Reducing Risk for Chronic Disease:

An Action Planning Guide for Community-Based Initiatives

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"There is no wealth like health."

- - Wisdom of Sirach
Ecclesiastics

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Preface

This planning guide offers practical ideas about how communities can reduce risk for chronic disease such as heart disease and some cancers. By referring to "chronic" disease, we acknowledge that cardiovascular disease and a number of cancers share many of the same risk factors. Particularly prominent among the sources of risk are diet, physical activity, and tobacco use. Accordingly, this guide highlights ways in which states and communities can reduce community members' risk for chronic disease by improving diet, increasing physical activity, and preventing or stopping smoking.

Cardiovascular disease (CVD) kills as many Americans as all other diseases combined[1] and is among the leading causes of disability[2]. Coronary heart disease, one of the diseases classified as a CVD, costs the United States economy over $50 billion annually[3]. High blood pressure, high blood cholesterol, cigarette smoking, obesity, physical inactivity, and diabetes mellitus are among the modifiable risk factors for CVD. There is a high prevalence of these risk factors among Americans: 26% have high blood pressure, 52 million have high blood cholesterol requiring dietary intervention, and 27% are current cigarette smokers[4].

Risk Factors for Chronic Disease

Several factors contribute substantially to risk for chronic disease: diet, physical activity, and tobacco use.

Diet: There are no bad foods, only bad diets. Saturated fat intake and high blood cholesterol are associated with increased risk for heart disease. High intake of saturated fat increases the levels of serum total and low-density-lipoprotein (LDL) cholesterol. Eating foods high in fat is the primary dietary contributor to serum total cholesterol and LDL cholesterol. Reducing intake of saturated fat can help decrease cholesterol, and associated risk for heart disease[5]. A healthy community encourages good diet.

Physical Activity: Regular physical activity can prevent and manage cardiovascular disease. Studies have found that participants with higher activity levels had the lowest incidence of heart disease[6]. However, most men and women report that they never engage in physical activity or engage in physical activity only irregularly[7]. Promoting physical fitness is difficult in the wake of the boom in labor-saving inventions of recent years[8]. A healthy community promotes physical activity.

Tobacco Use: More than 400,000 people die each year from cigarette smoking[9]. Cigarette smoking is the most preventable cause of premature death in the United States[10] and is a primary risk factor for coronary heart disease[11]. Smoking also contributes to chronic morbidity and disability. Annual cost for smoking-related illnesses in the U.S. was estimated at $68 billion for health care costs, lost earnings from work, and loss of future work earnings[4]. Early initiation of smoking by adolescents increases risk for heavy and regular adult use[12]. A healthy community discourages tobacco use.

Planning for Healthy Communities

This planning guide offers communities a number of strategies that could be incorporated into a comprehensive plan to reduce risk for chronic disease, including cardiovascular disease and some cancers. It outlines changes that communities can make themselves to improve diet, increase physical activity, and prevent or stop smoking. These include new or modified **programs**, such as walking programs, **policies**, such as smoke-free workplaces, and **practices**, such as increased promotion of lower fat foods.

With public health efforts, death rates for chronic disease, including cardiovascular disease, have declined dramatically over the past 20 years[4]. Many communities are interested in insuring the continual decline of chronic disease. Reducing risk for chronic disease requires broad-based efforts involving many different sectors of the community. Often referred to as **community coalitions**, these initiatives involve key community leaders and representatives of grassroots organizations. They bring together representatives from schools, health organizations, businesses, worksites, and other sectors of the community that share a concern about the problem or have a stake in its solution. The aim of such initiatives is to *change* communities to reduce risk for (and protect against) chronic disease.

The group's **action plan** is its **vision** for a healthy community made concrete. How could schools be changed to help reduce risk for cardiovascular disease and some cancers? What changes in worksites would help fulfill this mission? How can the business community do its part? How about health organizations? Taken together, the proposed changes in all relevant sectors of the community provide a **blueprint for action**.

The purpose of this Action Planning Guide is to enhance community efforts to reduce risks for chronic disease. Chapter I provides background information on key issues and concepts in planning. Chapter II offers an overview of the planning process, with particular emphasis on clarifying the vision, mission, objectives, and strategies. Chapter III provides help in considering which sectors of the community should be involved in the initiative. Chapter IV, the heart of this guide, assists in identifying particular changes that will be sought in each relevant sector of the community. Chapter V outlines a process for building consensus on community changes to be sought. Chapter VI offers guidance in listing action steps to finalize the action plan. Finally, Chapter VII outlines a strategy for monitoring progress on goal attainment and promoting renewal of the initiative.

Best wishes for your own community's successful planning for reducing risk for chronic disease.

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"If I had my way I'd make health catching instead of disease."

-- *Robert Green Ingersoll*

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We have been involved with several community initiatives to prevent chronic disease under the auspices of Kansas LEAN, a state-wide initiative to reduce risk from high fat diets and other factors associated with heart disease and some cancers. Key collaborators in early planning efforts from Kansas LEAN included Paula Marmet of the Kansas Department of Health and Environment, Mary Clark of Extension Services of Kansas State University, and Karen Fitzgerald of Kansas LEAN. Vickie James R.D./L.D. and Lori Henke, R.D./L.D. played particularly central roles in the school-community initiative to reduce risk for chronic disease.

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"Where there is no vision, the people perish."

-- Proverbs

CHAPTER I

Key Issues and Concepts in Planning

With clarity of purpose, it is possible to address the array of risks for chronic disease faced by communities. This guide uses a process of action planning to build consensus on what can and should be done. The primary aim is to help specify concrete ways in which states and communities can take action to reduce risk for chronic disease, such as cardiovascular disease 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 your group can use to better listen to the community, document the problem, become aware of local resources and efforts, involve key officials and grassroots leaders, and create a supportive context for planning and action.

Listening to the Community

Perhaps the most important preliminary step in action planning is to become familiar with the issues and context of the community. Group leaders begin by talking with public health officials, key leaders in the community, and other citizens affected by chronic disease and related concerns. Listening contributes to a better understanding of what the issues are and what needs to be done.

As any community organizer will attest, it is critical to listen before taking action. Talk with a variety of people, including youth and adults, those at risk to chronic disease, and those interested in doing something about the problem of cardiovascular disease and some cancers.

In addition to talking one-on-one, group leaders can use public forums or focus groups, in which people can express their views about the issues and what can be done about them. Such public meetings should be convened with people from different neighborhoods, socioeconomic groups, and ethnic and cultural groups. This will expand available perspectives on issues and options.

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

Listening sessions record information on four aspects:

- ✓ the problem or issue
- ✓ barriers and resistance to addressing the concern
- ✓ resources for change
- ✓ recommended alternatives and solutions

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

Documenting the Problem

In addition to hearing the community's perspective on risks for chronic disease, it is important to document the problem using existing information sources. For example, many school systems have data from youth risk behavior surveys that can be used (or adapted) to document the level of tobacco use, physical activity, and healthy diets among youth in the community. Data might also be available (or gathered) on the percentage of restaurants that offer low-fat alternatives or the number of exercise programs for adults. Public records can be used to create a scorecard for community health outcomes such as the number of people participating in city recreational programs or the incidence of cardiovascular disease and some cancers.

