without criticism.

- *Be Efficient*

  Meetings should get as much done in as little (or much) time as needed. They should start and end on time. It may be helpful to have an agenda or to build a consensus at the beginning of the meeting about what will be accomplished, and in what time frame.

- *Communicate Products of Planning*

  Planning should result in a useful product. Try to structure every planning session so that it results in a product, such as a list of issues or ideas. Show off the product at the end of meetings,

**Chapter 1:
Community Planning
for Healthy Living**

distributing copies of the products of planning to all members.

▪ *Offer Support and Encouragement*
Finally, it is important to provide support and encouragement throughout the process of planning. Good planning takes time; it usually requires months to produce a detailed plan of action. Acknowledge the contributions of all participants, especially key leaders. Let the group know when it is doing a good job. Positive feedback feels good, particularly for those of us who are used to being criticized for our work.

A Summary and Look Ahead

The phases of community planning and action can be summarized as follows:

- Understanding and listening to the community
- Strategic planning: vision, mission, objectives, and strategies
- Developing an action plan
- Documenting progress and promoting celebration and renewal

This chapter provided a background in some early issues and concepts of planning – understanding and listening to the community.

Following Table 1, the next chapter provides an overview of the process of strategic planning, with particular emphasis on reviewing the group's vision, mission, objectives, and strategies for promoting healthy living and preventing chronic diseases. The planning pages provide an opportunity to apply these ideas to your own community's effort to promote healthy living and to reduce chronic disease. Later chapters address the topics of developing an action plan, documenting progress, and promoting celebration and renewal of the initiative.

TABLE 1

Some Personal and Environmental Factors Related to Healthy Living for All

I. Personal Factors Related to Healthy Living for All

A. Knowledge and Experience

Community Members	Service Providers	Broader Agents and Allies
· Knowledge (e.g., how to engage in physical activity or knowing which foods are lowfat) · Beliefs (i.e., about causes and consequences of health behaviors and outcomes, e.g., effects of diet, physical activity, tobacco on health) · Skill (e.g., preparing healthy food, stretching) · Education and training (e.g., years of formal education)	· Knowledge (e.g., how to counsel patients about nutrition, physical activity and tobacco use) · Beliefs (e.g., about what consumers value, impact of counseling on clients' behavior) · Skill (e.g., facilitation of support groups) · Education and training (e.g., extent and adequacy of training)	· Knowledge (e.g., of the problem of chronic disease) · Beliefs (e.g., about how they can contribute to wellness of community members)

2. Experience and History

Community Members	Service Providers	Broader Agents and Allies
· Experience with healthy choices (e.g., exercise resulted in discomfort, healthy food did not taste very good) · History of prior attempts to change behavior (e.g., difficulty, no discernible improvement) · Cultural norms and religious practices (e.g., diet, healing practices)	· Experience with service provision (e.g., lack of support for primary and secondary prevention) · History of working with consumers (e.g., resistance to change, no improvement)	· History of collaboration in public problem solving (e.g., involving those most affected and those most responsible)

B. Biology/Genetics

Community Members	
Type and degree of existing health (e.g., preexisting conditions, risk markers) · Mental or physical ability (e.g., mobility impairment; psychiatric disability; cognitive ability) · Chronic illness (and requirements for care)	Gender (e.g., women or men may be more at risk for particular health outcomes) · Age (e.g., infants, adolescents, or older adults may be more at risk for particular health outcomes) · Genetic predisposition (e.g., diabetes)

II. Environmental Factors Related to Health Living

Community Members	Service Providers	Broader Agents and Allies
· Communication access/barriers (e.g., language spoken, reading level of educational materials) · Physical access/barriers (e.g., lack of transportation, lack of sidewalks and parks, healthy food options) · Competing requirements to participation (e.g., child care and work responsibilities, inexpensive fast food options) · Living conditions (e.g., homelessness, adequate housing, clean drinking water and refrigeration) · Poverty/financial resources (e.g., not enough money for fresh fruits and vegetables, for preventive health services) · Broader community conditions (e.g. presence of safe walking paths, presence of grocery stores that sell fresh fruits and vegetables, presence of vendors selling tobacco to minors)	· Availability and continuity of services and support (e.g., ongoing care from providers; peer support, policy enforcement) · Communication access/barriers (e.g., available interpreters) · Human resources (e.g., too few ATOD officers to enforce tobacco policies; limited availability of nutritionists and physical education specialists in areas of greatest need) · Physical access/barriers (e.g., distance to available skill training classes) · Time costs (e.g., convenient hours of service) · Financial barriers and resources (e.g., not enough reimbursement for prevention counseling; support for nutritional training) · Policies (e.g., requirements for insurance coverage, co-payments; refusal of service)	· Social support and ties (e.g., through neighbors, faith communities) · Public accommodations for participation (e.g., available child care, transportation) · Employer accommodations and policies (e.g., workplace health services; flextime policies to permit participation; health insurance policies) · Poverty and deprivation (e.g., economic development policies promoting increased green space, fast food zoning, tobacco-free communities)

Your Planning Page
Listening to the Community

Please review the ideas in this chapter. As appropriate, use these planning pages to conduct listening sessions in the community. This will help refine your group's understanding of the problem or issue, barriers and resistance to addressing the concern, resources for change, and recommended alternatives and solutions.

Your group might arrange community meetings or focus groups in which to consider these issues. Be sure to include a variety of people, including local residents, health care providers, and those from all ethnic and racial groups interested in doing something about promoting healthy living.

The Issue of Promoting Our issues... Healthy Living --some guiding questions: Are people in our community living less healthy lives than those in other places? What are the consequences? Who is affected? How are they affected? Are there related issues of concern (e.g., lack of decent jobs, education, housing)? Who cares about this problem? Are these issues of widespread concern? Are healthy diets, physical activity, tobacco use, and healthcare access a problem in this community?	**Ours issues…**
Barriers and Resistance Our barriers... --some guiding questions: What key individuals or groups might oppose efforts to promote healthy diets, increase physical activity, and reduce tobacco use? Can their opposition be countered effectively? Should they be engaged in the process? What other barriers might limit the effectiveness of the initiative? How can the barriers and resistance be overcome? How should we use this information to guide our planning for action?	**Our barriers…**

Resource for Change --some guiding questions: What resources, skills, tools, and other capacities are needed to address the mission of promoting health living and reducing chronic disease? Who has these? What local individuals or groups could contribute? What financial resources and materials are *Financial...* needed? Where might the money and materials be obtained?	**Our Resources Needed:** **People/Organizations…** **Financial…** **Materials…**	**Our Potentials/Existing Sources…**
Solutions and Alternatives Our promising solutions... --some guiding questions: What are some ideas on how to achieve the goal of healthy diets, physical activity, reduced tobacco use, and healthcare access for all in light of the anticipated barriers and resources? How might these be adapted to fit our culture and context? These ideas may provide an initial indication of what solutions might be acceptable to the community. (The group will refine these ideas in its action plan, described in later chapters of this guide.)	**Our promising solutions…**	

Your Planning Page
Identifying Personal and Environmental Factors and Developing a Framework for Action

Please review the ideas in this chapter. As appropriate, use this planning page to refine your group's understanding of personal and environmental factors that may affect the mission of promoting healthy living and reducing chronic disease. Also, outline (draw a picture and explain briefly) the

Framework for action (or model or "theory" of change) that your community initiative will use to address its mission.

Your group might use interviews with community leaders and outside experts and models provided by others (see, for

Example, Table 1 for Personal and Environmental Factors and the illustrative "Framework for Promoting Healthy Living for All").

Potential Personal and Environmental Factors --some guiding questions: What <u>personal factors</u> affect healthy living in this community? These may include knowledge, skills, and history, such as knowledge about healthy foods and skills in preparing foods, and biological/genetic influences such as the type and degree of existing health or physical or mental disability. What <u>environmental factors</u> affect healthy living? These may include availability and healthy food choices of fresh and low-fat foods, opportunities to engage in physical activity, lack of smoke-free public places, physical and communications access, financial barriers and resources, peer support and advocacy, policies such as for insurance coverage, and poverty and living conditions. How can we use this analysis of risk and protective factors—and our experience and knowledge of our local communities—to <u>identify promising approaches</u> to promote healthy diets, physical activity, and reduced tobacco use and healthcare access?	**Some personal factors…** **Some environmental factors…**

Framework for Action	**Our frameworks for action…**
--some guiding questions: Is the community initiative already using a framework for action (or model or "theory" of practice) to guide its efforts? If appropriate, how can (should) it be adapted for the culture and context? What is the logical path from initial understanding and planning to improvements in more distant outcomes in healthy living and reductions in chronic diseases? How can this framework for action help guide our group's efforts? (For an example, see "A Framework for Promoting Healthy Living" earlier in this chapter). Your model might include: *Purpose or mission* --"what the group is going to do and why" *Context or conditions* under which problems exist and that affect the intended outcomes. *Inputs, resources, and barriers* *Activities or interventions* --what the initiative or program does to effect change and improvement *Outputs* --the direct results or products of activities of the group *Effects* --more broadly measured outcomes or results include: 1) short-term or immediate effects 2) mid-term or intermediate effects 3) long-term or ultimate effects	

Your Planning Page
Becoming Aware of Local Resources and Efforts

Please review the ideas in this chapter. As appropriate, use this planning page to refine your group's understanding of existing programs and resources as well as current and past efforts of groups with a similar mission of promoting healthy living for all.

What are the existing programs and resources for promoting healthy living? How many people (and whom) are they serving? Do these services and programs meet local needs? Can their services be made more effective through local support, advocacy, and/or other means?

Your group might use interviews with community leaders to help Informants with these questions. or local experts might be drawn from leaders in health organizations, faith communities, and business, schools, government, as well as grassroots leaders in neighborhood and cultural communities particularly affected by the concern.

Current and Past Efforts	*Our current and past efforts…*
--some guiding questions: Are there task forces or groups currently involved in promoting healthy diets, physical activity, reduced tobacco use, or healthcare access? If so, who are they? How many people are actively involved? Are these groups as effective as they can be? Were there past initiatives with a similar mission? What was their focus? Achievements? Why and how did their efforts end?	

Your Planning Page
Involving Key Officials and Grassroots Leaders

Please review the ideas in this chapter. As appropriate, use this planning page to refine your group's understanding of which key officials and grassroots groups should be involved in the initiative.

Your group might use interviews with community leaders to help with these questions. Informants might be drawn from leaders in health organizations, faith communities, business, schools, community and cultural

organizations, and government, as well as grassroots leaders in neighborhoods and cultural communities particularly affected by the concern.

Key Officials to be Involved --some guiding questions: Who can make things happen on this issue? What individuals are in a position to create (or block) change? What previous experience do they have with the issue of healthy living? What contact people from the initiative would be most successful in getting these key officials to become involved in the initiative? Consider involving those who may initially be for (or against) the initiative.	*Key Officials*	*Contact People from the Initiative*
Key Grassroots Leaders --some guiding questions: What communities (e.g., specific neighborhoods or ethnic and cultural groups) are particularly affected by this concern? What issues/events are they currently organized around (e.g., neighborhood safety)? What individuals and groups make things happen in these neighborhoods and cultural communities? What previous experience do they have with preventing chronic disease or promoting healthy living? What contact people from the initiative would be most successful in involving members of these communities?	*Key Grassroots Leaders*	*Contact People from the Initiative*

Your Planning Page
Creating a Supportive Context for Planning

Please review the ideas in this chapter. As appropriate, use these planning pages to consider how your group will position itself for success. In particular, note the leadership of the planning group and its preferred size and structure, organization, and plans for integration of key leaders and people affected by the concern.

Leadership --some guiding questions: Has a person or small group accepted responsibility for the initiative's success? Consider how the leaders can enhance their vision of healthy living for all in the community. How can the leaders attract others to the vision? How can the leaders enhance their skills to relate to others within the group? How can the group select for and support those with the courage, perseverance, cultural competence, and other attributes necessary to help transform the community?	***Our leadership…***
Group Size and Structure --some guiding questions: What is a manageable size for the planning group? If more people wish to be involved, what structure will be used to include them? Perhaps the planning group might be composed of a smaller executive or steering committee that would report to the whole group.	***Our planning group…***

Group Organization --some guiding questions: What are the relationships between different cultures and groups within the community? How will the planning group be organized? In larger groups or communities, planning might initially be done in subcommittees or task groups organized around objectives such as promoting physical activity or healthy nutrition. In smaller groups or communities, the entire group might do this work.	**Our group's organization...**
Group Diversity and Inclusion --some guiding questions: What are the relationships between different cultures and groups within the community? How will diversity and inclusion of differing perspectives be assured? How will influential people be involved? How will other local residents affected by the concern be included? How can the continuing participation of those with resources and authority be maintained while preserving the involvement of local people with deep experience but no official titles?	**Our group's diversity...**

Chapter 2
Planning Overview: Vision, Mission, Objectives, Strategies and Action Plans

When groups develop a plan for action, they decide what they hope to accomplish and how they are going to get there. These decisions may be reached through strategic planning; the process by which a group defines its vision, mission, objectives, strategies, and action plans. This chapter provides an overview of these broader planning considerations and explains what is involved in creating or refining a group's vision, mission, objectives, and strategies for promoting healthy living and reducing chronic disease. It also helps clarify considerations about where the group will direct its efforts: who is at risk and who is in a position to help with the issue.

Use the information gathered for the previous chapter to guide the initiative's strategic planning. For example, how can documented evidence of problems with key behaviors and chronic diseases be used to form the mission and objectives? How will the community's voice (as heard in listening sessions) influence the action plan?

In this chapter, we provide planning pages that your initiative may use to refine its vision, mission, objectives, strategies, and targets and agents of change. Later sections of the guide will be devoted to preparing detailed action plans that identify community and system changes to be brought about to fulfill the community's vision and mission for promoting healthy living.

At the end of this chapter, we provide an outline for an "Action Planning Workshop." Structured as two one-half day retreats, this may be adapted to fit your community initiative's interests, needs, and constraints.

An Overview of Strategic Planning

A complete strategic plan consists of five elements (V.M.O.S.A.):

- **V**ision
- **M**ission
- **O**bjectives
- **S**trategies
- **A**ction Plans

Each is described below.

Vision

A **vision** communicates the *ideal conditions* desired by and for the community. A group concerned about preventing chronic disease and promoting healthy behaviors might use brief phrases such as the following to capture its vision: "Health for all," "Healthy, children and families," "Healthy, active families," or "Healthy living in the neighborhood." Vision statements should convey the community's dream for the future. Vision statements should be: a) shared and felt by members of the community, b) diverse, reflecting a variety of local

perspectives and cultures, c) uplifting to those involved in the effort, and d) easy to communicate (it should fit on a T-shirt).

Mission

The **mission** describes *why* a group is taking action, and *what* that action will be. The mission might refer to a problem, such as prevalence of chronic disease, or a goal, such as promoting physical activity, healthy eating, tobacco cessation, and access to healthcare. The mission statement must be: a) concise, b) outcome-oriented, such as the outcome of reduced incidence of a specific chronic disease, and c) inclusive, but not limiting in the strategies or sectors of the community to be involved. The mission should also include the broad strategies (the *what*) that reflect what will be done in response to the problem. Although the vision and tactics will be unique to your community, the mission, objectives, and strategies for promoting healthy living and preventing chronic disease may be influenced by the granting agency that provides financial support to your initiative.

A **mission statement** or statement of common purpose for addressing chronic disease or promoting healthy behaviors might look something like one of these:

- "To promote health for all people through community action and change."
- "To reduce new cases of type 2 diabetes through community education, advocacy, and access to health services"
- "To create a neighborhood in which people have opportunities to be healthy."

Objectives (or Broad Goals)

Objectives or **broad goals** refer to *specific measurable results* of the initiative. They include: a) key behavioral outcomes, such as increased use of appropriate preventive services and primary health care, b) related community-level outcomes, such as the proportion of people who engage in physical activity daily for 30 minutes or more and the incidence of specific priority health outcomes such as diabetes or stroke, and c) key aspects of the process, such as implementing a comprehensive plan for promoting healthy behavior and preventing chronic disease. Objectives set specified levels of change and dates by when change will occur. Example objectives include:

a. By the year 2010, increase by 20% the percentage of adults who consume five servings of fruits and vegetables every day.
b. By the year 2013, increase by 40% the percentage of adults who have had their total blood cholesterol checked within the last years.
c. By the year 2013, increase by 40% the percentage of children who watch television two hours or less every day.

The objectives must be **S.M.A.R.T.** + **C.**:

- **S**pecific (clear)
- **M**easurable (within the limits of the measurement systems now or potentially available)
- **A**chievable (at least potentially)

- **R**ealistic (this can actually be done given adequate resources)
- **T**imed (specific about when they will be achieved)
- **C**hallenging (pushing for big enough changes to address the community's concern)

A group's **objectives** for promoting healthy behavior and preventing chronic disease will likely refer to the specific behaviors and outcomes of particular concern such as engaging in physical activity, healthy food choices, eliminating tobacco use, and obtaining needed preventive services. Adapted to reflect local priorities, needs, and assets, the objectives may appear like those that follow:

- By the year 2010, decrease by 50% the percentage of adults who engage in no leisure time activity.
- By the year 2011, increase by 30% the percentage of people who have been diagnosed with type 2 diabetes through enhanced outreach strategies in the community.
- By the year 2011, increase by 60% the percentage of women 50+ having a mammogram in the past two years.
- By the year 2012, increase by 50% the percentage of people with diabetes who have had a foot examination in the last year.
- By the year 2012, reduce by 25% the percentage of adults and youth that use tobacco products.
- By the year 2013, increase by 50% the percentage of persons who consume less than 10 percent of calories from saturated fat.
- By the year 2013, increase by 40% the percentage of people who engage in moderate physical activity most days of the week.

Strategies

Strategies refer to *how* the initiative will be conducted. Types of broad strategies include building coalitions among community groups and organizations, community or neighborhood organizing, social marketing, and media and policy advocacy. More specific behavior-change strategies include providing information and enhancing skills, modifying access and barriers, enhancing services and support, and adapting policies or practices. A group should consider using a diverse array of broad and specific strategies to meet its objectives and fulfill its mission. The proposed strategies should be consistent with what is known about planned change with communities, organizations, and individual behavior.

A particular initiative's broad **strategies** or components may be influenced by the funding source or by the usual meaning of "coalition:" People from different sectors of the community working together on a common mission.

A coalition's *broad strategies* might include the following:

- Build a community partnership that involves all relevant sectors of the community in order to promote healthy living.
- Use social marketing and media advocacy to promote public awareness of the importance and opportunities for physical activity and healthy nutrition.

Chapter 2: Vision, Mission, Objectives, Strategies, and Action Plans

- Enhance peer support in promoting access to health services.
- Promote coordination and integration of existing services and resources for promoting health.
- Advocate for changes in programs, policies, and practices to reduce health disparities.

The initiative's *community and system changes* will likely use multiple strategies for changing individual and organizational behavior including:

- providing information and enhancing skills
- modifying access, barriers, and opportunities
- enhancing services and support
- changing the consequences (e.g., incentives)
- modifying policies and broader conditions

Although your group's mission, objectives, and broad strategies may be influenced by outside funders, its action plan will reflect your community's unique vision, goals, concerns, and experiences.

Action Plans

Action plans describe how strategies will be implemented to attain the objectives. They refer to *community and system changes* to be sought **and** *specific action steps* to be taken to bring about changes in all relevant sectors of the community. Later chapters will focus on ways to select changes in programs, policies, and practices. They will also clarify how to describe action steps that indicate what actions will be taken (what), the responsible agents (by whom), the timing (by when), resources and support needed and available, potential barriers or resistance, and with whom communications about this plan of action should occur. Example community and system changes and action steps for identified changes are provided in later chapters.