Such information can be used to help document the level of the problem 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 create changes in reporting, changes in monitoring patterns, and other activities that may make it difficult to conclude that there was an effect or that observed effects were due to the initiative and not something else.)

Becoming Aware of Local Resources and Efforts

It is also important to be aware of existing programs and resources to deal with the problem of chronic disease. What programs with similar purposes, such as nutrition information classes, already exist in the community? Talk with service providers and clients. Gather information about the scope of existing efforts and their effectiveness. How many people (and whom) are they serving? Can the services and programs be more effective?

Are there task forces or coalitions, such as tobacco control coalitions, currently involved in reducing risk for cardiovascular disease and some cancers? How many people are actively involved? Can the group become more effective? Knowing the issues and the environment is critical to successful planning. Were there *past* initiatives with a similar mission? How and why did their efforts end?

Involving Key Officials and Grassroots Leaders

The planning process should be *inclusive*. We recommend that the leaders of the prevention initiative arrange opportunities for participation by all those interested in changing a particular sector of the community, such as schools or businesses. Key officials of each sector can be recruited, such as the director of the public health department (for the health organizations sector) or the public affairs chairperson from the Chamber of Commerce (for the business or worksite sectors). Similarly, leaders of grassroots community organizations should be recruited, such as those from age groups and cultural communities particularly affected by the concern.

Participants should reflect the diversity of the local community. Initiative leaders must ensure that the planning group extends beyond service providers of relevant agencies. Are older

adults involved? Parents, grandparents, and guardians? People of different socioeconomic backgrounds? If the community is culturally diverse, are African Americans, Hispanics, or other People of Color involved in planning?

Creating a Supportive Context for Planning and Action

Successful initiatives create a supportive context for 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 a healthy community and the ability to attract others to the vision. They also have the capacity for listening and other qualities that enable them to relate to others within the group. Good leaders have the courage, perseverance, and other attributes to help the group transform the community to better fulfill the vision. Although a single person often accepts overall responsibility, effective organizations usually have a number of leaders who work with constituents 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 for the Business and Health Organizations sectors, which can report back to a coordinating council or the initiative 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 half or full-day sessions that involve all or key members of the initiative.

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 around each sector of the community to be involved. For example, separate task forces might be set up for businesses, schools, or worksites. In smaller groups or communities, action planning might be accomplished by the entire group.

The planning groups should be **diverse** and **integrated**. They should include officials and participants from important sectors, such as the director of curriculum and teachers (from the school sector) or a local director of parks and recreation (from the broader community). They also include people concerned about what is going on in the sector, such as youth and parents, who are affected by and interested in bringing about change. The group must consider how the continuing participation of persons in positions of authority can be maintained while preserving the involvement of other citizens without official titles.

Planning sessions must be well publicized and open to members. Final review and approval of the initiative's action plan, as well as its vision, mission, objectives, and strategies, will be provided by 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 active and inclusive. Seek out key players with diverse viewpoints on the problem or issue. 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 effective 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 all share the vision of a healthy community, 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 must be heard and noted without criticism.

- ***Be Efficient***

  Planning meetings must be efficient, starting and ending 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 will 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 planning meetings, distributing copies of the products of planning to all members.

- ***Provide 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 to those who are used to being criticized for their work.

Summary

This chapter provided a background in the key issues and concepts of planning. The next chapter provides an overview of the process of planning for actions, with particular emphasis on reviewing the group's vision, mission, objectives, and strategies for reducing the risks for chronic disease.

Planning Pages
Listening to the Community

Please review the ideas in this chapter. 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 town meetings or focus groups in which to consider these issues. Be sure to include a variety of people, including youth and older adults, those at risk for chronic disease, and those interested in doing something about the problem of cardiovascular disease and some cancers.

THE PROBLEM OR ISSUE

Is risk for cardiovascular disease and cancer a problem in this community? Do significant numbers of people have unhealthy diets, engage in little or no physical activity, and/or smoke? What are the consequences? Who is affected? How are they affected? Are these issues of widespread concern?

BARRIERS AND RESISTANCE

What key individuals or groups might oppose efforts to prevent cardiovascular disease and some cancers (e.g., businesses that sell tobacco)? Can they be involved effectively? What other barriers might limit the effectiveness of the prevention initiative? How can the barriers and resistance be overcome?

RESOURCES FOR CHANGE

What resources and capacities are needed to address the mission of reducing risk for chronic disease? What local individuals or groups could contribute? What financial resources and materials are needed? Where might the money and materials be obtained?

Resources Needed — Potential/Existing Sources

People/Organizations:

Financial:

Materials:

SOLUTIONS AND ALTERNATIVES

What are some alternatives for addressing the issue or problems of unhealthy diet, physical inactivity, and tobacco use in light of the anticipated barriers and resources? 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 that is described in later chapters of this guide.)

Planning Page
Documenting the Problem

Please review the ideas in this chapter. Use this planning page to focus your group's efforts to document risk for chronic disease as a problem in your community.

Your group might collaborate with officials of the local health department or school district to obtain existing data that could be used to document the problem.

RISKS FOR CHRONIC DISEASE

Many school systems have survey data about tobacco use among youth; the surveys might be extended to obtain additional information on physical activity and diet. Similar behavioral surveys are available for adults. What percentage of youth and adults smoke? Engage in physical activity? Have a healthy diet? What percentage do so on a regular basis? How do the levels and trends compare with those of similar communities? (The Youth Risk Behavior Survey and the Behavior Risk Surveillance System, available from the Centers for Disease Control and Prevention in Atlanta, are good means of collecting these data.)

PUBLIC HEALTH RECORDS

Public records provide information on community outcomes, such as disabilities and deaths, associated with chronic disease. What is the estimated rate of cardiovascular disease? What is the rate of cancer? What is the rate of emergency medical transports for heart attacks? How do the levels and trends compare with those of similar communities? (County and city health departments may have data related to cardiovascular disease and cancer.)

Planning Page
Becoming Aware of Local Resources and Efforts

Please review the ideas in this chapter. 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.

Your group might use interviews with community leaders to help with these questions. Informants might be drawn from officials in health and human services, and the business and government sectors, as well as leaders from community, cultural, or age groups particularly affected by heart disease and cancer.

EXISTING PROGRAMS AND RESOURCES

What are the existing programs and resources for reducing risk for cardiovascular disease and cancer? 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, or other means?

CURRENT AND PAST INITIATIVES

Are there task forces or coalitions *currently* involved in reducing risk for cardiovascular disease and cancer (e.g., tobacco control coalitions)? If so, who are they? How many people are actively involved? Are these groups as effective as they could be? Were there *past* initiatives with a similar mission? How and why did their efforts end?