Identifying Targets and Agents of Change

When the group has determined where it is going and how it is going to get there, it will focus on key actors whose behaviors, if changed, would contribute to the mission. Clarifying whose behavior must change in order to reduce chronic diseases and promote healthy behavior choices will be useful in later planning for action.

Potential **targets of change** include all local residents, especially those who may be at particular risk for specific chronic diseases. They also include those whose action (or inaction) contributes to the problem (and its solution), such as healthcare providers, and broader agents and potential allies from faith communities, business, schools, community and cultural organizations, and government who do (or should) care about the issue of chronic disease.

Potential **agents of change** include all those in a position to work towards the solution, such as local residents, health care providers, and family members and peers. They also include previously identified targets of change who have a responsibility to contribute to the solution, and cultural organizations, and government.

Summary

This chapter outlined key ideas in strategic planning that may be used to review (and perhaps revise) the broad strategic plan. The planning pages that follow provide an opportunity to apply these ideas to your own community's efforts to promote healthy living and prevent chronic disease.

Your Planning Page
Refining Your Group's Vision, Mission, Objectives, and Strategies

Please review the ideas in this chapter. As appropriate, use these planning pages to refine your group's vision, mission, objectives, and strategies for promoting healthy living and reducing chronic disease. Please note that if you are applying for grant funds, the mission, objectives, and/or strategies may be somewhat influenced by the funder.

Vision	*Our vision is...*
Vision statements describe the ideal condition desired for the community. They convey the community's dream for the future. They should be shared, diverse, uplifting, and easy to communicate. Example vision statements are: "Healthy, active families" or "Healthy Living in the neighborhood." Please list vision statements that capture the dream of your group:	

Mission	*Our mission is...*
The mission statement describes the common purpose of the group. It describes what the group intends to do and why. It must be concise, outcome-oriented, and inclusive. An example mission statement is: "To promote physical activity and healthy eating through community education, advocacy, and access to health services." Please state the mission of your group:	

Objectives (Broad Goals)	**Our objectives...**
Objectives state the broad goals toward which the group's activities are directed. Objectives describe how much of what will be accomplished by when. They refer to *specific measurable results* and state the time frame for accomplishments. Objectives must be specific, measurable, achievable, realistic, timely, and challenging. Please list the objectives of your group, inserting the appropriate dates and target percentages: By the year _____, By the year _____, By the year _____,	
Strategies	**Our strategies...**
Strategies describe how the objectives are going to be met. Broad strategies for promoting health living and preventing chronic disease include: building community coalitions, community or neighborhood organizing, social marketing, and media and policy advocacy. *Specific strategies* related to changing individual and organizational behavior include: a) providing information and enhancing skills, b) modifying access, barriers, and opportunities c) enhancing services and support, d) changing the consequences, and e) modifying policies and broader conditions. Please list the broad and specific strategies to be used by your group:	

Your Planning Page
Refining Your Group's Choice of Targets and Agents of Change

Please review the ideas in this chapter. As appropriate, use this planning page to refine your group's choice of targets and agents of change.

Targets of Change Targets of change include all local residents, including those who may be at particular risk for specific chronic diseases. Targets of change are also those who by their actions or inaction contribute to the problem or solution. Possible targets of change include: local residents, health care providers, members of faith communities, business, schools, community and cultural organizations, and government who should care about the issues of healthy living and chronic disease. Please list the targets of change for your group:	**Our targets of change...**
Agents of Change Agents of change are those who are in the best position to contribute to the solution, such as local residents and health care providers. They may also include those who have a responsibility to contribute to the solution, such as business or religious leaders. Possible agents of change include: family and peers, health care providers and health advocates, members of faith communities, businesses, schools, government, and community and cultural organizations who care about the issues of healthy living and chronic disease. Please list the agents of change for your group:	

Action Planning Workshop(s):
An example outline using two half-day working sessions

Overall Process: An effective action planning session allows a diverse group of participants to:

1   Clarify common purpose – Through listening, gathering and reviewing data, and building a shared vision and mission.
2   Generate and critique options – Through consideration of risk and protective factors, broad and specific strategies, and the community's framework for action, the group identifies particular changes in communities and systems (i.e., new or modified programs, policies, and practices) to be sought to achieve the mission.
3   Obtain consensus about community and system changes to be sought – Through ballot voting about the importance and feasibility of proposed changes, or by having participants use "dots" to register preferences for changes to be sought.
4   Decide how to proceed as a group – Through open discussion, the group identifies action steps (i.e., who will do what by when) to bring about the identified changes.

Background Work Before the Session/Workshop:

▪   ***Listening sessions*** *with a variety of people including those most affected*
▪   ***Documenting*** *the issue or problem, including data on key behaviors and chronic disease levels in the community*

Session/Day One (1/2 Day)

8:30   Continental Breakfast

9:00   Welcome and Introductions

9:20   Overview of the Action Planning Process

9:30   VMOSA: What is VMOSA (<u>V</u>ision, <u>M</u>ission, <u>O</u>bjectives, <u>S</u>trategies, <u>A</u>ction Plans)?

9:45   Vision: Promoting Healthy Living in our community: Creating your own community's vision.

10:15   Mission: What are we trying to accomplish by when? Creating your objectives.

10:45   Objectives: How much of what will be accomplished by when.

11:15   Strategies: How will we get there: Identifying a set of broad and specific strategies.

12:15   Questions/Wrap up: Group Summarizes Accomplishments of Session/Day One.

12:30   Adjourn

Product of Session/Day One: A new (or renewed) statement of the group's Vision, Mission, Objectives, and Strategies. (These may require review or approval by a broader group.)

Homework Before Session/Day Two: Review the "Inventory of Potential Community and System Changes to Promote Healthy Living and Prevent Chronic Disease." Identify priority changes to be sought: a) by specific strategy (i.e., providing information and enhancing skills, modifying access, barriers, and opportunities, enhancing services and support, altering incentives and disincentives, and modifying policies) and b) by community sector (e.g., Health Organizations, Faith Communities, Government).

Day Session/Two (1/2 Day)

9:00   Review of Session/Day One and Overview of Session/Day Two

9:15   Identifying Targets and Agents of Changes: Who should benefit? Who can contribute?

9:30   Identifying Community and System Changes: By Strategy (work in small groups of 6-8 organized by strategy)

10:15   Small Group Reports

10:45   Identifying Community and System Changes: By Objective (work in small groups of 6-8)

11:15   Small Group Reports

11:45   Building Consensus on Community and System Changes to be Sought (e.g., using dots, voting)

12:15   Next Steps:

- Building consensus/seeking approval from the larger group (if appropriate)
- Identifying action steps for each change to be sought (who will do what by when)
- Plan for documenting progress and promoting celebration and renewal

12:45   Questions/ Wrap Up: Group Summarizes Accomplishments of Session/Day Two

1:00   Adjourn

Product of Session/Day Two: A set of community and system changes (i.e., new or modified programs, policies and practices) to be sought in each relevant sector of the community (e.g., Health Organizations, Faith Communities, Government) for each objective.

Chapter 3
Working Together to Promote Healthy Living and Prevent Chronic Disease: Involving Key Sectors in the Community's Framework for Action

The purpose of this chapter is to envision how the community can better work together to promote healthy living and prevent chronic disease. More specifically, we will consider how certain community sectors, such as health organizations or faith communities can be involved (and transformed) in implementing your community's "Framework for Action."

Community sectors are parts of the community that will help the group fulfill its mission. Some sectors, such as faith communities or cultural organizations, are selected since they may provide a good way to reach local people who are at particularly high risk for chronic diseases. Other sectors, such as health organizations or local government, are included since they offer a way to involve people who have an interest or responsibility for addressing policies and practices that have an impact on health-related behaviors and outcomes.

Use the information gathered in the previous chapters to guide your initiative's choices about key sectors to be involved. For example, what does your analysis of potential barriers, resistance, assets, and resources suggest about which parts of the community should be involved? Through what parts of the community can we best reach the targets of change or those who should benefit? Through what sectors can we best engage the agents of change or those who can contribute to the mission?

This brief chapter involves several important activities. They include:

Step 1: Review the targets and agents of change (and the analysis of factors) identified in the previous chapter. These are the people whom your group hopes to influence and involve in its efforts. Consider all groups and cultures in the community**.**

Step 2: Review the diagram (on the page after next) about the community sectors involved in an example coalition, the *Northeast Coalition for Healthy Living*. Consider which of these (or other) sectors of the community might be most useful in promoting healthy living in your community. Modify the chosen sectors as appropriate. Delete or add new ones to fit your community's special needs, resources, barriers, and experiences.

Step 3: Use your Planning Page in this chapter to identify the sectors that your initiative will use. Each sector should help reach your group's targets of change and/or involve your selected agents of change. Your

organization's own particular sectors will reflect the overall vision, mission, objectives, and strategies, as well as local resources, barriers, threats, and opportunities.

Step 4: In preparation for the next important chapter on preparing an action plan, review the example community changes that could be sought in each sector. Consider how changes such as these could work together in a comprehensive effort to promote healthy living and prevent chronic disease in your community.

Working Together to Promote Healthy Living for All: Identifying Key Community Sectors in an Example Coalition

Here is a diagram of possible community sectors that might work together to promote healthy living and prevent chronic disease. These are the community settings or groups through which this potential example, the "Northeast Coalition for Healthy Living," might fulfill its mission.

Which community sectors should be used to address your group's mission? Which of these offer good prospects for changing behaviors and involving community members who are concerned with healthy living and chronic disease?
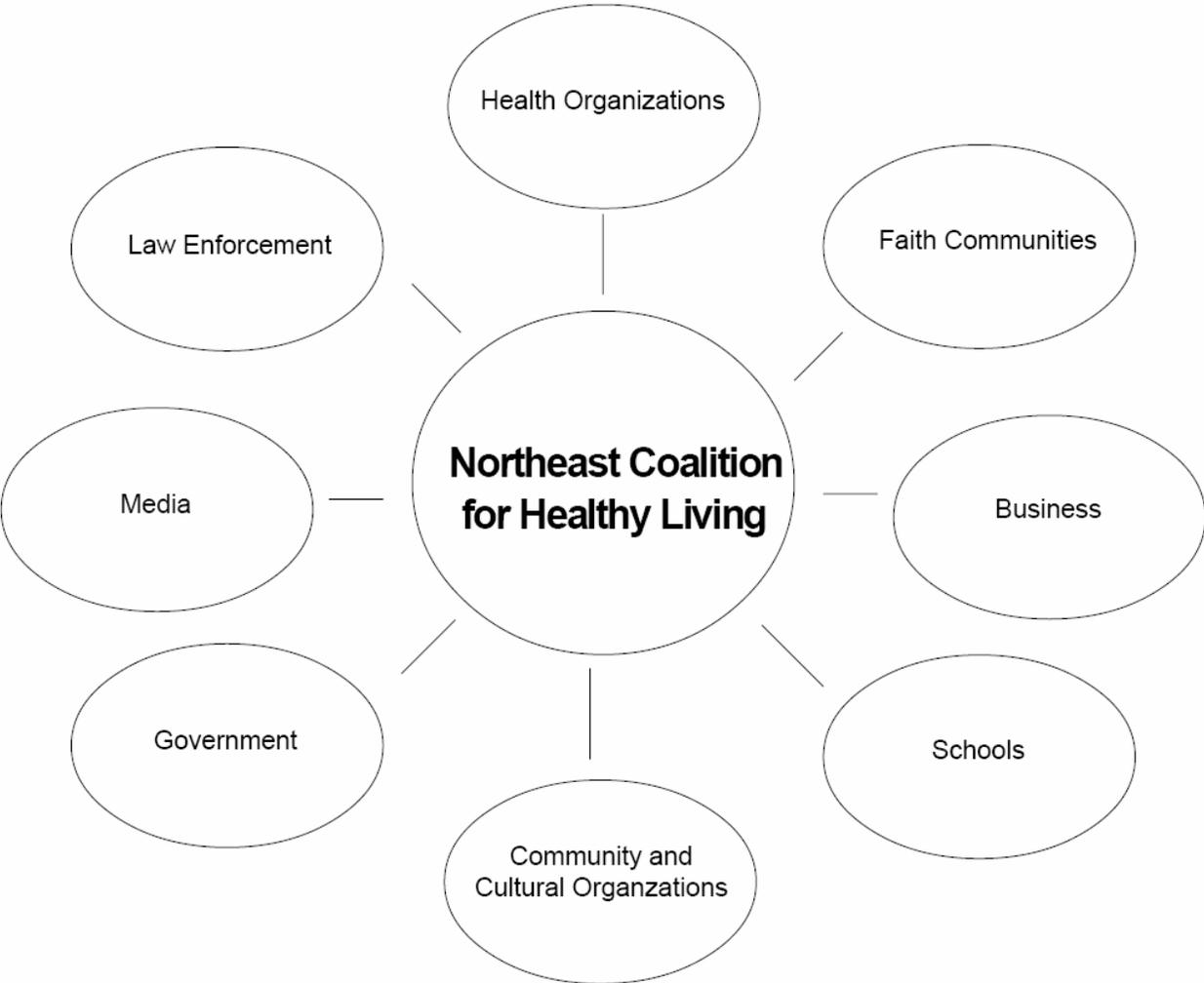
Choosing Community Sectors to be Involved in the Effort

Please review the diagram for the example "Northeast Coalition for Healthy Living" on the previous page. As appropriate, use this page to list proposed sectors of the community in which *your* group can and will have influence. Some potential sectors may include health organizations, faith communities, business, schools, community and cultural organizations, govern-

ment, and other contexts for reaching those at risk and involving those able to help.

Review the targets and agents of change identified in the previous chapter. Consider the following questions: Does the sector provide a way to reach large numbers of people at risk for chronic diseases? Does it help connect with community members who have an interest

or responsibility for promoting healthy living? Is this part of the community important to the group's mission and proposed strategies? Is it feasible to involve this sector in the group's efforts? What other sectors (e.g., media, military) could or should be involved?
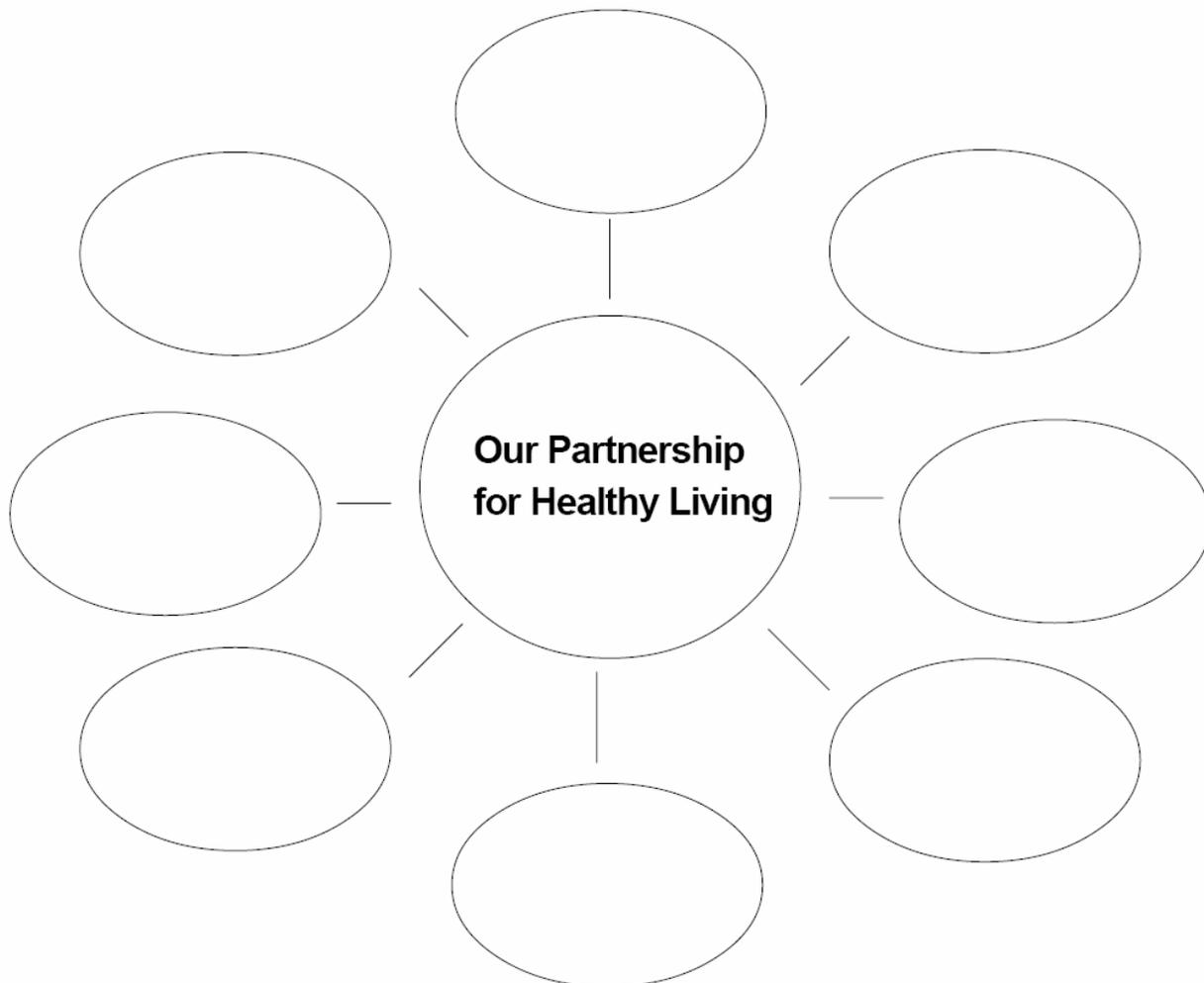
Envisioning a Community Working Together to Promote Healthy Living: An Example of Community and System Changes to be Brought About in Health Organizations

Provide dietary counseling as part of other services

Offer tobacco cessation classes on-site

Train health care providers how to talk about physical activity with patients

Train lay health advisors to counsel on health behaviors

Health Organizations

Place healthy recipes and smart substitutes in waiting rooms

Provide staff for screenings at neighborhood events

Conduct weight management support groups

Have providers give 5-question diabetes assessment at each visit

Envisioning a Community Working Together to Promote Healthy Living: An Example of Community and System Changes to be Brought About in Faith Organizations

Envisioning a Community Working Together to Promote Healthy Living: An Example of Community and System Changes to be Brought About in Businesses

Distribute health information through work sites

Offer free health screening at work sites

Adopt a neighbor-hood to support community health

Businesses

Allow flextime for employees to exercise

Support social marketing campaign promoting benefits of physical activity

Include preventive services in health coverage

Provide healthy eating options in workplace cafete-rias

Support incentives for employers who offer adequate insurance coverage

Envisioning a Community Working Together to Promote Healthy Living: An Example of Community and System Changes to be Brought About in Schools

Incorporate preventive health messages into school curriculum

Require water and juice be offered in vending machines

Require curricula that include healthy living skills in all secondary schools

Schools

Conduct a contest for students to develop health messages

Provide physical education options for students of all grades

Provide a wide variety of fruits and vegetables in school cafeteria

Offer health education courses to community after hours

Establish peer education programs in junior and senior high schools

Envisioning a Community Working Together to Promote Healthy Living: An Example of Community and System Changes to be Brought About in Community and Cultural Organizations

```
                    Distribute Community
                    Health Report Cards

   Provide safe places                        Develop recipes
     for walking and                         and materials that
       recreation                              are culturally
                                                 appropriate

                      Community
                      and Cultural
   Sponsor community  Organizations           Provide health
    health fairs that                         information in a
   assess health status                        language local
   and promote health                        people understand

   Establish peer                            Promote benefits of
   support programs                          smoking cessation
     for families                             resources to
                                                 members

                    Publicly recognize
                       providers who
                     promote diet and
                    physical activity to
                       their patients
```

Preparing Your Action Plan: Using an Inventory to Identify Community and System Changes to Be Sought

This chapter is the absolute heart of action planning. Its purpose is to assist the choice of community and system changes that your group will seek in each relevant sector of the community. To address the mission, your group may attempt to change programs, policies, and practices within a variety of sectors including health organizations, faith communities, business, schools, community and cultural organizations, government, and other relevant community sectors. This chapter's focus is on nutrition, physical activity, tobacco use, and health care access and preventive health services.

Use the information gathered in the previous chapters to guide your initiative's choices for community and system changes to be sought. For example, what does the community's framework for action and understanding of barriers and resistance suggest about which particular strategies and tactics to use? In light of the choices of targets and agents of change (and the sectors through which they can be reached and engaged), which changes should be sought in particular sectors of the community?

This chapter, along with Appendix 1, provides an inventory of possible changes that your group might seek. Your community makes the ultimate decisions about what changes or improvements to pursue. For examples of possible products of action planning, review the tables of community changes focused on nutrition, physical activity, tobacco use, and access to health services prior to using the inventory in Appendix I. They provide illustrations of community changes an initiative might seek that engage multiple sectors of the community and employ a variety of behavior change strategies. These examples are not meant to represent ideal plans – only to illustrate how different sectors and strategies can successfully be part of a community's action plan.

The purpose of this chapter is to help you identify the factors in your community that, if strengthened or changed, would increase the chances of the group attaining its goals. The potential changes to be sought are directed at many different levels of the community. Some address the behaviors of local residents, school and workplace employees, and health providers, while others seek to change the behaviors of influential people, such as leaders in faith communities, business, or government.

The process consists of 6 steps:

Step 1: Consider the healthy living or chronic disease issues identified as a priority in your community (e.g., preventing diabetes, better nutrition). Identify the related risk/protective factors that affect success with the priority health concerns (e.g., nutrition, physical activity, tobacco use, and access to health services). Note that an Inventory or menu of Community and System Changes to be sought is provided in the Appendix. The candidate changes are stated as objectives for change and organized into four categories of factors affecting healthy living and chronic disease. They are:

1. Nutrition
2. Physical Activity
3. Tobacco Use
4. Access to Health Care and Preventive Health Services

Each section of the Inventory, such as for nutrition or physical activity, is subdivided into behavior change strategies for improving health outcomes. The five strategies are:

1. Providing information and enhancing skills
2. Modifying access, barriers, and opportunities
3. Enhancing services and support
4. Changing the consequences (e.g., incentives)
5. Modifying policies and broader systems

The attention to particular risk factors (e.g., nutrition, tobacco use) and related strategies will vary depending on what your community is focusing on (e.g., promoting better nutrition versus preventing cardiovascular disease).

Step 2: For relevant factors (e.g., physical activity), carefully scan the Inventory in Appendix I. Note those community and system changes that seem especially important to your goals and feasible to address within your community. Adapt the selected changes for culture and context. Then brainstorm to see if you can identify other changes not listed in the Inventory that community members see as crucial to the effort's success. Frame the brainstormed community changes as descriptions of new or modified *programs, policies, and practices* to be sought, using language in the Inventory as a guide.

Step 3: List all the community and system changes identified in Step 2 (both those brainstormed and those taken from the inventory of possible changes) by a) the risk/protective factors the change will affect (e.g., nutrition, physical activity, tobacco use, or acces to health care and preventive health services), b) the sector within which it will be carried out (e.g., schools, health care organizations, business, government) and c) what specific behavior change strategy it will employ. Use the "Changes To Be Sought" worksheets that follow in this chapter to organize the proposed changes, creating additional sheets as necessary for different risk/protective factors.

Step 4: Using abbreviated key words, transfer (and adapt if necessary) the community change objectives from the "Changes To Be Sought" worksheet to the appropriate Sector Clusters (e.g., Health Organizations, Government) in order to assess how well the proposed group of changes engages your sectors of interest. See the end of Chapter 3 for examples of completed Sector Clusters.

We strongly encourage planners to involve as many stakeholders as possible in the process described in this chapter. For example, a planning group of 20 could break into diverse work teams of 5 people each. Once Step 4 is completed, the smaller teams could review and exchange their respective findings and rationales with one another. This exchange of ideas could then serve as the basis for a planning team's recommendations to the broader group.

Step 5: Consider the "Framework for Action" (see Chapter 1) and its presentation of how planning and the implementation of changes in communities and systems bring about widespread behavior change and affect population-level health outcomes. Review your list of proposed changes in relationship to your goals and objectives. Ask yourself:
  a. Will these changes, when taken together, be enough to bring about widespread behavior change?
  b. If these changes do bring about widespread behavior change, is it the kind of behavior change that will lead to improved health outcomes and prevent chronic disease?
  c. Are the changes consistent with the mission of the initiative? Will they help the initiative or effort achieve its goals or objectives? Are they of sufficient duration to make a difference?
  d. Are they appropriate to the culture and context?
  e. Do the changes sufficiently engage those sectors of the community crucial to the effort's success? Who else might you need to partner with to engage these sectors?
  f. Are multiple strategies used to bring about change in behavior or do the proposed changes heavily rely on one or two strategies (e.g. 90% of proposed changes are about providing more information, a weak approach to changing behavior)? If the group of changes is solely drawn from one kind of strategy, will you reach your goals and objectives?

  In order to help you assess d) and e), enter your proposed changes into a table by the sector within which they are carried out and the strategy they use. A blank table at the end of this chapter can be used. It is similar to the examples of possible products of action planning referred to earlier in this chapter that were specific to nutrition, physical activity, and tobacco use.

Step 6: Based on the answers to your questions in Step 5, consider if other changes should be added or if some of the proposed changes should be dropped. Compile the best set of community and system changes you can, and move forward!

A key question: What combination of changes in programs, policies, and practices are necessary and appropriate to make a difference with the mission of promoting healthy living and preventing chronic disease?

"*Changes to be Sought" Worksheet*

Risk or Protective Factor: Date:

Changes to be Sought (i.e., new or modified programs, policies, and practices)	Sectors (e.g., Health Organizations, Schools, Businesses, Government, Faith Communities)	Strategy (e.g., Providing information and enhancing skills, modifying access, barriers and opportunities)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

"*Changes to be Sought*" Worksheet

Risk or Protective Factor: Date:

Changes to be Sought (i.e., new or modified programs, policies, and practices)	Sectors (e.g., Health Organizations, Schools, Businesses, Government, Faith Communities)	Strategy (e.g., Providing information and enhancing skills, modifying access, barriers and opportunities)
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

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Example Community/System Changes for Better Nutrition (See Appendix 1 for addition examples)

Community Sector	Providing Info and Enhancing Skills	Modifying Access, Barriers, and Opportunities	Enhancing Services and Support	Changing the Consequences (e.g., Incentives)	Modifying Policies and Broader Conditions
Health Organizations	Provide information to healthcare providers about the value of using BMI to assess disease risk	Hire bilingual dieticians & nurses in clinics to ensure Non-English speaking clients are served	Use routine doctor appts. as opportunity to establish nutrition goals with all clients	Hand out local incentives for maintaining a healthy BMI at office visits.	Create policies for physicians to develop proper diets for patients who have a chronic disease
Faith Communities	Provide nutritional tips in the weekly church bulletins	Create a church garden to increase members' access to fresh fruits and vegetables	Conduct health screenings after church services in order to educate	Provide discounts on grocery purchases to promote healthy food at gatherings or functions	Implement a policy of serving healthy foods at all functions
Businesses	Model "healthy cooking skills" for employees once a month	Provide employees with free access to a dietician to assess nutrition of daily meals	Promote health plans that cover weight management and nutrition training for employees	Promote and recognize businesses that offer healthy cafeteria meal options	Mandate that a certain proportion of foods offered in vending machines are healthy
Schools	Post '5-a-day' posters in cafeterias and daily food suggestions based on the menu	Modify lunch menus to increase number and variety of fruits and vegetables	Establish link between schools and nutrition professionals to provide counseling	Provide fruit and veggie discounts to schools	Establish policies that set nutritional guidelines for school meal programs
Government	Place new food pyramid guidelines in yearly tax form applications	Fund the expansion of Summer Food Service programs to children.	Establish food stamp programs for those with need but who are currently not eligible for assistance	Give tax deductions to Farmer's Market vendors	Raise the prices on unhealthy foods and lower healthy food costs
Other	Promote eating more fruit and vegetables through celebrities in local advertising	Encourage restaurants to offer meals that use low-fat seasonings	Create an online "Healthy Eating Plan" tailored to individual preferences and goals	Give tax deductions to hotels with healthy food choices	Ensure provision of fruits and vegetables wherever foods are sold

Example Community/System Changes for Promoting Physical Activity (See Appendix 1 for additional examples)

	Providing Info and Enhancing	Modifying Access, Barriers, and Opportunities	Enhancing Services and Support	Changing the consequence (e.g., incentives)	Modifying Policies and Broader Conditions
Health Organizations	Educate local health providers about accessible facilities for people with disabilities	Increase availability of physical activity programs sponsored by health organizations	Expand diabetic support groups beyond diet education to incl. exercise opportunities and education	Publicly recognize health care organizations offering exercise classes to the community	Require primary care physicians discuss exercise with all patients and be reimbursed for their time
Faith Communities	Encourage faith organizations to place exercise suggestions in weekly bulletin	Increase access to physical fitness activities through church programs	Encourage faith organizations to offer exercise equipment and fitness courses	Provide free "gifts" for members who document how much they exercise	Implement a policy of opening the building to residents for safe exercise
Businesses	Provide employers with a list of local exercise facilities and encourage them to give it to employees	Establish intramural sports leagues (i.e., basketball, softball, etc.) for businesses	Establish flexible work hours to allow employees to exercise in the morning or afternoon	Lengthen lunch hours for employees who devote 30 minutes to exercise during their break	Establish an ongoing partnership with schools to monetarily support intramural sports
Schools	Establish a yearly personal fitness assessment and education for each student	Encourage schools to extend their hours to provide expanded extracurricular physical education	Implement a community "walk-to-school" program	Provide resources (exercise equipment) to teachers who incorporate physical activity into lessons	Establish policies requiring students to meet fitness guidelines for each grade
Government	Provide training for local officials on how to encourage physical activity in citizens	Boost government funds to increase the number of bike trails in local parks	Expand existing health surveys to include questions about barriers to healthy behaviors	Implement policies assuring employees reimbursement for seeing a physiologist	Increase funding for state child care programs teaching exercise skills
Other	Use signs as prompts for walking and using stairs	Increase availability for safe places for walking, recreation, and other forms of physical activity	Offer weight control groups in rural areas that do not have local gyms nearby	Provide scholarship membership to community fitness centers for people who cannot afford it	Mandate that local planners integrate cycling lanes into the design of new road systems

Example Community/System Changes for Reducing Tobacco Use (See Appendix 1 for additional examples)

Community Sector	Providing Info and Enhancing	Modifying Access, Barriers, and Opportunities	Enhancing Services and Support	Changing the consequences (e.g., incentives)	Modifying Policies and Broader Conditions
Health Organizations	Educate healthcare professionals about how to speak to their clients about cessation	Eliminate smoking areas in health care facilities and hospitals	Increase the number of lay health workers who can provide counseling about smoking cessation and its benefits	Offer entertainment discounts to all health care employees who complete cessation programs	Ban tobacco vending machines in all health care facilities
Faith Communities	Provide information about local smoking cessation programs through churches	Offer church facilities as a venue for tobacco cessation and education programs	Provide child care for members who need it in order to attend cessation programs	During services, honor members of the faith community who have quit using tobacco	Declare faith communities "Smoke Free Zones" and enforce no smoking
Businesses	Provide employers with pamphlets that highlight the direct and indirect consequences of smoking	Permit employees to attend smoking cessation programs on company time	Organize tobacco cessation support groups for those employees struggling to quit	Provide incentives for employees to quit smoking (e.g., lower their health care premiums)	Establish policies to permit and encourage differential hiring of non-smokers
Schools	Incorporate skills training for refusing tobacco into mandatory school curricula	Establish and enforce smoke-free zones around schools	Implement smoking cessation classes through schools for teachers, students, and staff	Display posters in schools about social consequences of smoking (e.g. bad breathe, stained teeth)	Establish policies that enforce the absence of tobacco at school events
Government	Provide reading materials to policy-makers about the monetary impact of smoking	Prohibit tobacco advertising within three miles of a school facility	Extend Medicare support to pay for multiple methods of tobacco cessation	Enforce compliance with laws prohibiting selling tobacco to minors	Increase the minimum age to buy tobacco products
Other	Provide information about the dangers of second-hand smoking to community centers	Regularly advertise low cost tobacco cessation programs in local bookstores, restaurants, and newspapers	Establish intergenerational support groups to link youth and adults who are trying to stop smoking	Provide bonus grants or outcome dividends to communities that make improvements in their rate of tobacco use	Change health care policies to require cessation programs be offered to all smoking clients

Example Community/System Changes for Assuring Access to Health Care and Preventative Health Services (see Appendix 1 for additional examples)

Community Sector	Providing Info and Enhancing Skills	Modifying Access, Barriers, and Opportunities	Enhancing Services and Support	Changing the Consequences (e.g., incentives)	Modifying Policies and Broader Conditions
Health Organizations	Provide information on regular healthcare screenings and when they should be done	Provide transportation for individuals to get preventative health services	Increase the number of lay health workers who can provide health assessments and assistance	Provide bonus grants or outcome dividends for all clinics that achieve high levels of regular preventative checkups	Provide tax benefits for healthcare providers that locate in underserved areas
Faith Communities	Provide the congregation with information about health services available in Spanish	Offer church facilities for lay health workers to conduct screenings	Provide a church advocacy group to assure that all get access to healthcare	Recognize individuals who help others get to healthcare during church events	Adopt church policy to stay open to conduct health screenings after regular church services
Businesses	Provide employers with pamphlets that highlight benefits of allowing employees to get health care during workdays	Arrange onsite health screenings for employees	Organize support groups for employees with long-term health issues	Formally recognize businesses that develop creative ways to assure health care access for all their employees	Allow employees who seek healthcare to make up time rather than lose pay.
Schools	Provide health information as part of regular parent-teacher conferences	Ensure that school health workers are available to provide school-based health services	Provide consultation services to parents for assuring adequate healthcare for their children	Recognize staff and volunteers who assure healthcare for the children	Establish policies that require parents to assure health checkups before children can be enrolled
Government	Provide research on the positive effects of funding free clinics to policymakers	Advocate that government medical programs become more inclusive in the criteria they set for eligibility	Provide healthcare literature in multiple languages	Advocate dollars to reduce out of pocket costs to uninsured consumers	Assure adequate funding for staffing at all healthcare clinics
Other	Assure that health service material is easy for all members of a community to understand	Expand the hours of service for free clinics	Expand Promotoras or non-professional health workers in the community	Provide discounts on health insurance for individuals who receive needed preventative health services	Ensure providers of health care are adequately reimbursed for providing healthcare to underserved populations

Example Community/System Changes for_____ (See Appendix 1 for examples)

Community Sector	Providing Info and Enhancing Skills	Modifying Access, Barriers, and Opportunities	Enhancing Services and Support	Changing the Consequences (e.g., incentives)	Modifying Policies and Broader Conditions
_____ _____					
_____ _____					
_____ _____					
_____ _____					
_____ _____					
_____ _____					

Refining Your Action Plan: Building Consensus on Proposed Changes

The purpose of this chapter is to help guide final choices of changes to be sought by the initiative. We outline a process for building consensus among group members about proposed changes to be sought. The process consists of checking the proposed changes for completeness, using a survey (or more informal review) to build consensus, and securing a formal decision from the entire group.

Step 1: Checking the Proposed Changes for Completeness and Appropriateness

The group should review proposed changes in light of whether they represent all priority health issues (e.g., cardiovascualar diseases, diabetes), related risk/protective factors (e.g., nutrition, physical activity, tobacco use, and health care access), all sectors identified as important, and a wide variety of behavior change strategies. In reviewing the entire set of proposed changes, we recommend asking these questions:

- Taken together, would all the changes be sufficient to reduce chronic diseases to desired levels? To promote behaviors related to healthy living to desired levels?
- Do these proposed changes maximize each sector's contribution to the mission of promoting healthy living and preventing chronic disease?
- Are a variety of behavior change strategies represented among proposed changes?
- Are the proposed changes appropriate to the culture and context?
- What other changes in programs, policies, or practices could or should be made in the community or system to make the plan more complete?

Answers to the questions will contribute to a more comprehensive set of proposed changes.

Step 2: Using a Survey (or More Informal Review) to Build Consensus

To help attract and preserve commitments, it is important to build consensus on the changes to be sought. The group may use a survey to review the proposed changes. This can also be done less formally, such as with one-on-one or small group conversations. We recommend listing all the proposed changes, organized by risk/ protective factor and/or community sector, along with questions about their importance and feasibility for addressing the mission of promoting healthy living.

For each change to be sought, we recommend asking:

- Is this proposed change *important* to the mission of promoting healthy living and preventing chronic disease?
- Is the proposed change *feasible*?

Here is a format that you could use in your own survey (or informal review). The circles show sample responses to the survey items:

Example Survey

Proposed Changes in Health Organizations	How Important is it to…					How Feasible is it to…				
	Not at All				Very	Not at All				Very
1. Provide training in cultural competence (e.g., respectful communication) for health care providers in the local clinic.	1	2	3	4	5	1	2	3	4	5
2. Change policies to increase outreach and health promotion education regarding obesity.	1	2	3	4	5	1	2	3	4	5

Surveys (or other opportunities to assess and rate priorities) should be provided for all key audiences of the group. These include community members, representatives of funding sources, and experts in promoting healthy living and preventing chronic disease. Collect completed questionnaires and compute an average rating for importance and feasibility for each proposed change.

The results of the feasibility and importance assessments can be used to help guide final choices in assembling your action plan. For example, proposed changes with high importance and high feasibility ratings might be given the highest priority for action; those with lower importance or feasibility, a lower priority. Then a cut point might be established to determine which actions will be taken and in what order. For instance, perhaps only those proposed changes with an average rating of 4.0 or higher on importance, and 3.00 or higher on feasibility should be included on the final action plan. Alternately, choosing to concentrate on changes that are highly feasible first may provide an opportunity for the initiative's members to gain experience and success prior to tackling more difficult actions later in the effort. Initiative members will need to balance the need to gain experience and strength as an organization with the desire to bring about those changes that are most important to them when assembling their plan.

Step 3: Securing a Formal Decision from the Entire Group
Seek formal approval of the proposed changes and plan by the membership of the group. A one-half day action planning retreat or

changes, fill in gaps, and discuss priorities.

The *entire* membership should have the opportunity to make a decision on changes to be sought. Seek consensus. Use a formal vote to resolve disputes about specific changes only when necessary. Arrange for a vote of the entire membership on the complete action plan, recording the votes for and against.

Summary

This chapter described a process for building consensus on the complete list of proposed changes to be sought by the initiative. The next chapter describes how to convert these proposed changes into a final action plan (complete with action steps).

Chapter 6
Finalizing Your Action Plan: Listing Action Steps for Proposed Changes

The purpose of this chapter is to help prepare action steps for each community or system change chosen by your group. We recommend defining only the *major* action steps needed to attain each proposed change. It is not necessary to list all the action steps—list only the more critical steps required to create the desired change in program, policy, or practice.