Planning Page
Involving Key Officials and Grassroots Leaders

Please review the ideas in this chapter. 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 officials in health and human services and the business and government sectors, as well as leaders from community, cultural, or age groups particularly affected by heart disease and cancer.

KEY OFFICIALS

Who can make things happen on this issue? What individuals are in a position to create (or block) change? 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 (and against) the initiative.

Key Officials to be Involved — Contact People from the Initiative

KEY GRASSROOTS LEADERS

What age groups, such as older adults, and cultural communities, such as African Americans or Hispanics, are particularly affected by this concern? What individuals and groups make things happen in these age groups and cultural communities? What contact people from the initiative would be most successful in involving members of these groups?

Key Grassroots Leaders — Contact People from the Initiative

Planning Pages
Creating a Supportive Context for Planning

Please review the ideas in this chapter. 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 heart disease and cancer.

LEADERSHIP

Has a person or small group accepted responsibility for the initiative's success? Consider how the leaders can enhance their vision of a healthy community for all. 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, and other attributes necessary to help transform the community?

GROUP SIZE AND STRUCTURE

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 which would report to the group.

GROUP ORGANIZATION

How will the planning group be organized? In larger groups or communities, planning might initially be done in subcommittees or task groups organized around community sectors, such as schools or business organizations. In smaller groups or communities, this might be done by the entire group.

GROUP DIVERSITY AND INTEGRATION

How will diversity and integration of differing perspectives be assured? How will influential people be involved? How will other citizens affected by the concern be involved? How can the continuing participation of those with resources and authority be maintained while preserving the involvement of other citizens without official titles?

CHAPTER II
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 in 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 the group's vision, mission, objectives, and strategies. It also helps clarify considerations of where the group will direct its efforts: who is at risk and who is in a position to help with the problem. At the conclusion of the chapter, we provide planning pages in which your organization may refine its vision, mission, objectives, strategies, and targets and agents of change. The remainder of the guide will be devoted to preparing detailed action plans consistent with the identified vision, mission, objectives, and strategies.

An Overview of Strategic Planning

A complete strategic plan consists of five elements:

- Vision
- Mission
- Objectives
- Strategies
- Action Plan

Each is described below.

A **vision** states the *ideal conditions* desired for the community. A group concerned about chronic disease might use the following brief phrases to capture its vision: "Healthy Kids", "Heart Healthy Community", "Smoke-free Community", "Long Lives", "Families Exercising Together", "Active Community", or "Good Health for All". The vision should convey the community's dream for the future. A vision should be: a) shared by members of the community, b) uplifting to those involved in the effort, and c) easy to communicate (it should fit on a t-shirt).

The **mission** describes *what* the group is going to do and *why*. The mission might refer to implementing a community-based prevention program to reduce the incidence of a negative condition, such as smoking or chronic disease, or increasing the level of a positive condition, such as healthy diet or physical activity. The mission statement must be: a) concise, b) outcome-oriented, such as the outcome of reducing risk for chronic disease, and c) inclusive, not limiting in the strategies or sectors of the community to be involved.

Objectives refer to *specific measurable results* of the initiative. They include: a) key behavioral outcomes, such as change in the percentage of school-aged youth reporting smoking, regular physical activity, or healthy diets, b) related community-level outcomes, such as the incidence of chronic disease, and c) key aspects of the process, such as adopting a

comprehensive plan for reducing risk for cardiovascular disease and cancer. Objectives set specified levels of change and dates by when change will occur. Example objectives include:

a. By the year 2000, decrease by 40% the prevalence of tobacco use reported by high school youth.
b. By the year 2000, increase by 40% the percentage of residents reporting regular physical activity.
c. By the year 2000, increase by 40% the percentage of residents reporting diets that conform to dietary guidelines for low fat, higher fiber, and increased fruits and vegetables.
d. By the year 2000, decrease by 20% the incidence of chronic disease.

The objectives must be: a) measurable (within the limits of the measurement systems now or potentially available), b) challenging, c) important to the mission, and d) feasible to accomplish.

Strategies refer to *how* the initiative will be conducted. Types of strategies include building coalitions among community groups and organizations, organizing grassroots efforts at the neighborhood level, modifying access to products and services, and advocating for new programs, policies, and laws related to the mission. A group may use a variety of 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.

Action plans describe how strategies will be implemented to attain the objectives. They refer to *specific action steps* to be taken to bring about changes to be sought in all relevant sectors of the community. Action steps 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 action steps for identified changes are provided in later chapters.

Although the vision may be unique to the community, the mission, objectives, and strategies of reducing risk for chronic disease may be largely defined by the granting agency that supported the initiative. The **mission statement** mandated by a funding initiative to reduce risk for chronic disease may look something like one of these:

- "To reduce risk for cardiovascular disease and some cancers, including changing community supports for healthy diet, physical activity, and tobacco control."
- "To reduce risk for cardiovascular disease and some cancers among youth through a comprehensive and coordinated approach to prevention."
- "To serve as a catalyst for improving the heart health of our community."

A group's **objectives** for reducing risk for chronic disease will likely refer to the specific behaviors and outcomes of particular concern, including diet, physical activity, and smoking. The objectives may appear as follows:

- By the year ____, the prevalence of smoking reported by residents will be reduced by ___ percent.
- By the year ____, those residents reporting regular physical activity will be increased by ___ percent.
- By the year ____, residents reporting diets meeting nutrition guidelines (i.e., 30% or less of calories from fat, 5 servings of fruits and vegetables a day, 6 servings of grains and cereals a day) will be increased by ___ percent.

Similarly, the prevention initiative's **strategies** may also be largely defined by the funding source or by the usual meaning of "initiative": collaboration between multiple sectors of the community on a common mission. An initiative's strategies might include the following:

- ✓ Use the media to promote public awareness of the consequences of cardiovascular disease and cancer and help establish prevention as a major community focus.
- ✓ Build a successful community initiative that involves all relevant sectors of the community in reducing risk for chronic disease.
- ✓ Enhance grassroots involvement in prevention efforts related to chronic disease.
- ✓ Promote coordination and integration of existing services and resources for reducing risk for chronic disease.
- ✓ Advocate for changes in programs and policies related to chronic disease and its prevention.

Although your group's mission, objectives, and strategies may be mandated, its action plan will reflect the community's unique vision, goals, concerns, and experiences.

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 need to be changed and people who are in a position to make the changes. Clarifying who can change important environmental conditions to address the problem will help in later planning for action.

Potential **targets of change** include all youth, adults, and older adults as well as those who are at particular risk to cardiovascular disease and cancer. They also include those whose action (or inaction) contributes to the problem, such as parents, health providers, teachers, merchants, and elected and appointed officials.

Potential **agents of change** include all those in a position to contribute to the solution, such as members of health organizations and the business community. They also include those who have a responsibility to contribute to the solution, including peers, parents, health providers, teachers, daycare providers, business people and merchants, media representatives, and elected and appointed officials.

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 the community's initiative to reduce risk for cardiovascular disease and cancer.

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

Please review the ideas in this chapter. Use these planning pages to refine the group's vision, mission, objectives, and strategies. Please note that if you are applying for grant funds, the mission, objectives, and/or strategies may be largely or fully predetermined by the funder.

VISION

The vision describes the ideal condition desired for the community. It conveys the community's dream for the future. It must be shared, uplifting, and easy to communicate. An example vision statement is: "Healthy Community."

Please list the vision of your group.

MISSION

The mission statement describes the special task or 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 reduce risks for cardiovascular disease and cancer, including by changing community supports for healthy diet, physical activity, and tobacco control."

Please state the mission of your group.

OBJECTIVES

Objectives state the goals toward which project activities are directed. Objectives describe how much will be accomplished in *specific measurable results* and state the time frame for accomplishments. Objectives must be challenging, important, potentially measurable, and feasible to accomplish. Please list the objectives of your group, perhaps by adapting those below.

- By the year ____, the prevalence of smoking reported by residents will be reduced by ___ percent.
- By the year ____, residents reporting regular physical activity will be increased by ___ percent.
- By the year ____, residents reporting diets meeting nutrition guidelines (i.e., recommended amounts of fat, fiber, fruits, and vegetables) will be increased by ___ percent.

STRATEGIES

Strategies describe *how* the objectives are going to be met. Broad strategies for addressing risk factors for chronic disease such as diet, physical activity, and tobacco use include: building coalitions, modifying access to products and services, and advocating for changes in policies and laws.

Specific strategies related to changing individual behavior include: a) providing information, b) modeling, c) skills training, d) incentives or disincentives, e) increasing (reducing) time and effort for target behaviors, f) changing environmental design to remove barriers or enhance accessibility, g) changing policy (e.g., creation, modification, or termination), h) providing support, i) arranging mentors, j) enhancing resources, and k) providing feedback on progress.

Specific strategies related to organizational and community development include: a) community assessment and monitoring, b) public awareness and media campaigns, c) integrating and coordinating local agencies and resources, d) coalition building, e) modifying access to products and services, f) developing resources to enhance family and peer support, g) advocacy and nonviolent protest, h) enforcement of existing policies and laws, and i) changing policies and laws.

Please list the strategies to be used by your group.

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

Please review the ideas in this chapter. Use this planning page to refine the group's choice of targets and agents of change.

TARGETS OF CHANGE

Targets of change include all youth, adults, and older adults as well as those at particular risk for cardiovascular disease and cancer. (Targets of change are those who by their actions or inaction contribute to the problem). Possible targets of change include: parents and guardians, health providers, teachers, coaches, daycare providers, merchants who sell tobacco and food products, and elected and appointed officials.

Please list the targets of change for your group.

AGENTS OF CHANGE

Agents of change are those who are in the best position to contribute to the solution, such as parents or caregivers. They may also include those who have a responsibility to contribute to the solution, such as teachers or merchants. Possible agents of change include: peers, parents and guardians, health providers, teachers, coaches, daycare providers, business people, religious leaders, media representatives, and elected and appointed officials.

Please list the agents of change for your group.

"The only limit to our realization of tomorrow will be our doubts of today."

-- *Franklin Delano Roosevelt*

CHAPTER III
Involving Key Sectors of the Community

The purpose of this chapter is to guide your group's choice of community sectors, such as schools or health organizations, which will be involved in the prevention initiative. Community sectors are those parts of the community which will help the group fulfill its mission. Some sectors will be selected since they provide a good way to reach those who are at particularly high risk for chronic disease. Other sectors will be included since they offer a way to involve community members who have an interest or responsibility for reducing risk for cardiovascular disease and cancer.

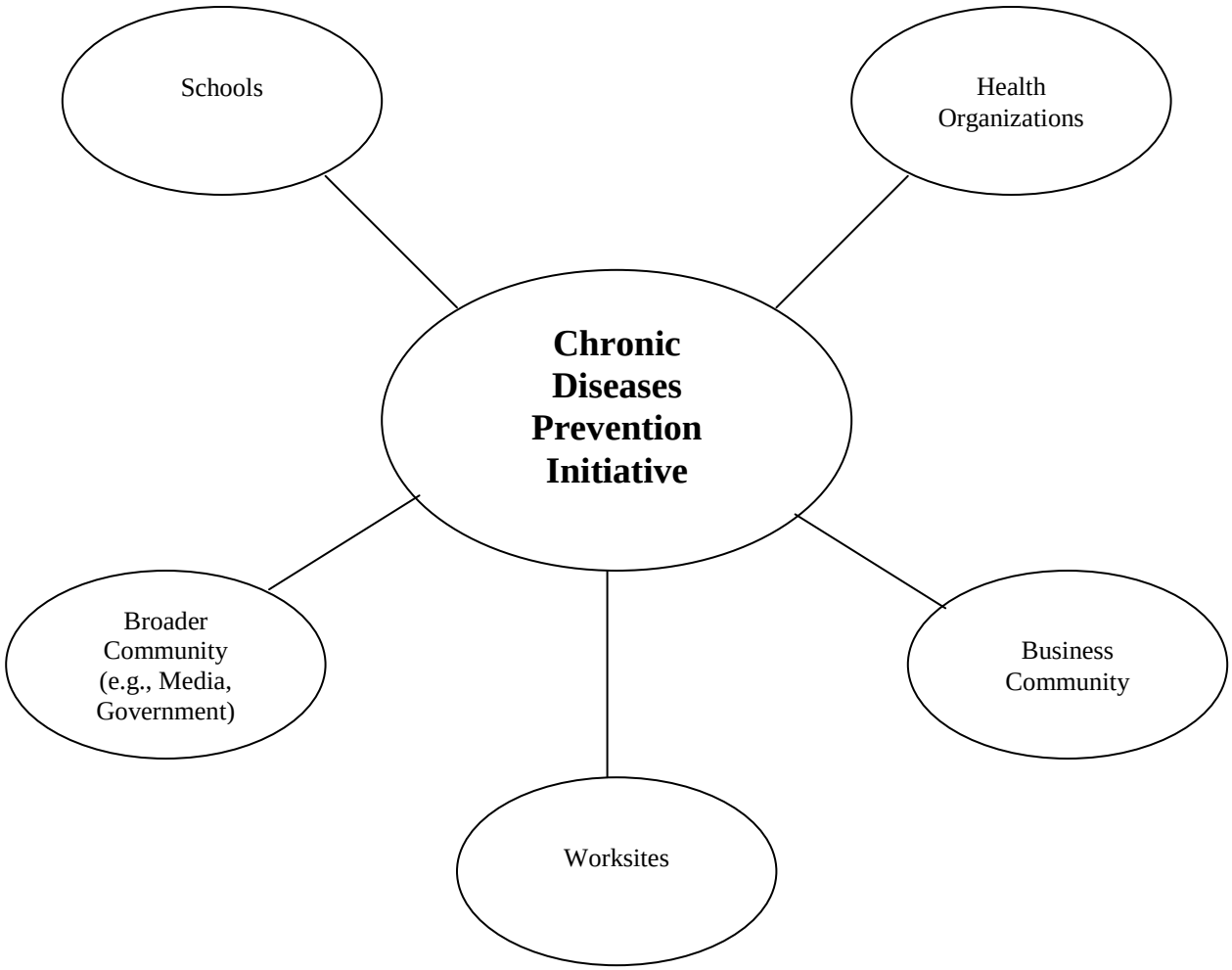
Please:

1. Review the targets and agents of change identified in the previous chapter. These are the people whom your group hopes to influence and involve in its efforts.
2. Review the diagram on the next page of the community sectors involved in an example initiative to reduce risk for chronic disease. Consider which of these sectors of the community might be most useful in preventing cardiovascular disease and cancer. Modify the chosen sectors and delete or add new ones to fit your community's special needs, resources, barriers, and experiences.
3. Use the Planning Page at the end of this chapter to identify the sectors that your group 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 and opportunities.

Key Community Sectors
An Example Initiative to Reduce Risk for Chronic Disease

Here is a diagram of community sectors that might be involved in an initiative to reduce risk for cardiovascular disease and cancer. These are the community sectors or groups through which that organization intends to fulfill its mission.

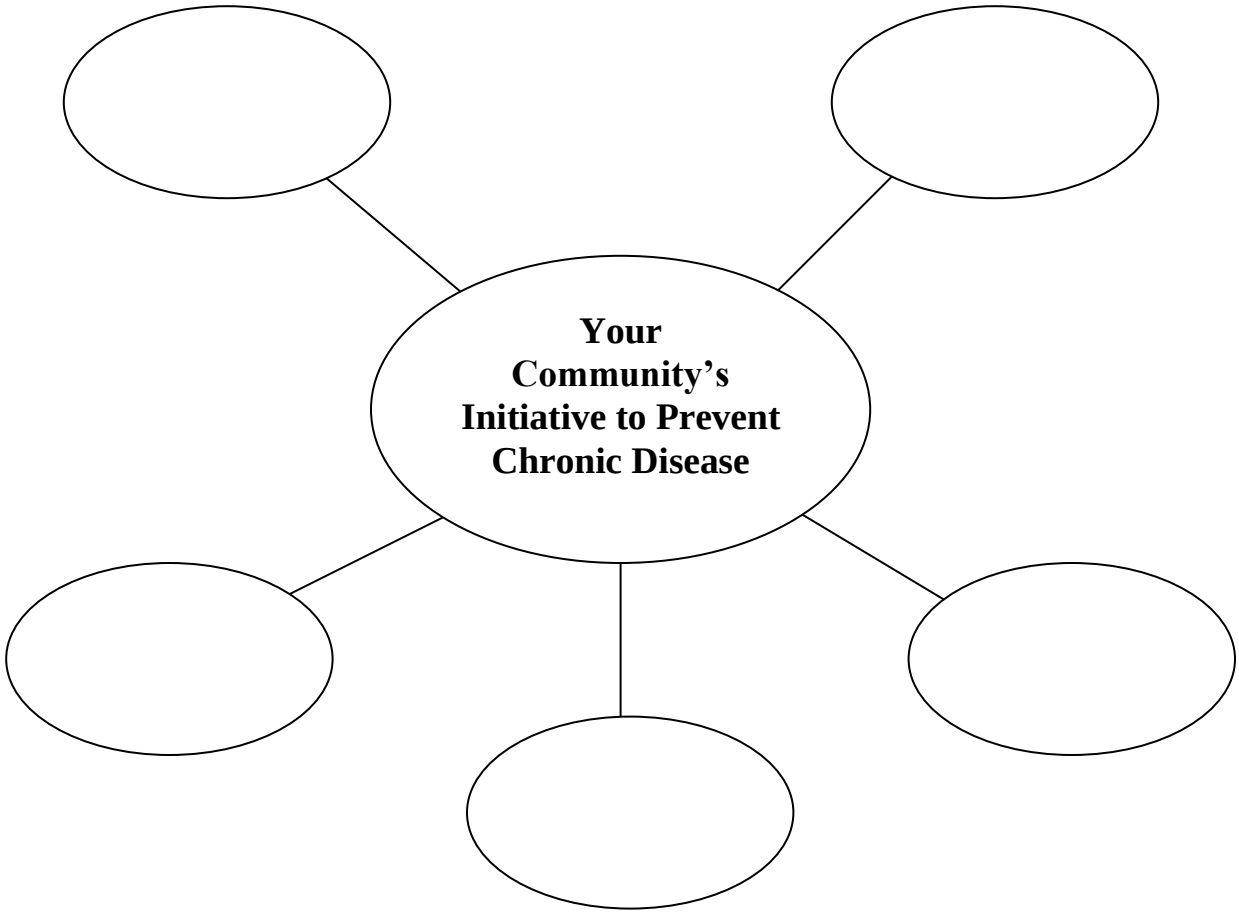
Which community sectors should be used to address your group's mission? Which of these offer good prospects for changing key behaviors related to diet, physical activity, and tobacco use? Which sectors might involve community members with a concern about the problems of cardiovascular disease and cancer?



Planning Page
Choosing Community Sectors to be Involved in Your Group

Please review the diagram for the initiative to reduce risk for cardiovascular disease and cancer on the previous page. Use this page to list proposed sectors of the community in which *your* group can and will have influence. Potential sectors include schools, health organizations, business organizations, and other contexts for reaching those at risk or involving those willing to help.

Review the targets and agents of change identified in the previous chapter. Consider what community sectors will best enable the group to reach the targets of change and to involve potential agents of change. Consider the following questions: Does the sector provide a way to reach large numbers of people at risk for cardiovascular disease and cancer? Does it provide access to community members who have an interest or responsibility for preventing chronic disease? Is this part of the community important to addressing the key risk factors of diet, physical activity, and tobacco use? Is it feasible to involve the sector in the group's efforts? What other sectors could or should be involved?



"Action is what matters.
We are present where we act."

-- Henri Bergson
Nobel Laureate Philosopher

CHAPTER IV
Preparing Your Action Plan:
Identifying Community Changes to be Sought

The purpose of this chapter is to help guide the choice of community changes that your group will seek in each relevant sector of the community. To address the mission of reducing risk for cardiovascular disease and cancer, the group may seek to change programs, policies, and practices within schools, health organizations, business organizations, and a variety of other possible community sectors.

This chapter provides an inventory of possible changes that your group might seek in each sector. Ultimate decisions about what changes or improvements to seek rest with your community group.