Step 1: Identify Major Action Steps for Each Change

The action steps detail what will occur, by whom, and by when. To prepare action steps for your action plan, define the following for each proposed change:

• what actions will be taken (what)
• the responsible agents (by whom)
• the timing (by when)
• resources and support needed and available
• potential barriers and resistance
• with whom communication about the plan should occur

Step 2: Review Based on Earlier Analysis

Use the information gathered in the previous chapters to guide your initiative's action steps for bringing about identified community and system changes. For example, what does your analysis of assets and resources suggest about responsible agents (by whom)? How can your understanding of potential resources and barriers be used to plan action steps and outline a communications plan? How do your action steps need to be adapted to fit the culture and context?

Step 3: Finalize and Communicate the Plan

A comprehensive action plan – proposed changes and related action steps – helps communicate to important audiences that the group is clearly organized. It also helps demonstrate that the group understands what is needed to be effective in bringing about change.

The complete action plan includes action steps for each change to be sought. Organize the changes by risk/protective factor (e.g., nutrition) and/or community sector, listing each proposed change, and related action steps, in the order in which they are expected to occur.

Two examples that follow illustrate how to list action steps for specific changes to be sought in Community Organizations and Workplaces.

Action Steps for an Identified Change in Community Organizations (An Example)

Community Sector: Community Organizations
Community Change to be Sought: By 2010, the community will have a safe walking path for physical activity.

Actions	By Whom	By When	Resources & Support	Potential Barriers	Communication
What needs to be done?	Who will take actions?	By what date will the action be done?	What financial, human, political and other resources are needed? What resources are available?	What individuals and organizations might resist? How?	What individuals and organizations should be informed about these actions?
By January 2010, a subcommittee will be established to create a safe walking path.	Organization Director, organization Outreach Staff, Residents	January 2010	Information about what walking paths are currently available, where these paths are, and what their conditions are like.		All community service agencies, residents
By March 2010, a highly accessible area without a walking path will be identified.	Sub-Committee with Staff Support	March 2010	Cost projections are needed.	Organization members may resist if cost is perceived to be too high.	Committee members, Organization members, and residents
By April 2010, examine and change, where necessary, the policies and practices of the organization to reflect cultural competence	Organization Director, Organization Outreach Staff, Residents	April 2010	Director and Staff time		Organization members and residents
By May 2010, all necessary regulatory permits will be obtained.	Sub-committee members, Contractor, Clinic Patrons	May 2010	Contractor, financial resources to support the work	City staff may resist providing permit because it may appear to intensify the use of the site.	Organization members and residents
By July 2010, a trail will be cleared and paved.	Contractor, committee members	July 2010	Advertisements for promoting the trail		All community residents and organizations that provide services in the community.

Action Steps for an Identified Change in Workplaces (An Example)

Community Sector: Workplaces

Community Change to be Sought: By 2011, workplaces will have a nutritionist help each worker set goals for their daily eating habits.

Actions	By Whom	By When	Resources & Support	Potential Barriers	Communication
What needs to be done?	Who will take actions?	By what date will the action be done?	What financial, human, political and other resources are needed? What resources are available?	What individuals and organizations might resist? How?	What individuals and organizations should be informed about these actions?
By September 2011, a local health organization will contact registered dietitians to come to workplaces.	Health Department director and registered dietitians	September 2011	Available dieticians.	Some dietitians may not want to join the coalition because they are busy working with other clients.	All health organizations and dietitians so they can team up and help create changes to a huge population segment.
By October 2011, management will talk with employees about the value of dietitian to create healthy meal plans and encourage consultation.	Employer, employees	October 2011	Bulletin board postings, newsletters, identifying opportunities for communication between employer and employees	Employees might not want to change their lifestyle.	All employees Positive results should be noticed.
By November 2011, a dietitian will come to consult with all interested employees.	Employees, dietitian	November 2011	Meal-planning worksheets needed.	Management and employees many be unwilling to take time away from work commitments to meet with dietician	Publish which division had the greatest percentage of employees that participated in the company newsletter to raise awareness.
By December 2011, employees will be encouraged to share healthy breakfasts and snacks that the dietitian recommended with each other.	Employees	December 2011	Places in the workplace to store food are needed.	It might be a hassle for the employees to remember to ring healthy food on their days.	All employees —even the ones who decide not to receive an analysis from the dietitian.

Action Steps for Identified Changes

Community Sector:
Community or System Change to be Sought:
`

Actions	By Whom	By When	Resources & Support	Potential Barriers	Communication
What needs to be done?	Who will take actions?	By what date will the action be done?	What financial, human, political and other resources are needed? What resources are available?	What individuals and organizations might resist? How?	What individuals and organizations should be informed about these actions?
By _____					
By _____					
By _____					
By _____					

Action Steps for Identified Changes

Community Sector:
Community or System Change to be Sought:

Actions	By Whom	By When	Resources & Support	Potential Barriers	Communication
What needs to be done?	Who will take actions?	By what date will the action be done?	What financial, human, political and other resources are needed? What resources are available?	What individuals and organizations might resist? How?	What individuals and organizations should be informed about these actions?
By _____					
By _____					
By _____					
By _____					

Your Planning Page
Action Steps for Identified Changes

Community Sector:
Community or System Change to be Sought:

Actions	By Whom	By When	Resources & Support	Potential Barriers	Communication
What needs to be done?	Who will take actions?	By what date will the action be done?	What financial, human, political and other resources are needed? What resources are available?	What individuals and organizations might resist? How?	What individuals and organizations should be informed about these actions?
By _____					
By _____					
By _____					
By _____					

Chapter 7
Documenting Progress and Promoting Celebration and Renewal

The purpose of this chapter is to suggest how community initiatives might document and evaluate progress toward its mission, and promote celebration and renewal in the group, as appropriate. It is important to evaluate the success of the group in achieving the mission. Information about accomplishments -- such as a new program or policy -- can be used to help understand, celebrate, and improve the effort.

It is particularly useful to document the unfolding of community and system changes on this long path toward improved healthy living. We recommend recording the changes that occur periodically (perhaps monthly) to monitor the "small wins" and accomplishments along the way. This documentation process can be used to better understand factors that affect change, and to make adjustments. It can also help remind us to celebrate accomplishments, and promote ongoing learning about this important work.

Documenting Progress

Consider creating a graph or "picture" of accomplishments for the initiative that shows the accumulation of community and system changes that actually occurred. You might use a graph to show how the group is doing in creating an environment to promote healthy living or reduced risk for chronic diseases. Figure 1 shows example data for a fictitious "Lincoln Coalition for Healthy Living." Community and system changes are displayed in a cumulative record: the onset of each new change is added to all previous changes in programs, policies, and practices. For example, let's assume that two new changes (e.g., a new policy regarding smoking restrictions; a change in availability of fresh fruit as a lunch option at a high school cafeteria) occurred in October 1999. When added to the prior total of 10 community changes, the new cumulative total would be 12 community and system changes.

Cumulative records help us see trends in rates of community and system change. For the hypothetical "Lincoln Coalition" (see Figure 1), marked increases in the rate of community changes (i.e., changes in the slopes of trend lines) were associated with several factors. These included: a) action planning for a social marketing campaign (about January 2001), b) hiring new staff (about April 2000), and c) action planning for the new access initiative

(about October 2003). A marked drop in the rate of community and system changes was associated with a loss of leadership (about January 2005) resulting in a flat trend line.

Figure 1

Lincoln Coalition for Healthy Living
Community and Systems Change
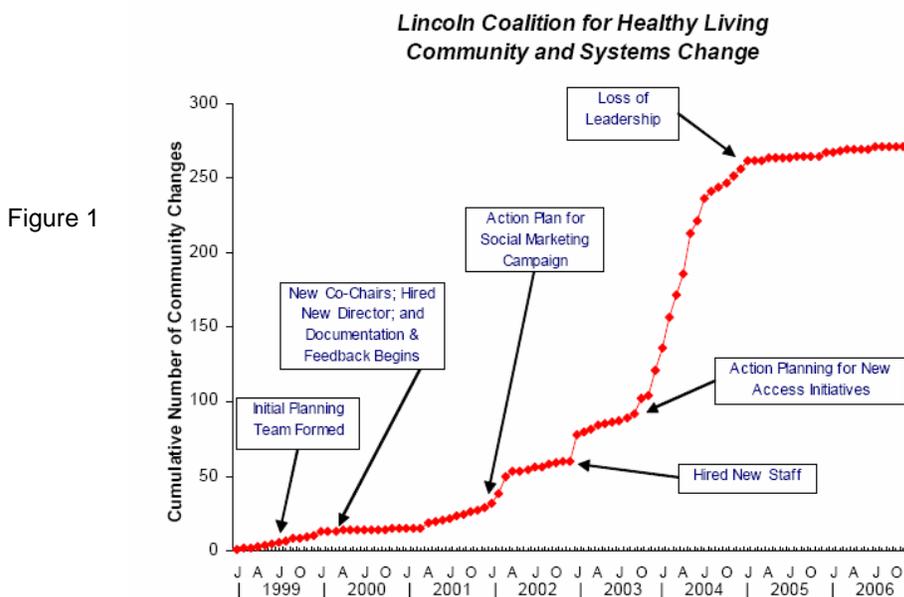
These data can help us address a key question: *What factors affect the rates of community and system change facilitated by the initiative?* Since 1990, our KU Work Group has examined the patterns of community change — and the factors that affect them — with a variety of state and community initiatives for health and development. Our research suggests seven factors that appear to affect rates of community and system change:

1. Having a *targeted mission* (i.e., a clear vision and common purpose)
2. *Change in leadership* (i.e., a loss of leadership often decreases rates; a change in leadership may increase rates)
3. *Action planning* (i.e., identifying specific community and system changes to be sought, and by when, may be the single most important thing that can be done)
4. Hiring *community mobilizers or organizers* (i.e., those with responsibility for bringing about community change)
5. *Technical assistance* (i.e., particularly with action planning and intervention)
6. *Documentation and feedback* (i.e., information on rates of community and system change provided regularly to leadership and constituents)

7. *Making outcome matter* (e.g., bonus grants for high rates of change; outcome dividends for improvements in community-level indicators).

There is an even more fundamental question that these data can help address: Under what conditions are community and system changes associated with improvements in more distant population-level outcomes? Figure 2 displays hypothetical data showing how these data can be used to examine a possible association between rates of community and system change and changes in more distant outcomes (e.g., percent reporting regular physical activity, incidence of Type 2 diabetes). When (as in the example) changes in the community-level indicator (i.e., level of self-reported physical activity) are correlated with accumulated community and system changes related to the mission (i.e., increasing the opportunities for physical activities), a causal relationship is suggested. (Note: Without more formal experimental designs that help rule out alternative explanations, this relationship is only suggested, not demonstrated, since other factors could have caused the observed changes in outcomes.) Nevertheless, these and other related data about the "dose" of environmental change (e.g., amount of change by goal and place) can help us examine this fundamental question: Under what conditions are community and system changes associated with improvements in more distant community-level outcomes?
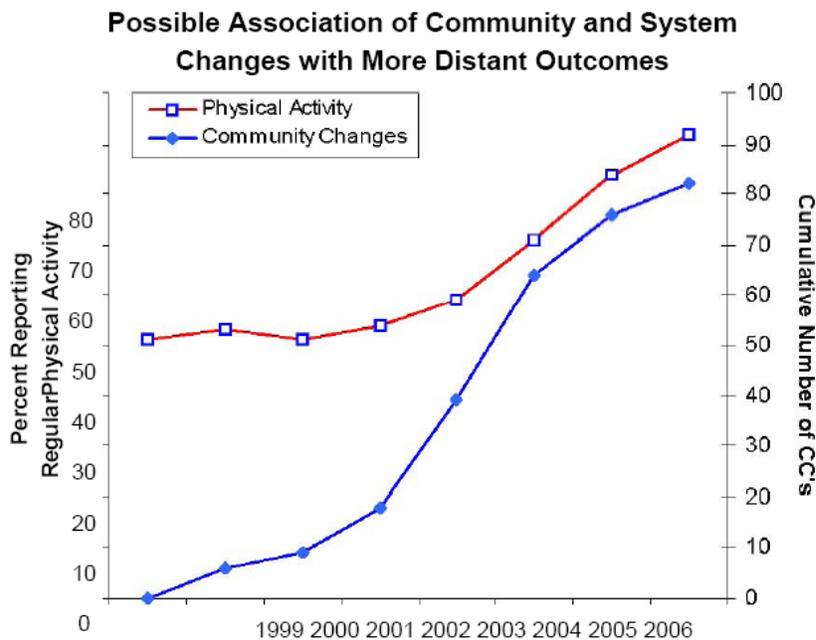
Figure 2

For details on the community documentation system used by the KU Work Group see "Publications" at our website

[http:// communityhealth.ku.edu/].

For support tools for planning, evaluation, advocacy, and other related activities, see our Community Tool Box [http:// ctb.ku.edu/]. Use the search engine or Table of Contents to go to the chapters and sections on "Evaluation," "Planning," or other activities. For instance, the CTB section on "Evaluating Comprehensive Community Initiatives" and the other sections could be helpful.

In order to assess if the coalition's community and system changes are associated with improvements in more distant community-level outcomes, appropriate indicators must be chosen and tracked in the targeted population. At the end of this chapter is a table of possible community-level indicators for healthy living based on recommendations from the U.S. Centers for Disease Control and Prevention's Healthy People 2010. Some of the indicators measure risk factors and others measure levels of chronic disease in the community. Depending on the coalition's goals, as determined in Chapter 2, choose appropriate indicators that reflect the coalition's objectives. Simultaneously, consider if the community and system changes in the current action plan would be expected to "move" the chosen indicators. Use community-level indicators to measure whether the group's efforts and changes are bringing about more distant population-level behavior change and improved health outcomes in the targeted community.

Promoting Celebration and Renewal

Even the most effective initiatives can benefit from reflection on their accomplishments. Arrange for ongoing review and discussion of group progress on the proposed changes. When new and important changes occur (e.g., a long-awaited policy change by a major employer), celebrate them! Celebrations can take the form of honoring those responsible—for instance, giving a small party for the "champions of change."

Data can also be used to promote critical reflection and adjustments. The review of progress should involve all relevant audiences for the group, including community members, service providers, funding partners, and outside experts in healthy living. Invite consideration of the importance of the accumulated changes to the group's mission. Communicate with all relevant audiences how their feedback was used to modify the action plan—or even the broader vision, mission, objectives, and strategies—of the group.

Review the action plan at least annually. Consider revising the list of proposed changes to correspond to new opportunities and challenges as they emerge. For example, when situations change in health care organizations or government, the group should consider how the action plan might be modified. Use the inventories found in this guide to help identify new changes to be sought that can *renew* your organization's efforts. You might use "sticky notes" on an Action Planning Bulletin Board to display how the plan is a **living, growing blueprint for change**.

Why This Matters

There is a common misconception that one can design and implement "a single program" to bring about a big vision such as "promoting healthy living". It is improbable that any single program or policy will result in a large and lasting improvement in population-level outcomes. This action planning guide offers an alternative and more promising pathway to population health improvement. It calls for being a catalyst for multiple community and system changes in a dynamic and comprehensive effort.

Focusing on multiple "small wins" (i.e., those community and system changes that can make a difference) instead of creating "the perfect program" has many advantages. For example, focusing on multiple small wins:
- Rewards changes, not actions
- Provides many opportunities for celebration
- Allows partners to work together by asking each other to do their part
- Does not demand that everything is locked into a single course of action
- Provides a sensitive measure of progress, which can be monitored periodically to support improvement and accountability

There is a particularly significant implication of the shift in orientation from "a program" perspective to one focused on the dynamic unfolding of community and system changes: It increases the group's flexibility and responsiveness to change over time. A community partnership that thinks of itself as running "a program" might find it difficult to redesign or reinvent itself should outside forces change, or the approach be insufficient. This can feel as though the rug were pulled out from under the group, be extremely demoralizing to the effort, and fatal to its continued existence.

By contrast, a group that aims to bring about a set of strategically chosen community and system changes is more flexible. When outside forces shift or

barriers are encountered, the natural response is to revisit the list of prioritized changes and generate a renewed course of action. This kind of adaptability is important because it allows members to constantly align their targeted actions with existing activities in the community, and with external influences occurring at state and national levels.

Maintaining these alignments is key to bringing about rapid, planned change throughout a community. It also provides a credible response to traditional criticisms from scientists and evaluators who may see existing activities and secular trends in systems as "confounding" effects that make difficult the attribution of effects to the coalition's work. Rather, this community change approach recognizes (even embraces) an analysis of the contribution of multiple variables to improved outcomes.

We recommend reframing a partnership's work to be that of being a **catalyst for change**—helping bring about the unfolding of community and system changes related to the mission, rather than the delivery of a single program or service. This shifts the evaluation conversation from questions about attribution (e.g., What outcomes did the coalition produce?) to ones about **contribution** (e.g., How did the effort contribute to intended outcomes?). The good news is that most stakeholders who understand the complexity of our mission— and the need for collaboration—seek answers about contribution, not attribution.

Summary

This final chapter outlined a strategy for documenting community and system changes over time and providing feedback on progress to the membership and funding sources. It also highlighted the importance of celebration and renewal. We emphasized the importance of initiatives modifying their action plans periodically to respond to new challenges and opportunities. Annual retreats offer a convenient time for the group to reinvent the Action Plan, and itself.

Some Potential Community-Level Indicators of Healthy Living and Chronic Disease Outcomes

[Based on the U.S. Centers for Disease Control and Prevention's Healthy People 2010.]

Physical Activity	Diet and Nutrition	Tobacco Use	Diabetes	Cardiovascular Disease	Cancers
% of people who engage in regular moderate physical activity for at least 30 minutes a day	Proportion of persons who consume at least two daily servings of fruit	Percent of adults who use tobacco	Incidence of diabetes	Mortality rate due to coronary heart disease	Overall cancer death rate
% of adults who engage in no leisure time physical activity	Proportion of persons who consume at least three daily servings of vegetables, with at least one being dark green or deep yellow	Percent of adolescents who use tobacco	Prevalence of diagnosed diabetes	Hospitalizations of adults with heart failure as principal diagnosis	Lung cancer death rate
% of adults who engage in vigorous physical activity that promotes development and maintenance of cardio respiratory fitness 3 or more days a week for 20 or more minutes.	Proportion of persons who consume at least 6 servings of grain products, with at least 3 being whole grains	Age of initiation of tobacco use among children and adolescents	Proportion of adults with diabetes whose condition has been diagnosed verses the people who have diabetes and haven't been	Mortality rate due to stroke	Breast cancer death rate
Proportion of public and private schools that require daily physical education for all students	Proportion of persons who consume less than 10 percent of calories from saturated fat	Percent of smoking cessation attempts by adult smokers	Diabetes-related death rates among persons with diabetes	Proportion of adults with high blood pressure	Colorectal cancer death rate
Proportion of adolescents who participate in daily school education	Proportion of persons who consume no more than 30 percent of calories from fat	Insurance coverage of evidence-based treatment for nicotine dependency	Frequency of foot ulcers in persons with diabetes	Proportion of adults with high blood pressure whose blood pressure is under control	Oropharyngeal cancer death rate

Some Potential Community-Level Indicators of Healthy Living and Chronic Disease Outcomes (cont.)

Physical Activity	Diet and Nutrition	Tobacco Use	Diabetes	Cardiovascular Disease	Cancers
Proportion of children and adolescents who view television 2 or fewer hours per day	Proportion of persons who consume 2,400 mg or less of sodium daily	Proportion of children who are regularly exposed to tobacco smoke at home	Proportion of persons with diabetes who obtain an annual urinary microalbumin measurement	Proportion of adults with high blood pressure who are taking action to help control their blood pressure	Prostate cancer death rates
Proportion of worksites offering employee-sponsored physical activity programs	Proportion of persons who meet dietary recommendations for calcium	Proportion of nonsmokers exposed to environmental tobacco smoke	Proportion of adults with diabetes who have an HbA1c test at least once a year	Proportion of adults with high total blood cholesterol levels	Proportion of adults who receive a colorectal cancer screening exam
Number of locations available for low-cost or free physical activity	Density of fast-food restaurants and grocery stores	Proportion of worksites with formal smoking policies that prohibit smoking or separate areas	Proportion of adults with diabetes who have an annual dilated eye exam	Proportion of adults who have had their blood cholesterol checked within the preceding 5 years	Proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years
		Density of smoke-free establishments	Proportion of adults with diabetes who have at least an annual foot exam		
		Illegal buy rate among minors	Proportion of persons with diabetes who have an annual dental exam		
		Number of retailers cited for violations of laws prohibiting the sale of tobacco to minors	Proportion of adults with diabetes who perform self-blood glucose monitoring at least once daily.		