Please:

1. For each sector of the community to be involved, such as schools or business organizations, refer to the following examples of possible changes that might be sought by your group. Each example provides an illustration of a possible product of the planning process for that sector of the community.
2. Review the Inventory of Potential Changes that might be sought for each sector. Consider which changes in schools or other sectors of the community might be useful in your group's efforts to prevent chronic disease. Modify these potential changes and delete or add new ones to fit your community's special needs, resources, and barriers.
3. Use the Planning Page at the end of each section to list a tentative set of changes to be sought in each sector. An extra copy of the Planning Page is provided for your convenience.

Note that the potential changes in the inventories are directed at key risk factors related to chronic disease: diet, physical activity, and tobacco use. Each section, such as for schools or health organizations, begins with an example for how the sector can contribute to improving diet, physical activity, and tobacco use.

The potential changes are also oriented to different levels of the community, such as individuals and the broader environment. Some address the behaviors of people at risk, while others seek to change the behaviors of influential people, such as health providers or teachers. Some changes are directed at the environment by altering the programs, policies, and practices of important institutions or organizations.

Chronic Disease is a complex problem that is fostered by many levels of common practice in our communities. Your group should attempt to make changes for key risk factors in a variety of different sectors and levels in your community. Such changes may bring about a more meaningful and lasting solution.

"Every sickness begins in the stomach."

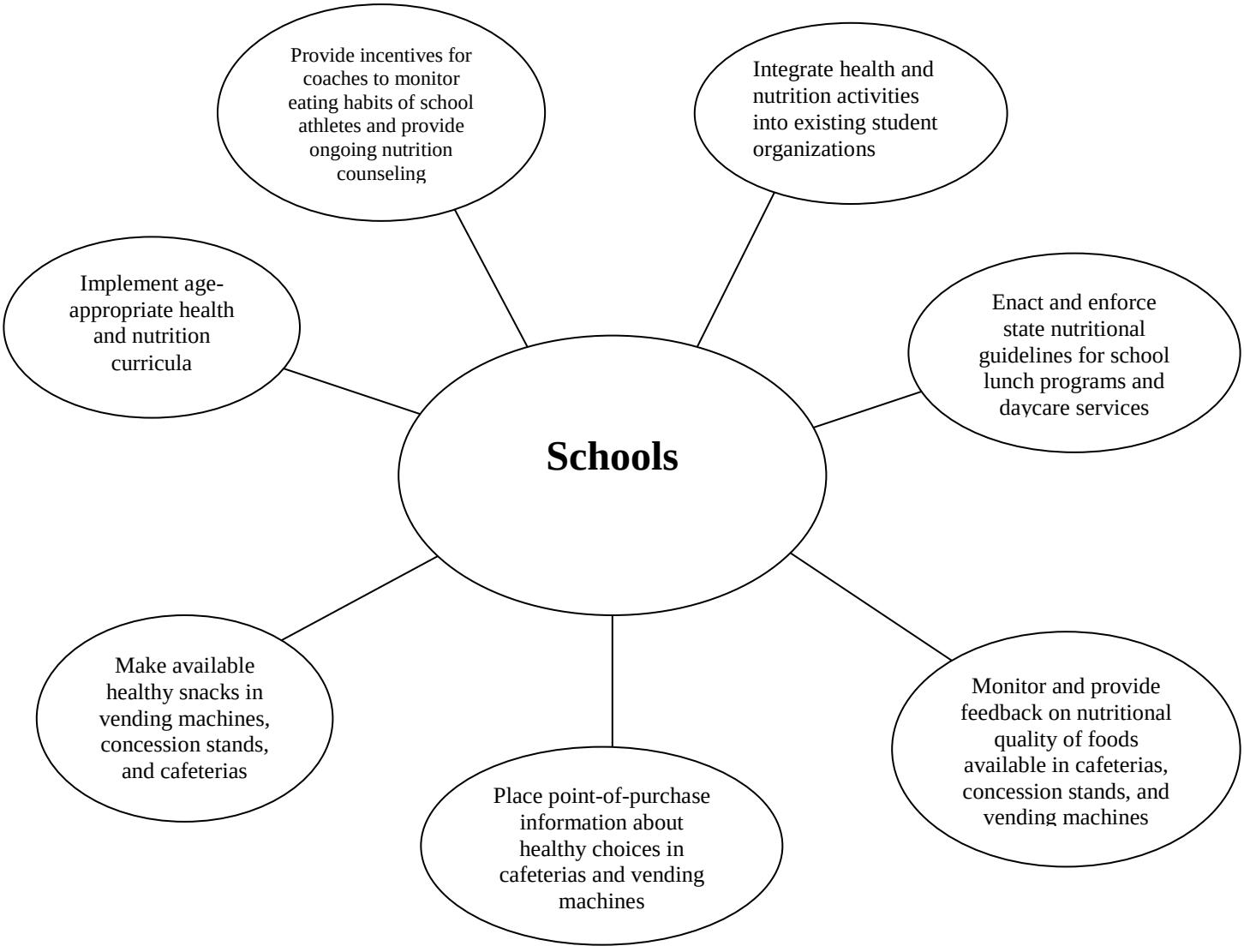
-- *Yemenite Jewish Saying*

Part A

Changes in the Schools

Diet

There are a number of potential changes in elementary, middle, and high schools that might contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning--**a list of changes that might be sought in your community's schools to improve diet and nutrition.**