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An Epilogue

This guide has posted markers on the winding road of planning for promoting healthy living and reducing disparities in chronic diseases in our communities. The process of action planning consists of several major sets of activities, including:

• Convening a planning group in your community that consists of:

- • Key officials
- • Grassroots leaders from the community
- • Representatives of key sectors
- • Representatives of ethnic and cultural groups

• Listening to the community
• Documenting the problem /goal of physical activity, healthy diets, and tobacco use
• Identifying personal and environmental factors
• Developing a framework for action
• Becoming aware of local resources and efforts
• Refining your group's vision, mission, objectives, and strategies
• Refining your group's choice of targets and agents of change
• Determining what community sectors should be involved in the solution
• Developing tentative lists of changes to be sought for each risk/ protective factor and in each sector
• Building consensus on proposed changes
• Outlining action steps for proposed changes
• Documenting progress on bringing about community and system changes and analyzing its contribution
• Renewing your group's efforts along the way

When you complete these activities, *celebrate* (for now)! You have developed a **blueprint for action**.

Myles Horton, the late founder of the Highlander Center, talked about "making the road by walking." The work of transforming communities and systems to promote healthy living for all will be made by joining with local people who care enough to make needed changes.

As we do this important work, we realize that we walk the path of those before us. And, eventually, with those who will carry on this cause after we are gone.

A Glossary of Terms

The following is a list of terms used frequently in this Action Planning Guide:

Action Plans: Descriptions of specific changes to be sought in communities and systems related to a common purpose <u>and</u> who will do what by when to bring them about.

Agents of Change: Individuals (e.g., local residents, agency officials) who are in a position (or have responsibility) to help solve a problem or achieve a goal.

Barrier: Any element of the physical or social environment that effectively prevents (or makes more difficult) an individual gaining access to a resource (e.g., lack of transportation to grocery stores that carry good, fresh fruits and vegetables, having only soda offered in vending machines).

Changing the Consequences: Changing the consequences (e.g., increasing available social praise/disapproval or public recognition, reducing time costs, increasing financial rewards) to increase/decrease the likelihood of behaviors (e.g., physical activity, healthy eating) and outcomes (e.g., chronic disease rates).

Coalition or Partnership: People from different sectors or parts of the community working together on a common mission or purpose.

Community Change: New or modified programs (e.g., street outreach), policies (e.g., flextime at work to take a break to be physically active), or practices (e.g., collaborating with other organizations to facilitate screenings) that are brought about by the initiative's participants and are related to the mission.

Community Sectors: The parts or channels of influence in the community (e.g., Health Organizations, Faith Communities, Government) that the community changes are enacted through.

Cultural Competence: The ability to respectfully engage those different from us.

Decision-Making: How the group clarifies issues, considers alternatives, and makes choices about what it should do.

Disparities: Differences in outcomes (e.g., in health indicators) among

different racial, ethnic, income, or other group type.

Providing Information and Enhancing Skills: Actions or conditions that disseminate information, increase knowledge, and enhance

Enhancing Services and Support: Actions or conditions that increase the amount, quality, availability or accessibility of services (e.g., health care, preventive health services) and support (e.g., emotional, physical, tangible assistance) from professionals (e.g., service providers) and lay people (e.g., family, friends, those sharing common experiences).

Health Care Providers: Individuals who promote and offer health care services (e.g., lay health workers, doctors, nurses, physician's assistants).

Incidence: Extent or frequency of occurrence.

Mission: Describes the common purpose; what the group is going to do and why (e.g., "Promoting healthy living through advocacy and community education").

Modifying Access, Barriers, and Opportunities: Action or conditions that create opportunities and remove barriers for individuals to participate in activities related to the mission (e.g., changing practices to reduce waiting times, providing outreach programs that serve people where they are).

Modifying Policies and Broader Conditions: Actions or conditions that change regulations, mandates, distribution of resources, and other policies related to the mission; policy changes may occur in any sector (e.g., private business, public agency) and at any level (e.g., local business or corporate office, local or state government).

Objectives: Broad goals that refer to specific measurable results of the initiative; They indicate how much of what will be accomplished by when (e.g., "By 2007, increase by 40% the number of adults who engage in physical activity for 30 or more minutes most days of the week.").

Prevalence: The total number of cases of a disease in a given population at a specific time.

Providing Information and Enhancing Skills: Actions or conditions that disseminate information, increase knowledge, and enhance competencies related to the mission through various means (e.g., personal communication, pamphlets, training workshops, courses).

Risk/Protective Factors: Aspects of the person/group (e.g., experience and history, biological or genetic factors) and the environment (e.g., modeling, social reinforcement, barriers and opportunities, poverty/ financial security) that can increase or decrease the likelihood that a person or group engages in a behavior (e.g., tobacco use, physical activity) or experiences the problem or condition (e.g., cardiovascular disease).

Social Marketing: The application of commercial marketing techniques to social problems.

Strategies: How the mission and objectives will be accomplished; Includes broad strategies (e.g., community coalitions, advocacy, social marketing) and specific strategies for behavior change (e.g., providing information and enhancing skills, modifying access and barriers, enhancing service and support, altering incentives and disincentives, modifying policies).

System change: Changes in programs, policies, and practices at a level broader than the community (e.g., from neighborhood to city, from a particular agency to the service system at the city or state level).

Targets of Change: Includes both individuals (e.g., local residents, elected or appointed officials) whose action or inaction contributes to the problem and those who directly experience the problem/concern (e.g., cardiovascular disease) or are at higher risk for it (e.g., older individuals, those who are obese or sedentary).

Underserved Populations: Groups of people who receive fewer needed services and resources to achieve a goal (e.g., health-related goals, financial security) than others; This may be associated with many different factors including race and ethnicity (e.g. being Latino or African-American), socioeconomic status (e.g., living in poverty, social class), living situation (e.g., being homeless), and geographic location (e.g., living in a rural area).

Vision: A dream for the way things can (and should) be; Brief statements that communicate the ideal conditions desired by and for the community.

Appendix 1

Inventory of Potential Community and System Changes for Promoting Healthy Living and Preventing Chronic Diseases

A. Nutrition

I. Providing Information and Enhancing Skills

1.   By _____, disseminate information targeting different groups that lacks medical jargon to show the links between diet and obesity and chronic diseases (e.g., diabetes and cardiovascular diseases) through newspaper, radio, and other media.

2.   By _____, monitor and provide public feedback on community levels of nutrition and health status through a Community Health Report Card that people can view via Internet, pamphlet, etc.

3.   By _____, provide individual feedback to community members on fruit and vegetable consumption, nutrition, and health status (e.g., blood pressure, cholesterol) through a Personal Health Report Card as an assessment tool that includes corrective actions/alternatives to risk behaviors.

4.   By _____, provide information about how to adopt healthy cooking practices through local media, civic groups, churches, schools, shopping malls, and other community places.

5.   By _____, distribute low-fat menus and recipes that are culturally appropriate at local supermarkets tied to current sales items offered.

6.   By _____, replace fast food and candy ads with advertisements promoting healthy food options in schools and in strategic places youth frequent such as by vending machines and convenience stores.

7.   By _____, provide guides in local restaurants that highlight the healthy meal alternatives offered.

8.   By _____, create a common database available to all that describes previously effective efforts to promote a healthy diet as a means to lose weight.

9.   By _____, promote a message that links healthy diets with higher energy levels through advertisements.

10.   By _____, use local celebrities to promote fruit and vegetable consumption through advertisements.

11.   By _____, include U.S. Dietary Guidelines information during physical education and health classes taught at school.

12.   By _____, develop skills for choosing healthy foods and snacks during physical education and health classes taught at school.

13.   By _____, provide skill training and role-playing opportunities through special assemblies to encourage better diet choices among students, food service staff, and teachers.

14.   By _____, provide nutrition information and prompts (e.g., posters, pamphlets) for healthy food choices at cafeterias, counters and vending areas.

15.   By _____, train consumers to read nutrition food labels (e.g., fat content, portion size) in health classes, worksites, neighborhood meetings, and faith-based group meetings (e.g., youth groups, "Sunday schools").

16. By _____, provide free or low-cost training classes for school cooks, nurses, counselors, teachers, and families in healthy food choices, low-fat food preparation, and portion sizes.

17. By _____, provide food service professionals with information estimating the nutritional content of school breakfasts and lunches. Provide concrete ways to make the meals healthier (e.g., use wheat bread instead of white).

18. By _____, create healthy recipe books that have easy to prepare dishes youth can take home.

19. By _____, provide mandatory nutrition classes to school coaches, who will in turn, teach children the importance nutrition has on athletic ability.

20. By _____, provide appropriate nutrition counseling when conducting cholesterol and high blood pressure screenings with patients.

21. By _____, provide information (e.g., through brochures, public service announcements) on new options/ opportunities for healthy eating in the local community.

22. By _____, provide education to health care professionals, especially primary care providers, about the importance of discussing nutrition and balanced diet with their patients.

23. By _____, monitor and provide public feedback on the proportion of sales of low-fat items in supermarkets compared with items that are high in cholesterol, fat and sugar (i.e., from bar code information). Distribute to consumers at the grocery store through pamphlets.

24. By _____, put information on posters in supermarkets to raise awareness about possible differences between healthier choices and food that could have negative impacts on health. Include simple, healthy recipes that incorporate the healthier choices.

25. By _____, disseminate the U.S. Dietary Guidelines through pamphlets and posters for nutrition and healthy eating to schools, grocery stores and chain restaurants.

26. By _____, create and air Public Service Announcements that highlight strategies for eating well.

27. By _____, develop and distribute pamphlets and booklets regarding healthy food choices that tailor to the issues of private businesses and churches.

28. By _____, invite health officials into classrooms to make presentations related to nutrition.

29. By _____, provide information about healthy foods and the area supermarkets/stores that offer them through advertisements in the local paper.

30. By _____, provide information to local residents about restaurants offering healthy food choices through coupons that are given as fundraisers in schools.

31. By _____, place point-of-purchase signs on supermarket shelves indicating healthy food choices, including nutrition information based on caloric, fat and sugar contents. This system could also include healthy substitutes for unhealthy food items.

32. By _____, conduct regular tours of healthy choices and then show how to plan a meal with the items and at local supermarkets to encourage eating a healthy diet.

33. By _____, display healthy meal ideas on the back of paper and plastic sacks in grocery stores.

34. By _____, offer healthy menus and recipes to nursing home cooks regarding seniors' needs.

35. By _____, provide heart-healthy and low-calorie recipe ideas for employees through a weekly/ monthly newsletter.

36. By _____, provide point-of-purchase educational information (e.g., caloric content, fat content, portion size) at worksite cafeterias and vending machines.

37. By _____, provide information about local weight control programs provided by registered dietitians through the media, local civic groups, churches, and other community sectors.

38. By _____, disseminate information via a nutrition hotline about healthy eating.

39. By _____, provide training for local leaders on encouraging and maintaining healthy eating among their constituents.

40. By _____, use community events and fairs that promote heart-healthy eating.

41. By _____, use the bulletins or newsletters of faith organizations to promote healthy diets and tips for how to lose weight.

42. By _____, provide family and caretaker education courses to increase support for healthy meals and snacks for people with chronic diseases.

43. By _____, implement Five A-Day programs (a program that encourages people to eat at least five vegetables and fruits per day) in schools and governmental jobs through brochures.

44. By _____, create a cooking show on local television stations that emphasizes cooking foods that are high in fiber, calcium, and other important nutrients and that are low in saturated fats, sodium, processed flours, and sugars.

45. By _____, provide local cooking demonstrations on how to prepare foods of appropriate portion size, and less fat (opting for low-calorie spices instead).

46. By _____, identify heart-healthy menu items for restaurants through pamphlets that are specific to their menus.

47. By _____, provide advocacy skills to help parent/community involvement in enhancing nutritious options for students through brochures.

48. By _____, post patient education resources on the Internet about nutritious food choices and supplements to diets.

49. By _____, sponsor commercials that promote smart substitutes (i.e. fruit for refined sugar, applesauce for vegetable oil, etc).

50. By _____, put brochures in hotels about restaurants with healthy food options located in the surrounding area.

51. By _____, develop a radio talk show that promotes healthy eating.

52. By _____, emphasize the importance of substituting water for sugary drinks for people in schools and work force environments through posters, brochures or media venues.

53. By _____, teach children the importance of portion-control in their schools by making sure their servings in the school cafeteria meet the standards for single servings.

54. By _____, place brochures in doctors' offices that promote low-fat and high fiber foods.

55. By _____, encourage neighborhood associations to teach how to cook healthy meals.

56. By _____, provide information through pamphlets to civic and youth organizations on how to incorporate healthy meals and snacks during the times that the organization hosts meals or snacks for their members. Make sure the meals and snacks meet the U.S. Dietary Guidelines.

57. By _____, provide sample lunchbox menus for children to parents at grocery stores.

58. By _____, promote farmers markets available in the region through advertisements in the newspapers.

59. By _____, provide picture guides for cafeteria servers to demonstrate portion control.

60. By _____, increase the number of free or low-cost continuing education classes available for adults concerning weight control and diet.

61. By _____, gather the information of all local healthy restaurants and encourage employers to give these varied options to their employees.

62. By _____, provide weekly weight-loss stories in newspapers to show the various ways people can lose weight through eating a healthier diet.

63. By _____, disseminate information (e.g., brochures, posters, etc.) that provides scientific studies to demonstrate how calcium, water, and fiber are important factors in fighting obesity.

64. By _____, create a daily tip in the local newspaper on how to fight obesity through diet changes (e.g., cutting portions 25%, hanging out with health-conscious people at meal times, waiting an hour before desert, etc.).

65. By _____, disseminate information through pamphlets on how to grow a successful home garden to encourage people to eat more fruits and vegetables.

66. By _____, train doctors and nurses how to talk about nutrition with their patients and then role-play to improve their skill.

67. By _____, assist health care systems in using Body Mass Index (BMI) as a vital sign beginning at age two years and continuing through adulthood. Link the importance of a healthy diet to an ideal BMI.

68. By _____, include information on nutrition in school communications such as monthly meal calendars, newsletters, back-to-school nights, and health fairs.

69. By _____, encourage parents though brochures at doctor's offices to allow their children to determine their own portions at meals instead of telling their children to eat everything on their plate. [From Preventing Childhood Obesity from the Institute of the National Academies]

70. By _____, distribute school pamphlets to parents that encourage them to avoid using food as a reward. [From Preventing Childhood Obesity from the Institute of Medicine of the National Academies]

71. By _____, provide quick, monthly seminars for employees on how to make healthy choices. Include: how to fit in five fruits and vegetables per day, risks from eating excessive fat, and the differences between good and bad fats. (From Intervention Mapping Adult Nutrition guide)

72. By _____, provide modeling "how-to" cook healthy meals for employees for lunch once/ month. (From Intervention Mapping Adult Nutrition guide)

73. By _____, create posters that promote eating 5 fruits and vegetables per day and distribute throughout communities to homes. (From Intervention Mapping Adult Nutrition guide)

74.   By _____, distribute recipes for "easy to prepare" healthy dishes for people with disabilities and older people who might have difficulty manipulating tools and lifting pans to cook.

75.   By _____, provide information (e.g., pamphlets) to childcare centers or after school programs on which foods are most nutritious for snacks.

76.   By _____, pair with health centers (i.e., National Cancer Institute) to add stickers to local fruit providing the message that "Diets rich in fruits and vegetables may reduce the risk of some types of cancer and other chronic diseases."

I.   Modifying Access, Barriers, and Opportunities

1.   By _____, modify school lunch menus to reduce fat, increase fiber, and maintain recommended calories (Surgeon General's guidelines for children's lunches) and nutrition.

2.   By _____, modify school lunch menus to increase availability and variety of fruits and vegetables.

3.   By _____, provide healthy snacks in school vending machines and concession stands.

4.   By _____, establish good nutrition contests promoting healthy choices through media campaigns (e.g., local newspapers, radio, and television).

5.   By _____, expand options for healthy food choices in hospital cafeterias.

6.   By _____, provide low-fat snacks and juices in vending machines in public buildings (e.g., local health department, court house, hospitals).

7.   By _____, increase the opportunities to purchase low-fat and low-sodium entrees in all restaurants.

8.   By _____, increase the proportion of prime shelf space in supermarkets for low fat and low sodium food choices.

9.   By _____, develop partnerships among businesses, health-related non-profits organizations, county departments of health, educators, food vendors, and others for promoting heart healthy food choices.

10.   By _____, increase the availability of lower fat processed food products in grocery stores.

11.   By _____, offer employees flextime or longer lunch hours to attend diet modification programs or services.

12.   By _____, increase frequency and availability of nutrition education classes.

13.   By _____, change worksite cafeteria menus to reduce calories, fat, and sodium content and to increase fiber, fruits, and vegetables.

14.   By _____, provide low-fat, high-fiber food alternatives in worksite cafeteria and vending machines (i.e., providing juices instead of soda, bran muffins instead of cinnamon rolls).

15.   By _____, promote low-fat, high-fiber food choices in local restaurants through a brochure that highlights available healthy choices.

16.   By _____, increase the availability of low-fat foods as government commodities.

17.   By _____, reduce financial barriers (e.g., by offering tax incentives) for food producers to create and distribute lower fat alternatives.

18.   By _____, provide healthy food options in places such as truck stops and dessert-oriented restaurants.

19. By _____, increase the availability of fruits and vegetables by adding salad bars and fresh fruit to school and worksite cafeterias, and by adding fruit to refrigerated vending machines.

20. By _____, improve access to fruits and vegetables by encouraging the establishment of produce stands near worksites.

21. By _____, encourage schools and worksites to lower the price of fruits and vegetables to help promote their purchase.

22. By _____, choose food vendors that offer a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. (e.g., low-sugar entrees for students with diabetes or dairy free ones for those with lactose-intolerance). All meals should reflect the U.S. Dietary Guidelines.

23. By _____, establish a school nutrition program that limits the availability of foods high in fat, sodium, and added sugars (such as soda, candy, and fried chips).

24. By _____, discourage teachers from using food to reward students.

25. By _____, provide health promotion opportunities for school staff to improve their health status through activities such as health assessments and nutritional health education in order for the teachers to learn how to be role models for the students.

26. By _____, encourage restaurants to offer healthy meals that use spices, herbs and other low-fat seasonings instead of sauces that are laden with fat and calories.

27. By_____, encourage local grocery stores to prepare heart-healthy meals that can be picked up in the deli for people who are too busy to prepare their own healthy meals.

28. By _____, offer a cost-reduced weight-loss program (incorporates how to have a healthy, weight-reducing diet for each person) that is easily accessible and that assesses the needs of each member.

29. By _____, develop public and private partnerships to increase the number of supermarkets in underserved areas.

30. By _____, fund the expansion of Summer Food Service programs to children to sites that are easily accessible to eligible children. Simplify the paperwork for participation in this program.