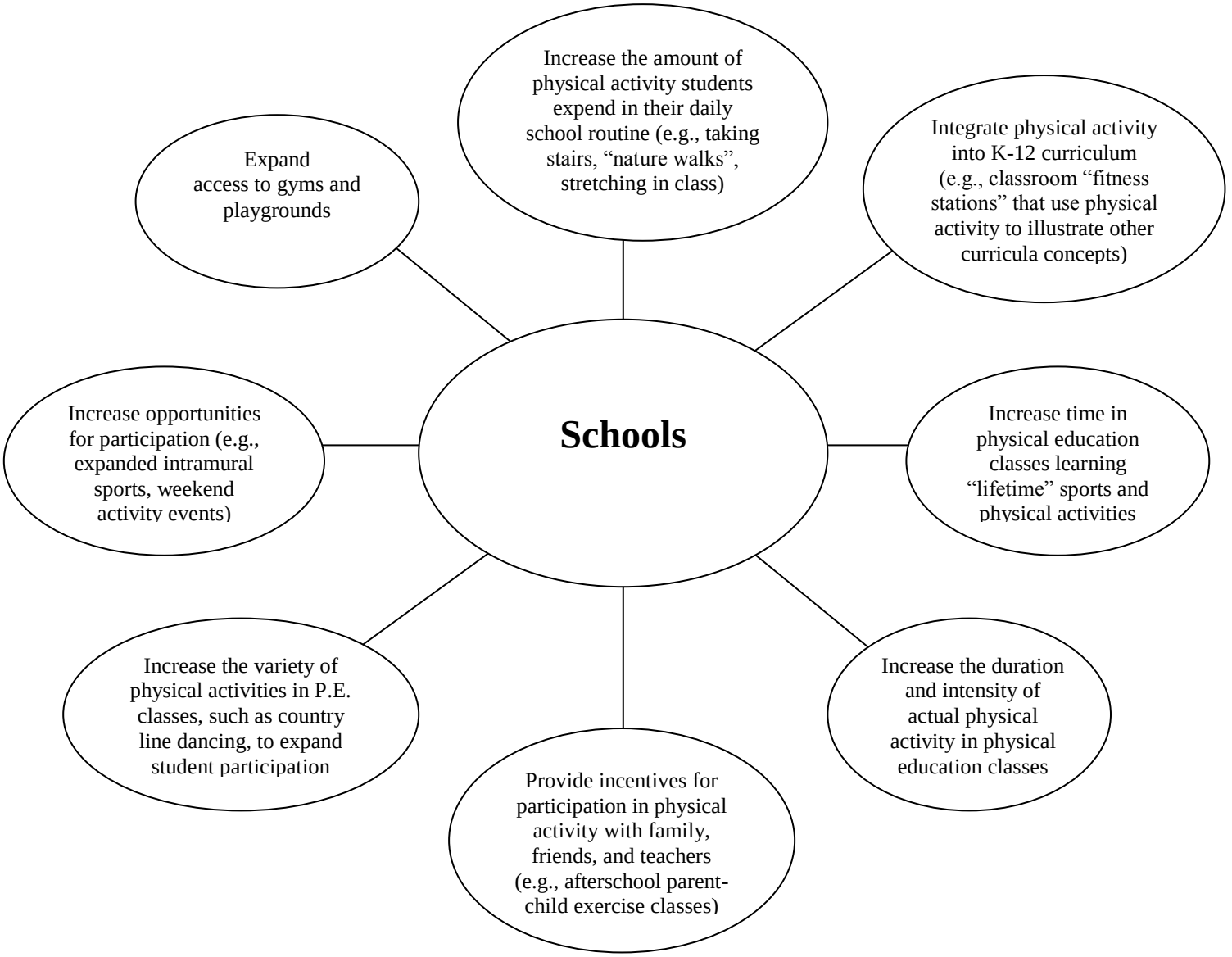


Part A

Changes in the Schools

Physical Activity

There are a number of potential changes in elementary, middle, and high schools that might contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning--**a list of changes that might be sought in your community's schools to improve levels of physical activity.**

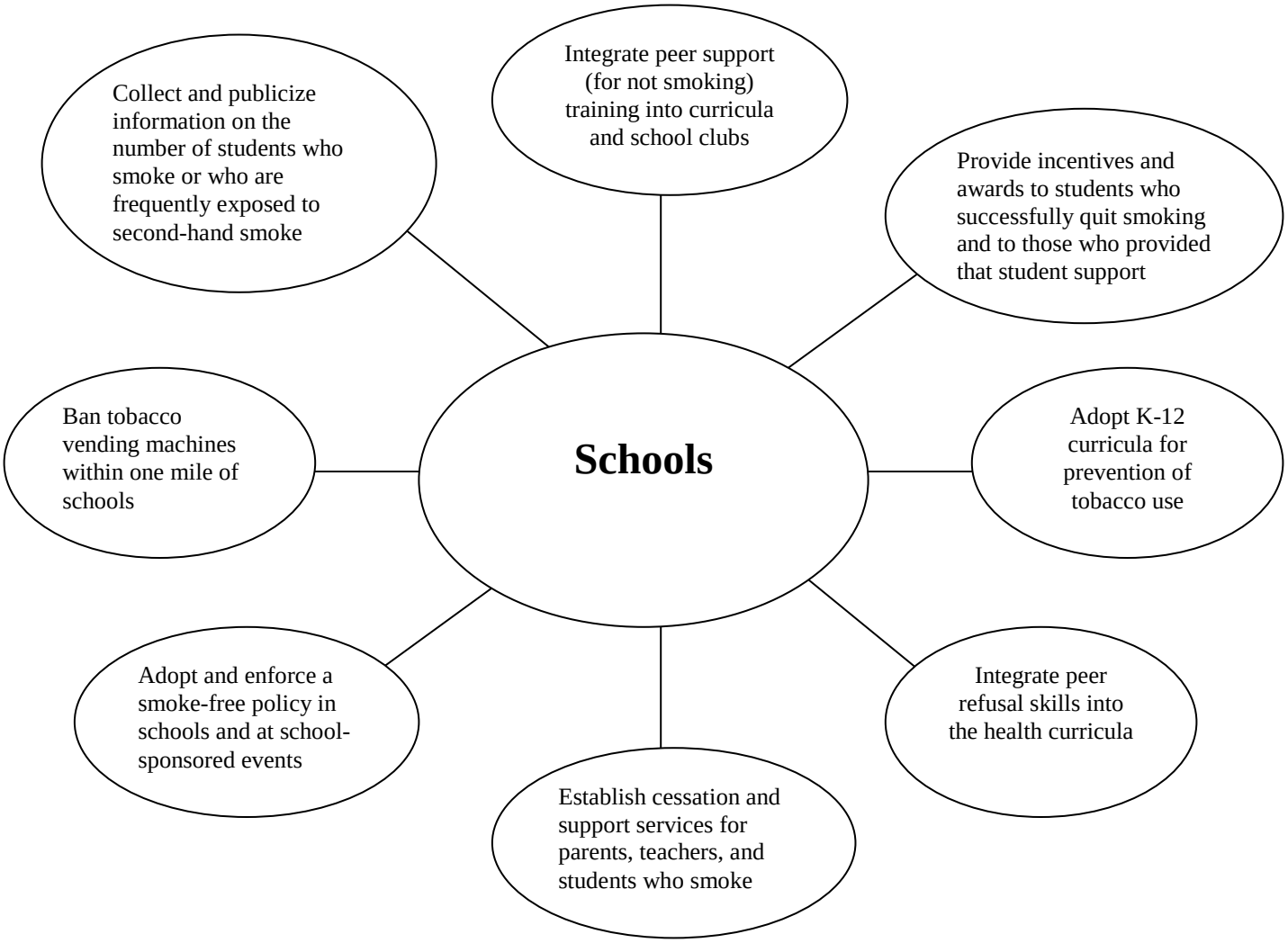


Part A

Changes in the Schools

Tobacco Use

There are a number of potential changes in elementary, middle, and high schools that might contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning--**a list of changes that might be sought in your community's schools to prevent or reduce tobacco use.**



Inventory of Potential Changes in the Schools

Please review this list of potential changes in a community's schools. The list notes how particular programs, policies, and practices of schools might be changed to contribute to the mission of reducing risk for chronic disease. These changes that might be considered are organized under several categories, such as providing information or modifying school policies.

Identify those changes in the schools that may be most helpful to the mission of reducing risk for chronic disease in your community. Modify these possible changes, and delete or add new ones, to fit your community's special needs, resources, and experiences.