31. By _____, increase options by 10% for fruits and vegetables in all grocery stores. (From the Intervention Mapping Adult Nutrition guide)

32. By _____, create a community or worksite garden. (From the Intervention Mapping Adult Nutrition guide)

33. By _____, encourage workplaces to have a nutritionist come and help each worker set goals for their daily eating habits (e.g., lowering their consumption of highly processed carbohydrates, increasing their consumption of fruits and vegetables). (From the Intervention Mapping Adult Nutrition guide)

34. By _____, encourage employees to keep a food journal and then assess their results with a dietitian to help them know where they can cut calories and increase vitamin-rich foods. (From the Intervention Mapping Adult Nutrition guide)

35. By _____, host a neighborhood/church group where participants discuss their methods for creating healthy meals and what keeps them from choosing healthy meals. Then brainstorm ways to overcome the barriers with the participation of the people in the group.

36. By _____, host a recipe-sharing event where people cook different healthy dishes and then swap recipes.

III. Enhancing Services and Support

1. By _____, increase capacity of food pantries, commodity food distribution, and related programs to ensure that all children and adults with limited resources have enough nutritious food.

2. By _____, incorporate awareness of cultural orientation into protocols for standard clinic visits to help communicate healthy eating habits from a specific cultural perspective.

3. By _____, create or improve a support program that would monitor and give feedback to people who are overweight and assist them adopt a healthy diet in order to lose weight.

4. By _____, provide community education courses on healthy eating that encourage people to have a healthy body mass index (explain how BMI's are more important to assess health than weight alone).

5. By _____, develop (or enhance) programs (e.g., WIC) that help pregnant women obtain vitamins and food to acquire and maintain healthy weight gain during pregnancy.

6. By _____, establish and support peer educator programs in youth organizations, middle schools, and high schools to encourage healthy food choice skills.

7. By _____, enlist local health providers to voluntarily talk at local senior centers and multi-cultural organizations about the importance of nutrition and cost-effective grocery shopping.

8. By _____, provide worksite health promotion programs for teachers so they can act as role models for healthy food choices.

9. By _____, establish special programs for students with special nutrition needs.

10. By _____, establish nutrition programs that teach family, parents, teachers, and friends how to prepare healthy meals and snacks together.

11. By _____, develop broad-based partnerships among food providers, nutritionists, work and school administrators to encourage healthy diets across the community.

12. By _____, offer nutrition classes and healthy cooking classes for employees and their families during lunch hours and after work.

13. By _____, provide physical space for diet and nutrition programs at work and school sites.

14. By _____, conduct community-wide cooking contests and "nutritional makeovers" of public figures.

15. By _____, create meal programs that ensure homebound elders get their "Five-A-Day" of fruits and vegetables.

16. By _____, increase the number of lay health workers who can provide counseling about health behaviors (e.g., reducing dietary fat and calories) and resulting benefits.

17. By _____, create ways that people can be encouraged to meet nutrition goals as a routine encounter with health organizations.

18. By _____, offer a personal plan to improve nutrition and diet for individuals after assessing their lifestyle, their nutrition goals and their Body Mass Indexes. Provide these services at schools, worksites, and civic groups.

19. By _____, establish competitions among local businesses for improvements in employee weight control.

20. By _____, establish weight loss programs for different cultures that include lower-fat versions of what they already cook.

21. By _____, provide public recognition for programs that promote weight loss through a healthy dietthroughout the lifespan.

22. By _____, create an on-line program that encourages individuals to eat a healthy diet that is tailored to the individual's specific interests, preferences, and goals.

23. By _____, provide community self-help/support groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, Diabetes and Breast Cancer support groups) with resources to conduct skill-building classes and encourage healthy behavior among their clients (e.g., healthy meal planning).

24. By _____, make sure all eligible families receive assistance from WIC (a supplemental food program for women, infants an children), the Food Stamp Program and other food enhancing services.

25. By _____, work with existing school health services to establish a link with professionals who can provide nutrition counseling and related services for families.

26. By _____, establish state-funded programs to provide food stamps to legal immigrants ages 18-64 that are no longer eligible for federal assistance.

27. By _____, hold a health promotion day, month, or season spearheaded by a wellness committee or a company's CEO. [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

28. By _____, conduct health screening in local churches as a way to educate the public about their nutritional needs.

29. By _____, create a program that teaches the residents of senior centers how to choose a healthy diet specifically designed for seniors.

30. By _____, promote health plans that cover weight management and nutrition programs for businesses. (From Intervention Mapping Adult Nutrition guide)

31. By _____, expand or establish subsidized food programs (e.g. WIC) to improve nutrition for needy children above 5 years of age.

32. By _____, expand WIC to make it a federal entitlement so that all eligible low-income women, infants, and children are guaranteed and encouraged to use WIC benefits.

33. By _____, conduct local outreach efforts and extend office hours to ensure that as many eligible people as possible are served by existing WIC programs.

34. By _____, expand WIC Farmers Market Nutrition Program to provide fresh produce for WIC participants.

IV.   Changing the Consequences

1. By _____, establish an ongoing system to provide public recognition to restaurants that offer low-fat and low-sugar alternatives on their menu (e.g., a monthly column in the Food or Living section of the local newspaper).

2. By _____, give tax deduction to restaurants that cook their foods in healthy ways such as grilling, baking, and steaming instead of deep frying foods.

3. By _____, give tax deductions to hotels with healthy food choices.

4. By _____, make tax deductions for companies that figure out ways to make their fatty foods healthier (lower fat, vitamin fortified).

5. By _____, offer a tax deduction to television companies that air PSAs about healthy nutrition. (e.g., water commercials over Coke commercials).

6. By _____, hand out coupons for foods and drinks that are high in fiber, low in fat, sugar, and salt.

7. By _____, provide incentives (e.g. longer lunch breaks, more days off) for employees to improve their diets.

8. By _____, promote and recognize businesses that offer low-fat cafeteria food items and healthy vending choices to employees.

9. By _____, provide discounts on grocery purchases to faith organizations that provide healthy food at their gatherings or functions.

10. By _____, promote the consumption of calcium by offering discounts at grocery stores.

11. By _____, establish worksite and school competitions to promote fruit and vegetable intake.

12. By _____, provide advertising discounts as an incentive for promoting the consumption of low-fat and no-fat milk products.

13. By _____, increase reimbursement by insurance agencies for consultations with registered dietitians.

14. By _____, encourage restaurants to provide fruits and vegetables as side dishes by providing public recognition in local media.

15. By _____, give tax deductions to Farmer's Market vendors and farmers who participate in Community Supported Agriculture.

V.   Modifying Policies and Broader Conditions

1. By _____, enact local government policies (e.g., tax rebates, zones) to encourage the establishment of supermarkets in low-income communities to increase the availability and affordability of healthy foods.

2. By _____, establish and promote local and state policies requiring healthy food choices in schools/ worksites (i.e., lower fat, higher fiber lunch menus).

3. By _____, mandate that a certain proportion of foods offered in vending machines are low in saturated fat and calories.

4. By _____, establish policies that set nutritional guidelines for school breakfast programs.

5. By _____, enact policies with the local government promoting access to healthy foods at all food establishments, supermarkets, schools, worksite cafeterias, etc.

6. By _____, increase the likelihood through policies that physicians develop proper nutrition guides and diets for patients that have been diagnosed with a chronic disease.

7. By _____, establish standards for trucking perishable foods to markets in lower income areas. (e.g., make sure the refrigeration keeps the fruits, vegetables, and lean meats edible by the time it reaches the food market or gas station.)

8. By _____, increase state and national funding for programs, such as Head Start, to teach children from lower income families the importance of eating nutritiously.

9. By _____, fully fund WIC, food stamps, Child and Adult Care Food Programs, National School

LunchPrograms, School Breakfast Program, Summer Food Service Program for Children, and Community Foodand Nutrition to ensure adequate nutrition for all children.

10. By _____, restore food stamp eligibility to legal immigrants and increase food stamp allowances for low-income families.

11. By _____, encourage state policy-makers to earmark state funds to fill the gap created by cuts in federal nutrition programs.

12. By _____, prohibit exclusive marketing contracts between school districts and soft drink companies.

13. By _____, adopt a nutrition education framework at a district or state level and enforce its use for the cafeterias in schools/worksites.

14. By _____, adopt policies requiring foods not served through USDA program to meet some nutritional standards.

15. By _____, pass state laws requiring schools participating in the National School Lunch Program to also serve free and reduced-price breakfasts.

16. By _____, provide funding to ensure the availability of a free School Breakfast Program.

17. By _____, institute a ten to fifteen minute break during school mornings to give students the chance to purchase and consume breakfast.

18. By _____, eliminate the sales of all foods and beverages sold outside the school meal program.

19. By _____, develop policies to integrate nutrition education into comprehensive school health programs.

20. By _____, establish baseline nutritional standards and portion sizes for snacks, sweets, and other foods sold on campuses on secondary schools.

21. By _____, prohibit the sale of soft drinks, sports drinks, ice tea, and other drinks containing less than 50% of real fruit juice at secondary schools.

22. By _____, ensure provision of fruits/ vegetables wherever foods are sold.

23. By _____, subsidize the cost of providing and promoting healthy foods by enacting a policy to raise price of unhealthy foods.

24. By _____, encourage faith organizations to implement a policy of serving healthy foods.

B. Physical Activity

I. Providing Information and Enhancing Skills

1. By _____, train youth ministers to provide effective exercise options to young congregation members.

2. By _____, replace tobacco and alcohol advertising with advertisements (e.g. billboards) promoting physical activity. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

3. By _____, provide information about opportunities for physical activity through local media, civic groups, churches, schools, shopping malls, and other community places.

4. By _____, improve fitness knowledge about the benefits of physical exercise through local churches.

5.   By _____, increase messages for various population segments that show how lack of exercise can increase chances for chronic disease through newspaper, radio, and other media ["best practice].

6.   By _____, create a common database via Internet available to all that describes effective efforts to promote physical exercise.

7.   By _____, provide information that links regular exercise with high energy levels through using popular sports idols in advertisements (e.g. television, movie theater). [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

8.   By _____, promote recreational physical activity as part of one's daily routine through pamphlets at doctor's offices.

9.   By _____, establish a yearly personal and private fitness assessment and personal education for each student and report results to the child or youth, his/her parents, and the overall statistics to the community every year. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

10. By _____, provide skills training and role-playing opportunities through assemblies to encourage fitness habits among students, and teachers.

11. By _____, use signs as prompts to encourage walking and using stairs. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

12. By _____, promote a hotline that would give the people who call information on local exercise opportunities and other physical activity questions. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

13. By _____, provide information to health care providers on how to discuss physical activity with their patients. Role-play the discussions.

14. By _____, create and air Public Service Announcements that highlight exercising on a regular basis. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

15. By _____, invite health officials into school classrooms to make presentations related to physical fitness.

16. By _____, increase availability and visibility of signs, mailings, and brochures that promote physical activity. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

17. By _____, incorporate training in the importance of physical activity into curriculum of medical schools and allied health professional training.

18. By _____, provide information through pamphlets that promotes physical activity for people who have a sedentary job.

19. By _____, distribute directions for ideas on how to use office equipment as a means to exercise (i.e. squats over chair, using chair for triceps dips, etc.) in office buildings.

20. By _____, offer evidence-based fitness programs through education courses at local community centers.

21. By _____, provide information about public walking trails, biking trails, basketball courts and other forms of physical recreation through various media campaigns. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

22. By _____, provide training seminars for local leaders on encouraging and maintaining physical activity. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

23. By _____, increase the use of community events and fairs to promote regular heart-healthy exercises. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

24. By _____, establish an "idea column" in the local newspaper to identify innovative ways people incorporate physical activity into their daily routines.

25. By _____, implement K through 12 curriculums designed to assist students in developing skills to improve their health, prevent disease, and reduce health-related risk behaviors. Include specifics such as how exercise affects cells, muscles, etc.

26. By _____, use the K-12 curriculum to provide learning experiences and skills for daily lifetime physical activity through variety such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; aquatics.

27. By _____, have a "personal trainer" that is accessible on the web at all times. This site should include tips on how to incorporate daily physical activity and assess each person's preferences, goals, and specific interests to help them reach their goals. Put the link on many different sites.

28. By _____, provide brochures in hotels for nearby walking trails and other healthy places to exercise. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

29. By _____, promote house cleaning, raking, washing car by hand, sitting up straight, and washing dishes to people as a way to exercise through media and/or brochures.

30. By _____, promote exercise as a part of daily life by suggesting replacing driving with walking through local advertisements.

31. By _____, disseminate a guide to different kinds of groups that work out together (e.g., walking clubs, intramurals, any form of community sports, etc.). [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

32. By _____, provide information on how to have goal-setting and self-monitoring of personal progress to reach fitness goals through programs that reach people via mail, telephone or directed media. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

33. By _____, design a program that teaches people the importance of building social support for new exercise skills through media campaigns. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

34. By _____, encourage people to reinforce their new exercise regimen with the use of rewards that are not food-related and promoting positive self-talk through sending mailings that include some various ideas for

self-reward. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

35.   By _____, provide information through telephone calls about how to structure problem solving to maintain an exercise plan. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

36.   By _____, use directed media to show people how to prevent relapse into a sedentary lifestyle. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

37.   By _____, educate people about the surgeon general's prescription for physical activity through brochures, posters, media venues, and billboards. (The Surgeon General recommends at least 30 minutes of physical activity for most days of the week for adults and 60 minutes for most days of the week for children.)

38.   By _____, encourage neighborhoods to host events that teach skills on how to play intramural sports for beginners of all ages through disseminating a booklet of various intramural sports' rules.

39.   By _____, use brochures to encourage all civic organizations to teach their members physical activities and then to practice their newly learned methods.

40.   By _____, develop and distribute guides to physical activities tailored for specific neighborhoods.

41.   By _____, let kids know that they could exercise during commercials if they watch television through commercials that prompt them to do so.

42.   By _____, increase the number of free or low-cost physical education classes available for adults trying to lose weight or maintain a healthy weight.

43.   By _____, gather the information of all local exercise facilities and encourage employers to give these varied options to their employees.

44.   By _____, provide information about local weight control programs provided by registered dietitians who address physical activity through the media, local civic groups, churches, and other community sectors.

45.   By _____, expose weekly "I lost weight in healthy ways" stories on television and highlight how each person made his/her success through exercise.

46.   By _____, encourage faith organizations to promote weekly exercise suggestions in their bulletin.

47.   By _____, disseminate information that gardening burns about 280-calories/ hour for a 160 lb. person through brochures and provide the necessary steps to grow a successful garden.

48.   By _____, provide information on how stress contributes to weight gain and then enhance people's skill through teaching them about meditation and physical activities that have been shown to reduce stress (e.g., stretching, jogging).

49.   By _____, link the importance of daily physical activity to an ideal BMI through media advertisements.

50.   By _____, educate parents and other caregivers about ways to incorporate weekly exercise in their family routines through school handouts.

51.   By _____, encourage schools to regularly evaluate the quantity and quality of their physical activity programs and to publish the results to the public though the local newspaper.

52. By _____, encourage parents to promote physical activity by supporting and encouraging children and youth to be active, play outdoors and participate in opportunities for physical activity through media messages. [From <u>Preventing Childhood Obesity</u> from the Institute of the National Academies]

53. By _____, promote walking/ bicycling to parents for the purpose of tackling errands or as a means of transportation with children through school news bulletins. [From <u>Preventing Childhood Obesity</u> from the Institute of Medicine of the National Academies]

54. By _____, encourage parents to engage in family outings and vacations centered on physical activity through creating a healthy travel guide for families. [From <u>Preventing Childhood Obesity</u> from the Institute of Medicine of the National Academies]

55. By _____, promote a "fitness is for everyone" campaign that raises awareness of alternate fitness activities such as seated aerobics, arm cycling, etc.

56. By _____, raise awareness of accessible physical activity sites opportunities in the community.

57. By _____, educate local health providers about opportunities for accessible physical activity for patients with disabilities.

58. By _____, provide information (e.g., videos) on what exercises, games, and drills that are appropriate for after school programs or daycare centers.

## II.	Modifying Access, Barriers, and Opportunities

1. By _____, increase the availability of safe places for walking, recreation, and other forms of physical activity. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

2. By _____, reduce the cost for community members to participate in physical activity (e.g., subsidize fees for parks, recreation, and fitness classes).

3. By _____, develop partnerships for promoting healthy physical activity among local businesses, American Heart Association chapters, county or city health departments, educators, sporting goods retailers, etc. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

4. By _____, increase access and transportation to public recreational facilities programs for physical activity. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

5. By _____, encourage physical activity by improving the safety of public parks and facilities and expanding their capacity and hours of service. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

6. By _____, increase availability of recreational facilities such as pools, gymnasiums and walking and biking trails in the community. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

7. By _____, encourage physical activity by opening gyms and playgrounds before and after school and on weekends. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

8.   By _____, enhance security and supervision to ensure that school facilities are safe for physical activities.

9.   By _____, establish intramural sports teams to expand opportunities for boys and girls to be physically active with their friends.

10. By _____, provide adequate facilities for showering and storage at recreation centers.

11. By _____, create activity courses, trails, and bike paths to encourage physical activity. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

12. By _____, implement a walk/run/jog program (with incentives and awards) for K-5 grade students during half the recess periods they have per week.

13. By _____, establish walking school busses so that children can walk to school safely.

14. By _____, build or purchase playground and classroom equipment that promotes physical activity.

15. By _____, provide scholarships and transportation for low-income youth to participate in sports teams or events.

16. By _____, create after-school physical activities specifically focused on engaging latchkey children.

17. By _____, establish fitness stations in classrooms.

18. By _____, create a high and low ropes course at schools and provide classes on a regular basis to encourage strength, endurance, and self-esteem.

19. By _____, institute optional fitness breaks during class time.

20. By _____, establish contests in schools for physical activity skills.

21. By _____, encourage P.E. teachers to incorporate stretching exercises in all gym classes.

22. By _____, have track and field days more often.

23. By _____, establish after-school physical fitness carnivals for parents, teachers, support staff, and youth.

24. By _____, increase availability of physical fitness assessments and recognition for meeting or exceeding standards.

25. By _____, increase availability of physical activity programs sponsored by health organizations.

26. By _____, establish intramural sports leagues (such as basketball, softball, etc.) for companies and organizations. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

27. By _____, encourage the use of stairs by making stairwells in public buildings safer and more attractive (e.g., with paintings, pictures). [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

28. By _____, offer employees' flextime or longer lunch hours to engage in physical activity programs or services. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

29. By _____, persuade employers to share costs of membership fees for health facilities and clubs with their employees (e.g. pay 50%). [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

30. By _____, increase access to physical fitness activities through church sponsored programs. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

31. By _____, create walking and biking trails around or near the worksite. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

32. By _____, arrange parking lots further from the worksite to encourage walking or biking.

33. By _____, establish worksite tournaments for individual sports. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

34. By _____, encourage purchasing and making available exercise equipment in office buildings. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

35. By _____, increase public recreational facilities. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

36. By _____, encourage physical activity by increasing the number of sidewalks and bike paths in proportion to roadways.

37. By _____, encourage physical activity by improving the safety of public parks and facilities including increased lighting, attractiveness, and surveillance.

38. By _____, encourage physical activity by connecting walkways and bike paths to neighborhoods, businesses, residential areas, and worksites. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

39. By _____, promote use of public areas such as schools and malls as safe places for physical activity.

40. By _____, support the expansion of low cost local sports leagues/exercise teams that are open to the community.

41. By _____, provide programs and facilities tailored to meet the needs of special populations (low-income, unique cultures, people who have a physical or mental handicap, etc.).

42. By _____, implement programs that create enhanced access to places for physical activity (e.g., before-hours shopping malls open for walking, school gyms and fields for after school and weekend activities for persons of all ages). [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

43. By _____, implement after-school activity programs to reduce television watching among children.

44. By _____, create a thrift store for affordable exercise equipment.

45. By _____, encourage people to use the stairs by placing the vending machines on the X level of the building (place signs that lets people know the vending machines are only up X amounts of stairs for encouragement).

46. By _____, encourage whole families to go to the pool together by offering "two-for-one" days for parents and their children and selling healthy snacks.

47. By _____, create a monetary support program for people who cannot afford to go to a gym but would like to have a gym membership.

48.   By _____, provide monetary support for self-help groups that address physical activity.

49.   By _____, develop and maintain bicycle lanes, running tracks, walking areas, and other public facilities that promote the physical activity of the entire community, including special populations such as people with disabilities and older adults.

50.   By _____, build, strengthen, and maintain social networks that provide supportive relationships for behavioral change (e.g. setting up a buddy system, making contacts with others to complete specified levels of physical activity, setting up walking groups or other groups to provide friendship and support). [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

51.   By _____, create new social networks or work within existing networks in social settings outside of family, such as the workplace, to increase opportunities for physical activities. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

52.   By _____, integrate physical activity into other subject areas in school besides physical education.

53.   By _____, revise physical education in schools to give students the options of choosing physical education classes that emphasize activities they most want to learn and enjoy (e.g., yoga, tae kwon do, rock climbing).

54.   By _____, provide shower and locker room facilities and bike racks at worksites and schools to encourage physical activity and alternate forms of transportation. [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

55.   By _____, encourage schools to extend the school day as a means of providing expanded instructional and extracurricular physical activity programs. [From Preventing Childhood Obesity from the Institute of Medicine of the National Academies]

56.   By _____, ensure that publicly and privately owned fitness facilities (such as municipal recreation centers) have fitness equipment that can be used by people of various ages, sizes and abilities (such as treadmills with very low speeds and weight equipment with low weights.)

III.   Enhancing Services and Support

1.   By _____, establish a monitoring and support program for high-risk clients (BMI's over 25) who are incorporating physical activity into their lives.

2.   By _____, provide community education courses on physical activity that encourage people to exercise at least thirty minutes a day for at least three days a week.

3.   By _____, use peer educator programs to teach the importance of exercise in youth organizations, schools, and other civic groups that children and young adults take part in.

4.   By _____, enlist local health providers to demonstrate "senior-friendly" exercise moves and activities at local senior centers and multi-cultural organizations.

5.   By _____, sponsor programs to promote physical activity (e.g., ACES: All Children Exercising Simultaneously).

6. By _____, establish sports and fitness programs that encourage families to play together and set fitness goals.

7. By _____, sponsor or support community health fairs that assess BMI and percent body fat and offer personal plans to promote healthy lifestyles through exercise.

8. By _____, conduct physical fitness competitions within the community and across multiple age groups.

9. By _____, establish physical activity programs for clients with physical disabilities or special exercise needs including testimonies from people who have had success with modified exercises.

10. By _____, incorporate physical activity programming into medical and allied health professional schools curricula.

11. By _____, form exercise groups emphasizing different ways of maintaining physical fitness.

12. By _____, sponsor community events that encourage physical activity and motivate people to develop physical fitness (e.g. walks or runs to raise funds for new park equipment)..

13. By _____, establish physical activity programs for people less likely to regularly exercise.

14. By _____, sponsor work-based teams and leagues that encourage physical activity among both men and women employees and their families (i.e., soccer, kickball, volleyball teams).

15. By _____, offer exercise facilities and fitness courses on-site at work and school.

16. By _____, recruit aerobic instructors, athletic trainers, and nutrition counselors as consultants for worksite health programs.

17. By _____, conduct an annual series of events (fitness assessments, tournaments, and seasonal activities) that provide opportunities for fitness assessment, counseling and/or activity.

18. By _____, implement community physical activity programs such as walk-to-school programs, walking and biking clubs.

19. By _____, create an on-line program that encourages individuals to participate in daily exercise that is tailored to the individual's specific interests, preferences, and goals. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

20. By _____, incorporate awareness of cultural orientation into protocols for standard clinic visits to help communicate exercise habits that address the issues of being overweight or obese from a specific cultural perspective.

21. By _____, offer weight control courses and support groups to people in rural areas and places that do not already have health centers or gyms nearby.

22. By _____, provide community self-help/support groups (e.g., alcoholics anonymous, Narcotics Anonymous, Diabetes and Breast Cancer support groups) with resources to conduct skill-building classes and encourage increased physical activity among their clients (e.g., exercise and weight training classes, alternative physical activity opportunities that incorporate community service).

23. By _____, encourage representatives from local, state, and federal health agencies to work together to increase the opportunities for physical activity among community members.

24. By _____, create a committee within the business community charged with creating opportunities for physical activity among their employees. [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]
25. By _____, establish flexible job hours to allow employees to exercise in the morning or afternoon.

IV.   Changing the Consequences

1. By _____, provide public recognition for programs that promote physical activity throughout the life span.
2. By _____, give tax deductions to hotels that have fitness centers.
3. By _____, provide resources (e.g. money for prizes, exercise equipment) to teachers interested in implementing physical activity competitions in their classrooms.
4. By _____, use tax incentives (e.g., industrial revenue bonds) to promote worksite and neighborhood recreational facilities when there is new business construction (e.g., site construction plans).
5. By _____, provide zoning, tax rebates, and other financial incentives to encourage the use of land for recreational purposes.
6. By _____, arrange tax rebates for purchases of school equipment for physical activity.
7. By _____, lengthen lunch hours for employees who document that they spend 15 minutes of their break exercising.
8. By _____, provide incentives for employees to walk or bicycle to work.
9. By _____, provide tax rebates for purchase of worksite exercise equipment and facilities.
10. By _____, develop and air advertising for businesses that promote opportunities for physical fitness activities to employees.
11. By _____, provide bonus grants or outcome dividends to communities that improve population-level health outcomes through physical activities (e.g., investment in a Community Health Trust proportional to improvements in the rate of obesity/overweight for the neighborhood/city).
12. By _____, reinforce successes and good behavior in school with opportunities for physical activity-related fun (e.g. time to play games, sports equipment, tickets to sports events, extra recess).
13. By _____, implement policies that increase reimbursement by insurance agencies for consultation with an exercise physiologist.
14. By _____, provide free "gifts" and gift cards for people who track their how often they exercise (faith organizations, workforces, and other community organizations can provide the incentives).
15. By _____, institute fitness clubs or programs in schools to provide incentives and awards to students who walk to and from school or exercise at home. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]
16. By _____, encourage parents to give gifts to their children related to physical activity (e.g., jump ropes, balls, sports equipment) through coupons for these items. [From Preventing Childhood Obesity from the Institute of Medicine of the National Academies]
17. By _____, provide scholarship memberships to local YMCAs or community fitness classes.

18. By _____, provide resources to neighborhood associations buy sports equipment (Skateboards, jump ropes, basketballs, soccer balls) to use at neighborhood events.

19. By _____, give tax deductions for accessible physical activity equipment purchased by people who cannot use fitness centers for various reasons (inaccessibility, lack of transportation, etc.)

20. By _____, encourage local businesses to donate raffle items for people who regularly use local public recreation centers with their children.

V.   Modifying Policies and Broader Systems

1. By _____, designate city resources to subsidize recreational programs (i.e., provide scholarships to low-income individuals) to increase participation by residents living in underserved communities.

2. By _____, create policies to obtain third-party reimbursement for counseling for increasing physical activity.

3. By _____, establish local or state policy requiring students meet physical fitness guidelines to graduate from elementary school, middle school, and high school.

4. By _____, require participation in the President's Commission on Physical Fitness program or other nationally recognized physical fitness programs, such as AAU or Fitness Gram.

5. By _____, modify insurance policies to reduce liability for injuries incurred during physical activity at school-sponsored or worksite-sponsored events (e.g., intramural sports).

6. By _____, increase reimbursement by insurance agencies through policy enforcement for counseling interventions to lose weight through physical activity.

7. By _____, increase state and national funding for programs such as Head start who will teach children of lower income families the importance of exercise. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

8. By _____, mandate state and local planners to integrate bicycling into the day-to-day planning design and operation of transportation system.

9. By _____, create regulations requiring Head Start and other publicly funded or licensed early-childhood-education programs to ensure children engage in appropriate physical activity as part of the program. [From Preventing Childhood Obesity from the Institute of Medicine of the National Academies]

10. By _____, mandate that Congress, state legislature, state education boards, local governments, school boards, and parents ensure that schools and child development centers have the resources needed to meet the applicable standards related to physical activity. [From Preventing Childhood Obesity from the Institute of Medicine of the National Academies]

C. Tobacco Use

I.   Providing Information and Enhancing Skills

1. By _____, incorporate smoking cessation advice into school curricula through mandatory tobacco awareness classes.

2. By _____, provide health promotion information about the dangers of second-hand smoking to shopping malls and other community places.

3. By _____, create an Internet-based common database that describes effective efforts to promote tobacco cessation (e.g., www.ttac.org and www.naquitline.org are excellent example sites).

4. By _____, promote a message that links abstaining from tobacco with having an increased ability to participate in sports and by physically active with local sports heroes on posters in schools.

5. By _____, promote advertisements that depict tobacco-free living as part of a daily lifestyle.

6. By _____, provide opportunities for middle and junior high schools to learn and practice tobacco refusal skills.

7. By _____, disseminate age-appropriate curricula on health hazards and impact of smoking on athletic ability and physical attractiveness through reading materials such as brochures.

8. By _____, incorporate curricula and modules into school physical education and athletic practices on the consequences of smoking and chewing tobacco.

9. By _____, train students to recognize media tactics used by tobacco companies that seek to sell products to youth through their tobacco awareness class.

10. By _____, publicize through local television and newspapers information on the number of students who smoke to raise parents' awareness of the likelihood of their child smoking.

11. By _____, use various media campaigns to show tobacco-use risks such as the many chronic diseases (i.e., diabetes and cardiovascular disease) that are fatal consequences. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

12. By _____, educate health care professionals how to discuss tobacco-use with their patients. Encourage them to talk with their patients every time that the patient comes in to see them.

13. By _____, provide information through reading materials to policy-makers about the impacts of smoking on health and health care costs.

14. By _____, create and air Public Service Announcements that highlight refraining from tobacco use.

15. By _____, provide public feedback to the community by establishing short-term goals regarding citizens' tobacco use through a featured section in the local newspaper.

16. By _____, invite health officials into classrooms to talk with children and youths about tobacco control.

17. By _____, provide messages (e.g., posters, brochures) emphasizing the dangers of smoking on the health of smokers and non-smokers.

18. By _____, disseminate information (e.g. brochures) to policy makers about the positive consequences for requiring public restaurants to create smoke-free environments.

19. By _____, conduct merchant education campaigns through a brochure about laws against selling tobacco products to minors.

20. By _____, replace tobacco advertising with advertisements promoting smoke-free living.

21. By _____, provide information to employers and employees on the direct and indirect costs of smoking for the employee and employer through pamphlets.

22. By _____, use newspaper, radio, and other media to provide information to the community on the effects of tobacco use on chronic disease and various smoking cessation programs.

23.	By _____, provide information about local smoking cessation programs through neighborhood organizations, local civic groups, churches, and other community sectors.

24.	By _____, collect and publicize through media venues surveillance data on sales of tobacco products to minors in local stores.

25.	By _____, provide training seminars for local leaders on encouraging and maintaining tobacco cessation.

26.	By _____, provide parents with information about how second-hand smoke is linked with cancer and asthma and what they can do to reduce their children's risk.

27.	By _____, provide information on tobacco-free policies to restaurants, businesses, and other community segments through brochures.

28.	By _____, provide training to merchants on how to identify and refuse sales to minors.

29.	By _____, depict people of different ages and with various disabilities in no smoking messages.

30.	By _____, provide tools to assist staff members at after school programs or daycare centers to talk to the kids about the harms of tobacco.

II. Modifying Access, Barriers, and Opportunities

1.	By _____, increase access to smoking cessation programs for tobacco users who cannot afford them. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

2.	By _____, establish and enforce smoke-free zones around schools. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

3.	By _____, prohibit tobacco advertising in stores within 3 miles of school facilities.

4.	By _____, adopt and enforce bans on cigarette and chewing tobacco use among school athletes and club members during school sponsored events and meetings.

5.	By _____, facilitate access to nicotine replacement pharmaceuticals for those smokers who cannot afford them. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

6.	By _____, increase the availability of smoking cessation programs.

7.	By _____, ban tobacco vending machines in all health care facilities.

8.	By _____, promote the establishment of entirely smoke-free businesses and restaurants

9.	By _____, remove tobacco vending machines from all businesses, worksites, and restaurants.

10.	By _____, permit employees to attend smoking cessation programs on company time.

11.	By _____, increase access and transportation to smoking cessation programs and support groups.

12.	By _____, require stores selling tobacco products to stamp products so products confiscated from youth can be traced back to merchants.

13.	By _____, provide a public posting on tobacco use in the community.

III.   Enhancing Services and Support

1.   By _____, increase the number of lay health workers who can provide counseling about smoking cessation and its resulting benefits.

2.   By _____, establish intergenerational support groups to link youth and adults who are trying to stop smoking to provide support and education.

3.   By _____, incorporate awareness of cultural orientation into protocols for standard clinic visits to help communicate healthy habits (smoking cessation) from a specific cultural perspective.

4.   By _____, provide community education courses on quitting tobacco use.

5.   By _____, create and implement programs that help teach children and young adults to teach their peers the importance of not using tobacco products.

6.   By _____, establish routinely available smoking cessation services through the schools for staff, students, and families.

7.   By _____, encourage teachers to abstain from tobacco products so they can act as role models for tobacco avoidance.

8.   By _____, tailor existing programs regarding smoking and chewing tobacco cessation for students with special needs.

9.   By _____, create a community-based program that provides support for members trying to quit tobacco products.

10.   By _____, provide medical and emotional support for those attempting to quit smoking (e.g., nicotine patches, support groups).

11.   By _____, provide free legal advice and services to those filing claims against tobacco vendors who sell or market to minors.

12.   By _____, form youth coalitions that develop tobacco prevention and control plans, (e.g., smokers' help line/support group, alternative non-smoking events).

13.   By _____, develop broad-based partnerships to encourage tobacco-free health in the community.

14.   By _____, provide space and company time for tobacco cessation programs at worksites.

15.   By _____, offer reimbursement for nicotine replacement therapy, and other related services through worksite insurance programs.

16.   By _____, celebrate reductions in the number of employees who smoke or who are exposed to secondhand smoke.

17.   By _____, conduct activities in conjunction with the "Great American Smokeout" and other federal and state anti-tobacco initiatives.

18.   By _____, implement reminder systems that prompt providers to ask patients about tobacco use and include encouragement to quit for persons who use tobacco.

19.   By _____, provide telephone support, with other interventions (e.g., internet support), for people who want to quit.

20.   By _____, promote weekly news articles and television segments about overcoming the challenges to quitting tobacco (e.g., withdrawal symptoms).

21. By _____, encourage healthcare providers to prompt their clients who smoke to quit through prompts such as stickers on the patient's charts, vital sign stamps, medical record flow sheets, checklists, or by computer prompts. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

22. By _____, create tobacco cessation telephone support programs that include training counselors/ healthcare professionals to provide one or more sessions on how to quit and not start again. Also include a help-line for smokers who are tempted to smoke. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

23. By _____, enlist the help of proven programs for preventing child tobacco use (e.g., BBBS, Carolina Abecedarian Project, CASA Start, guiding Good Choices LifeSkills Training, Nurse Family Partnership, Project ALERT, Project Northland, Project DTAR, Midwestern Prevention Project, Seattle Social Development Project). (According to www.promisingpractices.net)

24. By _____, publicly support a statewide quit line to provide all smokers in the state access to the support and latest information to help them quit. [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

25. By _____, support school policies for tobacco-free campuses and cessation support services (e.g., through insurance coverage, referral to existing free services for staff, teachers, and students).

IV. Changing the Consequences

1. By _____, provide bonus grants or outcome dividends to communities that make improvements in the rate of tobacco use for the neighborhood/city.

2. By _____, increase the unit price for tobacco products. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

3. By _____, provide incentives for employees to quit smoking.

4. By _____, increase taxes on tobacco and use the money to fund advocacy and prevention programs in the community. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

5. By _____, enforce compliance with laws prohibiting selling tobacco to minors in stores near schools.

V. Modifying Policies and Broader Conditions

1. By _____, establish handling fees on tobacco products at the point of sale for revenue to be rebated to "healthy opportunity" zones.

2. By _____, create policies that support third-party reimbursement for counseling for smoking cessation.

3. By _____, establish policies to ban smoking in schools, at school-sponsored events, (youth and adults) and in smoke-free zones around schools.

4. By _____, establish ordinances that prohibit the sales of tobacco products within a specified distance from school grounds.

5. By _____, establish smoking and chewing tobacco bans for all athletes and members of school clubs.

6.   By _____, enact changes in health insurance policies that require all smoking clients to receive tobaccocessation interventions.

7.   By _____, eliminate smoking areas in health care facilities and hospital settings. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

8.   By _____, establish health and property insurance policies with reduced premiums for non-smokers.

9.   By _____, establish policies to permit and encourage differential hiring of non-smokers.

10.   By _____, support laws for clean indoor air in public buildings, daycare centers, etc. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

11.   By _____, ban use of tobacco vending machines in all public buildings.

12.   By _____, enforce local no-smoking ordinances. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

13.   By _____, change policies to require a license for selling tobacco products.

14.   By _____, enforce youth tobacco access laws (e.g., with periodic assessments and crackdowns).

15.   By _____, increase fines and other penalties (i.e., loss of license) for those who sell tobacco products to minors.

16.   By _____, prohibit free distribution ("sampling") of tobacco products for adults and children.

17.   By _____, support an increase in tobacco excise taxes.

18.   By _____, increase the age minimum to buy tobacco products.

D. Access to Health Care and Preventive Health Services
I. Providing Information and Enhancing Skills

[Crosscutting health practices]

1.   By _____, modify health messages to adjust to the cultural beliefs and practices of local people.

2.   By _____, establish and publicize a toll-free health hotline in local communities to provide information about multiple health issues (e.g. HIV/STD, pregnancy, diabetes, cancer, tooth decay and tooth loss, cardiovascular diseases), and local resources for screening and treatment.

3.   By _____, train youth ministers to provide effective health curricula (e.g., HIV/STD, pregnancy, etc.) to young congregation members.

4.   By _____, enhance health-screening counseling through local churches.

5.   By _____, improve health screening (including information on resulting benefits) through local churches.

6.   By _____, provide training to school staff to respond to diabetes emergencies, assist in diabetes care/self-management (e.g., diet), and provide education to the other students regarding diabetes.

7. By _____, provide information through reading materials such as pamphlets to local policy makers about the impact of chronic diseases (e.g., diabetes, cardiovascular disease) on health and health care costs in their community and how they affect certain segments of the community more than others.

8. By_____, incorporate preventive health care messages (e.g. protection from STDs and HIV) into school curricula.

9. By _____, train parents to recognize and change indoor allergens (e.g. dust mites, etc.) through media campaigns.

10. By _____, train school staff to recognize and change indoor allergens through programs that meet at the beginning of each school year.

11. By _____, provide brochures to neighborhoods and civic organizations about indoor allergens.

12. By _____, disseminate information (e.g., brochures, posters, etc.) that provides scientific studies to how the proper amount of sleep is an important factor in fighting obesity.

13. By _____, create a daily tip for calming stress in the local newspaper

14. By _____, provide information through the use of brochures the signs and symptoms of heart attack and strokes. Include emergency response systems prepared to respond to heart attacks and strokes.

15. By _____, promote awareness campaigns about the risk factors and signs and symptoms of heart attacks and strokes and about the importance of calling 911 immediately when someone is having a heart attack or stroke. [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

16. By _____, install Automatic External Defibrillators as appropriate. Train employees in the use of AEDs (this can be done in coordination with annual CPR training). [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

[Health care access]

17. By _____, increase the availability of health information in a language that is understandable to local people (e.g., reading level, native language).

18. By _____, use public service announcements and other media strategies to promote use of the existing Children's Health Insurance Program (CHIP).

19. By _____, provide mandatory training courses for local health care providers skills of cultural competence (e.g., respectful communication) with particular emphasis on disparities among certain ethnic groups.

20. By _____, increase use of consumer reminders through strategically placing informative posters to encourage follow-ups on health care routines for those who might particularly benefit (e.g., those with limited education or income, those with a history of not following through with their own health care).

21. By _____, provide culturally appropriate information to encourage local people to seek needed health care, follow-ups on self-care, and use preventive health practices (e.g., screenings, healthy diet choices) in their daily lives through language appropriate and sensitive pamphlets in places such as grocery stores, churches and other community venues that are cultural-specific.

22. By _____, use Community Health Report Cards and media releases to increase knowledge about local problems with health access and disparities (e.g., lower rates of immunizations; higher rates of diabetes) through a site on the Internet.

23. By _____, train local residents as lay health advocates to help neighbors better identify illness and injury requiring medical attention and to help secure local resources for health care through courses at local civic centers.

24. By _____, use media advocacy strategies to emphasize the populations that are with and without health insurance and the consequences of not having health insurance for all.

25. By _____, conduct public meetings and forums on improving access to health care and eliminating disparities in health located in churches, schools, libraries, shopping malls, and other public settings.

26. By _____, hold training programs (continuing education) for health care providers that teach how to assess and counsel patients on chronic disease prevention.

27. By _____, provide information through brochures to encourage all places of employment to offer free health risk appraisals and follow-up counseling to their employees as part of the benefits package.

28. By _____, provide information to neighborhoods and civic organizations about health care access through brochures.

29. By _____, distribute information on available and affordable health care and preventive services in communications with those applying for unemployment or public assistance.

30. By _____, hold "open house" nights at local hospitals, clinics, churches, shopping malls, and community-based organizations to provide an opportunity for community members to meet local health providers and learn of available resources.

31. By _____, encourage health care professionals to measure children's BMI at routine checks and then discuss healthy practices when child is overweight to both child and his/her parents. [From Preventing Childhood Obesity from the Institute of Medicine of the National Academies]

32. By _____, encourage health professionals to maintain a healthy weight through proper nutrition and physical activity so they can be good role models to their patients. [From Preventing Childhood Obesity from the Institute of Medicine of the National Academies]

[Skin cancer prevention]

33. By _____, disseminate information about sun-protective knowledge to the K-8 curricula through health professionals teaching courses on the importance of increasing the application of sunscreen, scheduling activities to avoid peak sun hours, increasing play time in shady areas, and encouraging children to wear sun-protective clothing. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

34. By _____, provide information about the dangers of skin cancer through brochures, newsletters, and flyers to children in their schools. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

35.   By _____, enhance skills for protecting skin from the sun through modeling, demonstrations, and role-playing at schools. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

36.   By _____, provide programs that inform caregivers the importance of sunscreen and other preventative measures to keep their children from getting skin cancer. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

37.   By _____, use brochures to educate the public about culturally relevant materials and photographs of what skin cancer lesions look like. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

38.   By _____, enhance adult sun-smart skills through sun-safety training and role-modeling by lifeguards, aquatic instructors, and outdoor recreational staff. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

[Women's health]

39.   By _____, use media plus education to promote breast and cervical cancer screening. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

II. Modifying Access, Barriers, and Opportunities
[Healthcare access]

1.   By _____, locate permanent sources of health care in under-served communities (e.g., establish a neighborhood clinic).

2.   By _____, increase availability of affordable childcare for those seeking health care.

3.   By _____, increase access to affordable transportation for those seeking health care.

4.   By _____, establish mobile clinics to deliver health services in areas where those who would most benefit live (e.g., neighborhoods of concentrated poverty, neighborhood where no clinic or providers are located).

5.   By _____, take advantage of all health care visits as opportunities to provide appropriate preventive health services (e.g., immunizations, dental sealants) and health screenings (e.g., pap test, mammograms).

6.   By _____, increase the number of health care providers who speak the language of local people (e.g., Spanish language in communities with Latino, Mexican American, and Puerto Rican American populations).

7.   By _____, increase the number of health care providers who serve consumers receiving Medicare and Medicaid benefits.

8.   By _____, conduct home visits to provide access to community members who might particularly benefit from available preventive services (e.g., immunizations) and health care.

9.   By _____, increase access to local sources of health care for people with physical disabilities.

10.   By _____, coordinate pre-release or after-care community programs to connect those in prisons with local health care resources once they are released.

11.   By _____, require Medicare and Medicaid to fully reimburse health organizations for yearly mammography and Pap smear tests in women of appropriate ages.

12.   By _____, require Medicaid and Medicare to fully reimburse dental care providers for biannual check ups and preventive services and procedures.

13.   By _____, provide transportation to public forums about issues regarding community access to healthcare programs.

14.   By _____, reduce eligibility requirements so that all who need health care receive it (e.g., including those with pre-existing conditions).

15.   By _____, create insurance pools that reduce the cost of coverage for all living in concentrated areas of underserved (i.e., neighborhoods of concentrated poverty).

16.   By _____, reduce delays and waiting time in obtaining health care and preventive services (e.g., immunizations, screenings) by expanding services, extending clinic hours, and/or increasing number of personnel.

17.   By _____, increase access and transportation to programs for weight control.

18.   By _____, conduct health screening to identify school staff particularly at risk for chronic diseases.

[Skin cancer prevention]

19.   By _____, increase available shaded areas on walking paths and parks to decrease the risk of skin cancer. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

20.   By _____, provide sunscreen for participants in recreational sports and activities. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

21.   By _____, ensure that local health care providers offer accessible services to people with disabilities, using sign language interpreters, Brailled information, exam tables that are adjustable, etc.

22.   By _____, encourage sponsors of health fairs to provide alternate accessible testing and information for people with disabilities.

[Women's health]

23.   By _____, reduce out-of-pocket costs for breast cancer screening. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

[Heart health]

24.   By _____, ensure that the local health care system uses a coordinated system of stroke care. [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

[Cross-cutting health practices]

25.   By _____, implement an outreach program to provide oral and pharyngeal cancer screenings to populations less likely to seek them out or who are at higher risk (e.g., elderly, those using dentures, African-Americans and Latinos, tobacco and alcohol users).

26.   By _____, reduce structural barriers to getting screened for breast and colorectal cancer (e.g., locate screening facilities in easily accessible areas, increase evening operation hours, make childcare available onsite). [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

27.   By _____, offer education classes about risk behaviors for chronic diseases as employer assistance programs.

28.   By _____, improve access to food stamps by seeking out those who qualify and simplifying the application process.

29.   By _____, ensure that all communities in your state have access to 9-1-1 and promote the establishment of enhanced 9-1-1 where possible ("E9-1-1": the ability of an emergency call center to capture the precise location of a caller). [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

III. Enhancing Services and Support

[Healthcare access]

1.   By _____, incorporate awareness of cultural orientation into protocols for standard clinic visits to facilitate communication from a specific cultural perspective.

2.   By _____, sponsor or support community health fairs that assess health status and promote healthy lifestyles for various targeted age groups.

3.   By _____, train health professionals to routinely inquire about clients' health related behaviors (e.g., breast self-examination in women) and provide related support and appropriate referrals.

4.   By _____, establish a Neighborhood Health Corps to provide opportunities for apprenticeships for future health workers and door-to-door basic screenings in communities that might best benefit.

5.   By _____, improve quality of medical care by educating providers how to appropriately classify asthma severity, the appropriate use of controller medications and spacer devices, asthma flow sheets, asthma care plans with patients/families, and helping providers develop more effective patient-provider communication approaches.

6.   By _____, assist health care systems and providers in establishing effective, intensive, behavioral counseling for adult patients with known modifiable risk factors for chronic disease (e.g. high fat diet, low levels of physical activity).

7.   By _____, establish peer support programs that involve persons from local churches as advocates for their neighbors to receive needed health care (especially in areas of significant health disparity).

8. By _____, increase the number of lay health workers from under-served communities on staff with localhealth care providers.

9. By _____, increase availability of bilingual staff members and language interpreters among health care providers (e.g., primary care, emergency services).

10. By _____, expand outreach programs to those who might particularly benefit from health care and preventive services (e.g., those with less than 12 years of education, those of low income, those who speak another language, those who lack transportation, the elderly).

11. By _____, modify services to reduce the first contact time for those receiving emergency services.

12. By _____, establish basic health care services (e.g., immunizations, dental, screenings) in each neighborhood school for all attending children and their parents/guardians, relatives, and neighbors.

13. By _____, enhance service systems for children and adults with special health care needs (e.g., disabilities, chronic illnesses).

14. By _____, ensure that health providers offer comprehensive services for all patients with diabetes including secondary prevention (i.e., controlling glucose, lipid and blood pressure levels) and tertiary prevention (i.e., prevention screening for diabetes complications).

15. By _____, educate health plans and providers regarding standards for preventive health care practices and how to fully implement them.

16. By _____, provide and train health care professionals on office-based procedures for referrals, follow-up, and patient reminders.

17. By _____, train providers to use current recommendations for screening practices.

18. By _____, monitor high-risk clients for improvements in recommended lifestyle changes and health status and provide encouragement and support through regular communication (via e-mail, phone, visits).

19. By _____, include effective clinical preventive services (e.g., health screening for cervical cancer) among the services routinely covered by insurance.

20. By _____, provide highway funds for non-vehicle alternative transportation.

21. By _____, train providers to use current recommendations in screening, assessing, and managing overweight children and adolescents.

22. By _____, assess the status of or make changes to the Medicaid program that promote the reimbursement of preventive services and emphasize quality, cost-effective medical care. [From the "Actions To Help Promote Heart Healthy and Stroke Free Communities" guide]

23. By _____, works with the insurance commissioner/department to ensure that preventive services related to chronic disease are reimbursed. [From the "Actions To Help Promote Heart Healthy and Stroke Free Communities" guide]

[Dental health]

24. By _____, increase the concentration of fluoride in community drinking water to increase the likelihood of healthy teeth. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

25. By _____, increase the number of dentists that accept Medicaid and Medicare dental coverage by increasing reimbursement for services.

26. By _____, increase the number of public health centers that provide dental care.

27. By _____, train school nurses to detect signs of tooth decay and gum disease in students they serve and refer them to appropriate services.

28. By _____, enlist local dental care providers, in conjunction with drugstores and state and national dental associations, to sponsor check ups at multi-cultural community centers and distribute toothbrushes, fluoridated toothpaste, and dental floss.

29. By _____, provide and promote the opportunity for children to brush their teeth after lunch during the school day.

[Women's health]

30. By _____, establish the practice of health providers sending postcard reminders for annual mammography and Pap smear appointments.

31. By _____, establish a local support group for women with breast and cervical cancer.

32. By_____, use client reminders to promote breast and cervical cancer screening. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

[Skin cancer]

33. By _____, use point-of-purchase prompts to remind customers to buy sunscreen. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

[Cross-cutting health practices]

34. By _____, conduct screenings for cardiovascular disease and diabetes in local churches as a way to educate the public about their risk for chronic disease.

35. By _____, reduce health problems related to indoor allergen and/or ambient air pollution exposure through promotion of low-cost and well-studied measures (e.g. mattress covers, feather pillows, indoor environmental remediation, and reductions in diesel bus idling).

36. By _____, provide a healthy school environment that includes the school building and the area surrounding it (e.g. assessing indoor allergen agents, noise, and lighting).

37. By _____, encourage at-risk individuals to seek family and/ or mental health services to help families cope with their stress, and remove barriers to effective weight-loss.

38. By _____, provide health risk assessments, medical screening, and effective follow-up education and counseling to help employees control their high blood pressure, high blood cholesterol, blood sugar levels, and smoking. [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

39.	By _____, conduct community-wide campaigns to implement a diabetes risk assessment questionnaire (e.g. /American Diabetes Association's "Are You at Risk") at multiple points of contact such as grocery stores, pharmacies, family planning clinics, senior centers, churches, and department stores, etc. Provide encouragement to see a doctor if the person is at risk.

[Heart health]

40.	By _____, provide on-site access at work sites to blood pressure and cholesterol screening and follow-up services, and promote health benefits package that covers CVD prevention services.

41.	By _____, include a focus on heart disease and stroke as part of minority health initiatives and partner with safety net providers (community health centers/migrant health clinics). [From the "Actions To Help Promote Heart Healthy and Stroke Free Communities" guide]

42.	By _____, ensure that your state health department and state's cardiovascular health plan include stroke and a coordinated system of stroke care.

43.	By _____, encourage primary care settings to institute improvements in the delivery of care related to heart disease and stroke, such as the Chronic Care Model utilized by the Cardiovascular Disease Collaborative (more can by found at: http://www.healthdisparities.net). [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

44.	By _____, create or be a member of a statewide task force/working group to address heart disease and stroke. [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

## IV.	Changing the Consequences

[Healthcare access]

1.	By _____, establish incentives (e.g., free publicity, mini-grants) to engage health care providers in community-wide education regarding the complications associated with diabetes.

2.	By _____, decrease premiums for individuals who regularly screen their cholesterol and blood pressure.

3.	By _____, increase sanctions for health care providers who refuse treatment to those needing services or acceptance of their insurance plans (e.g., Medicaid or Medicare).

4.	By _____, ensure adequate reimbursement or increased HMO capitation rates to health care providers who provide good service to local people in neighborhoods of concentrated poverty or lower health status.

5.	By _____, promote universal access to "health vouchers" with which all consumers can obtain important preventive health services (e.g., immunizations, pap tests, mammograms, dental sealants).

6.	By _____, provide public recognition to neighbors who arrange for needed health services for others (e.g., honoring local people who take mothers and babies for wellness checkups).

7.	By _____, offer tax incentives to health care providers that incorporate appropriate and comprehensive prevention education into every health care visit (e.g., symptoms of diabetes, hypertension, and stroke).

8.	By _____, use incentives (tax incentives) for healthcare systems that provide client reminders to promote breast cancer screening. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

9. By _____, provide state or county tax incentives (e.g., tax abatement) to employers who offer adequate insurance coverage to low-income and moderate-income employees.

10. By _____, use city tax revenues to subsidize costs for low-income families to obtain comprehensive insurance coverage (i.e., for primary health care, prescription drugs, eyeglasses, dental care, and mental health care or counseling).

11. By _____, work with major insurers in your state to develop a health benefits package that includes preventive services and incentives for prevention. [from the "Actions To Help Promote Heart Healthy and Stroke Free Communities" guide]

12. By _____, establish health care benefits state employees that include preventive services and incentives for prevention. [from the "Actions To Help Promote Heart Healthy and Stroke Free Communities" guide]

13. By _____, promote office-based team incentives, such as gift cards, lower insurance premiums, etc. for participating in health risk assessments, competitions, and support groups for preventive measures (e.g. logging miles walked, quitting smoking, getting blood pressure checked, getting cholesterol checked). [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

14. By _____, collect and publish data regarding physician compliance with clinical guidelines for secondary and tertiary prevention.

[Heart health]

15. By _____, provide incentives for employers to make cholesterol and high blood pressure screenings available in the workplace.

[Diabetes-related]

16. By _____, establish incentive programs for hospitals, clinics, and health facilities to include screenings for complications associated with diabetes.

[Women's health]

17. By _____, provide incentives (e.g., reduced insurance premiums) to women who routinely get mammography and pap smear tests.

18. By _____, provide incentives to health care providers who have outreach breast cancer screening programs that specifically target African-American (and other) women at risk.

[Skin cancer]

19. By _____, use incentives (tax incentives) to get people to go to a course on sun-safety lessons that would include interactive activities for parents and children. [Based on recommended "best practices" in The Community Guide (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

V. Modifying Policies and Broader Conditions

[Health care]

1.   By _____, lobby insurance companies and the state legislature to include coverage for the cost of appropriate clinical preventive health services (e.g., immunizations, screenings for breast or cervical cancer, counseling for preventive health practices) as part of all insurance policies.

2.   By _____, expand adoption of flextime work policies among employers to permit workers and their families to seek needed health care.

3.   By _____, modify policies to publicly financed subsidies for expanding the number of people covered by insurance (and/or for the comprehensiveness of coverage) for those living in concentrated areas of underserved.

4.   By _____, change provider policies so that all consumers have a primary care provider who helps ensure continuity of care.

5.   By _____, modify admission, scholarship, and support policies of schools of medicine, nursing, dental, and allied health to increase the number of health care providers who come from under-represented racial and ethnic groups.

6.   By _____, establish local (state and federal) policies that reward communities for marked increases in the proportion of people who have health insurance (e.g., provide outcome dividends to Community Health Trusts).

7.   By _____, pass a local "Health Consumer Bill of Rights" to ensure that any person can walk into a health care provider and receive needed care in their community.

8.   By _____, ensure participation of federally funded health centers in comprehensive chronic disease plans.

9.   By _____, establish a "healthy opportunity advisory board" to recommend local health care policies to the governing body.

10. By _____, require, by federal law, that anyone seeking care is evaluated and served.

11. By _____, work with small businesses and insurers to develop policies that allow for small business groups to buy into group health plans similar to self-insured firms. [From the "Actions To Help Promote Heart Healthy and Stroke Free Communities" guide

[Heart health]

12. By _____, support policies that make heart attacks and acute strokes reportable conditions, which will enable the state health department to estimate new cases in order to promote and evaluate improvements in emergency response and hospital care. [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

13. By _____, ensure that state health and education departments have the resources to address heart disease and stroke and their risk factors: high blood pressure, high blood cholesterol, lack of physical activity, unhealthy dietary behaviors, and tobacco use. Ensure that state health agency has a cardiovascular health program that is the focus of heart disease and stroke activities for he state. [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

14. By_____, support data collection efforts and the sharing of data that can document progress in preventing heart disease and stroke and their related risk factors (e.g., Youth Risk Behavior Surveillance System, Behavioral Risk Factor Surveillance System, and the Health Plan Employer Data and Information Set. [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

[Women's health]

15. By _____, change third-party reimbursement policies to encourage counseling for prevention of breast and cervical cancer, including self-examination techniques and regular screenings.

16. By _____, change practice protocols to encourage the education of breast self-examination and the need for annual mammography and pap smears as part of a woman's routine workup for primary care.

17. By _____, support breast-feeding policy-modifications for women who return to the workforce.

[Dental health]

18. By _____, revive Federal and State policies to subsidize funding of health and dental care facilities and providers based on the community's resources and low-income population.

[Skin cancer]

19. By _____, create policies that require that schools schedule outdoor activities to avoid the sun's peak hours. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

20. By _____, create policies to ensure that there is plenty of shading in public areas to reduce the risk of skin cancer. [Based on recommended "best practices" in *The Community Guide* (U.S. Centers for Disease Control and Prevention) www.thecommunityguide.org]

[Cross-cutting health practices]

21. By _____, support health impact studies and economic evaluations related to proposed legislation. [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

22. By _____, review your state's public health code and assess the inclusion of public health's authority to address chronic diseases. [From the "Actions to Help Promote Heart Healthy and Stroke Free Communities" guide]

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The KU Work Group

The mission of the KU Work Group for Community Health and Development is to
promote community health and development through collaborative research,
teaching, and service. For more information on the KU Work Group, see our Web
site, http://www.communityhealth.ku.edu/. The Work Group is a World Health
Organization Collaborating Centre for Community Health and Development at the
University of Kansas.

The Community Tool Box

Many of the skills required for community planning and action are outlined in the
KU Work Group's Community Tool Box. For thousands of pages of practical
tools for promoting community health and development, see the Community Tool
Box, http://ctb.ku.edu/.