Use the Planning Pages at the end of this section to record your group's tentative choices for changes to be sought in the schools. Extra copies of the Planning Pages are provided for your convenience.

A. Providing Information and Enhancing Skills

___ 1. By _____, incorporate information on a healthy diet, physical activity, and tobacco control into the K-12 health curriculum.

___ 2. By _____, offer choices or alternatives for promoting physical activity, healthy diet, and prevention of tobacco use through a common database that describes previously effective efforts.

___ 3. By _____, increase the number of signs and posters which encourage students to take care of their health.

___ 4. By _____, provide information that links healthy diets, exercise, and abstention from tobacco with intrinsic, positive feelings and attitudes.

___ 5. By _____, promote physical activity, healthy diets, and tobacco free living as part of a daily, leisure routine.

___ 6. By _____, increase exposure during physical education, health, and other classes to lifetime exercise, diet skills, and tobacco refusal skills.

___ 7. By _____, establish a fitness assessment for students and report results to parents, youth, and the community every year.

___ 8. By _____, provide skills training and role playing that establishes proper diet, fitness, and tobacco refusal as a daily, encouraged habit among students, food service staff and teachers.

___ 9. By _____, provide information (and inservice training) for teachers, food service staff, and administrators about the value and methods of preventing chronic disease.

___ 10. By _____, provide nutrition information and prompts for healthy food choices at cafeterias, counters and vending areas.

___ 11. By _____, include training in the use of nutrition food labels in health classes.

___ 12. By _____, provide training for school cooks, nurses, counselors, teachers, and families in healthy food choices, preparation, and consumption.

___ 13. By _____, establish age-appropriate curricula on health hazards and impact of smoking on athletic ability and physical attractiveness.

___ 14. By _____, teach refusal and decision making skills regarding tobacco use.

___ 15. By _____, incorporate curricula and modules into physical education and athletic practices on the consequences of smoking and chewing tobacco.

___ 16. By _____, provide signs encouraging normal physical activity such as walking and using stairs.

___ 17. By _____, train students to recognize media tactics used by tobacco companies that seek to sell products to youth.

___ 18. By _____, publicize information on the number of students who smoke.

___ 19. By _____, provide food service professionals information estimating the nutritional content of school breakfasts and lunches.

___ 20. By _____, create healthy recipe books that youth can take home.

___ 21. By _____, provide nutrition education to teachers, coaches, and food service staff.

___ 22. By _____, _____ (other).

B. Modifying Barriers and Opportunities

___ 1. By _____, modify school lunch menus to reduce fat, increase fiber, and maintain calories and nutrients.

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

___ 3. By _____, increase availability of recreational facilities such as pools, gymnasiums and walking and biking trails in the community.

___ 4. By _____, encourage physical activity by opening gyms and playgrounds before and after school and on weekends.

___ 5. By _____, enhance security and supervision to ensure that school facilities are safe for physical activities.

___ 6. By _____, establish intramural sports teams to expand opportunities for boys and girls to be physically active with their friends.

___ 7. By _____, provide adequate facilities for showering and storage at recreation centers.

___ 8. By _____, create activity courses, trails, and bike paths to encourage physical activity.

___ 9. By _____, provide healthy snacks in school vending machines and concession stands.

___ 10. By _____, establish smoke-free zones in and around schools.

___ 11. By _____, prohibit tobacco advertising in stores within X miles of school facilities.

___ 12. By _____, enforce compliance with laws prohibiting selling tobacco to minors in stores near schools.

___ 13. By _____, adopt and enforce bans on cigarette and chewing tobacco use among school athletes and club members.

___ 14. By _____, institute fitness clubs or programs to provide incentives and awards to students who walk to school or exercise at home.

___ 15. By _____, implement a walk/run/jog program (with incentives and awards) for K-3 grade students during half the recess periods they have per week.

___ 16. By _____, encourage children to walk to school, with appropriate parent or volunteer supervision.

___ 17. By _____, build or purchase playground and classroom equipment that facilitates physical activity.

___ 18. By _____, provide scholarships and transportation for low-income youth to participate in sports teams or events.

___ 19. By _____, implement afterschool physical activities designed to include latch-key children.

___ 20. By _____, establish fitness stations in classrooms.

___ 21. By _____, institute optional fitness breaks during class time.

___ 22. By _____, establish contests for healthy choices including: good nutrition, physical activity and tobacco control.

___ 23. By _____, encourage P.E. teachers to incorporate stretching exercises in all gym classes.

___ 24. By _____, have track and field days more often.

___ 25. By _____, establish afterschool physical fitness carnivals for parents, teachers, school food service, and youth.

___ 26. By _____, _____ (other).

C. Providing Services and Support

___ 1. By _____, establish routinely available smoking cessation services through the schools for staff, students, and families.

___ 2. By _____, provide worksite health promotion programs for teachers so they can act as role models for good diet, fitness, and tobacco avoidance.

___ 3. By _____, participate in programs to promote physical activity (e.g., ACES: All Children Exercising Simultaneously).

___ 4. By _____, establish special programs for students with special needs regarding diet, physical activity, and tobacco use.

___ 5. By _____, establish programs to encourage family, parents, teachers, and friends to participate in physical activity, nutrition education and tobacco cessation or abstinence.

___ 6. By _____, establish student support and interest groups, similar to S.A.D.D. chapters, to encourage healthy lifestyles including avoiding tobacco use, eating well, and being physically active.

___ 7. By _____, _____ (other).

D. Changing Policies and Regulations

___ 1. By _____, establish local or state policy requiring meeting physical fitness guidelines to graduate from elementary school, middle school, and high school.

___ 2. By _____, establish state regulations to increase time spent in curriculum for chronic disease prevention (i.e., healthy diet, physical activity, tobacco use).

___ 3. By _____, increase participation in the President's Commission on Physical Fitness program, or other nationally recognized physical fitness programs, such as AAU or Fitness Gram.

___ 4. By _____, modify insurance policies to include incentives for physical fitness, healthy diet, and abstinence from tobacco.

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

___ 6. By _____, arrange tax rebates for purchases of school equipment for physical activity.

___ 7. By _____, establish reward programs to encourage heart healthy lifestyles of students and employees.

___ 8. By _____, establish and promote local and state policies requiring healthy food choices in school (i.e., lower fat, higher fiber lunch menus).

___ 9. By _____, establish policies for vending machines to include healthy food choices.

___ 10. By _____, establish policies for school breakfast programs to include healthy food choices.

___ 11. By _____, expand or establish subsidized food programs to improve nutrition for students.

___ 12. By _____, establish policies to ban smoking in schools, at school-sponsored events, (youth and adults) and in smoke-free zones around schools.

___ 13. By _____, establish ordinances which prohibit the sales of tobacco products within a specified distance from school grounds.

___ 14. By _____, provide incentives for employees to exercise (time off, etc.).

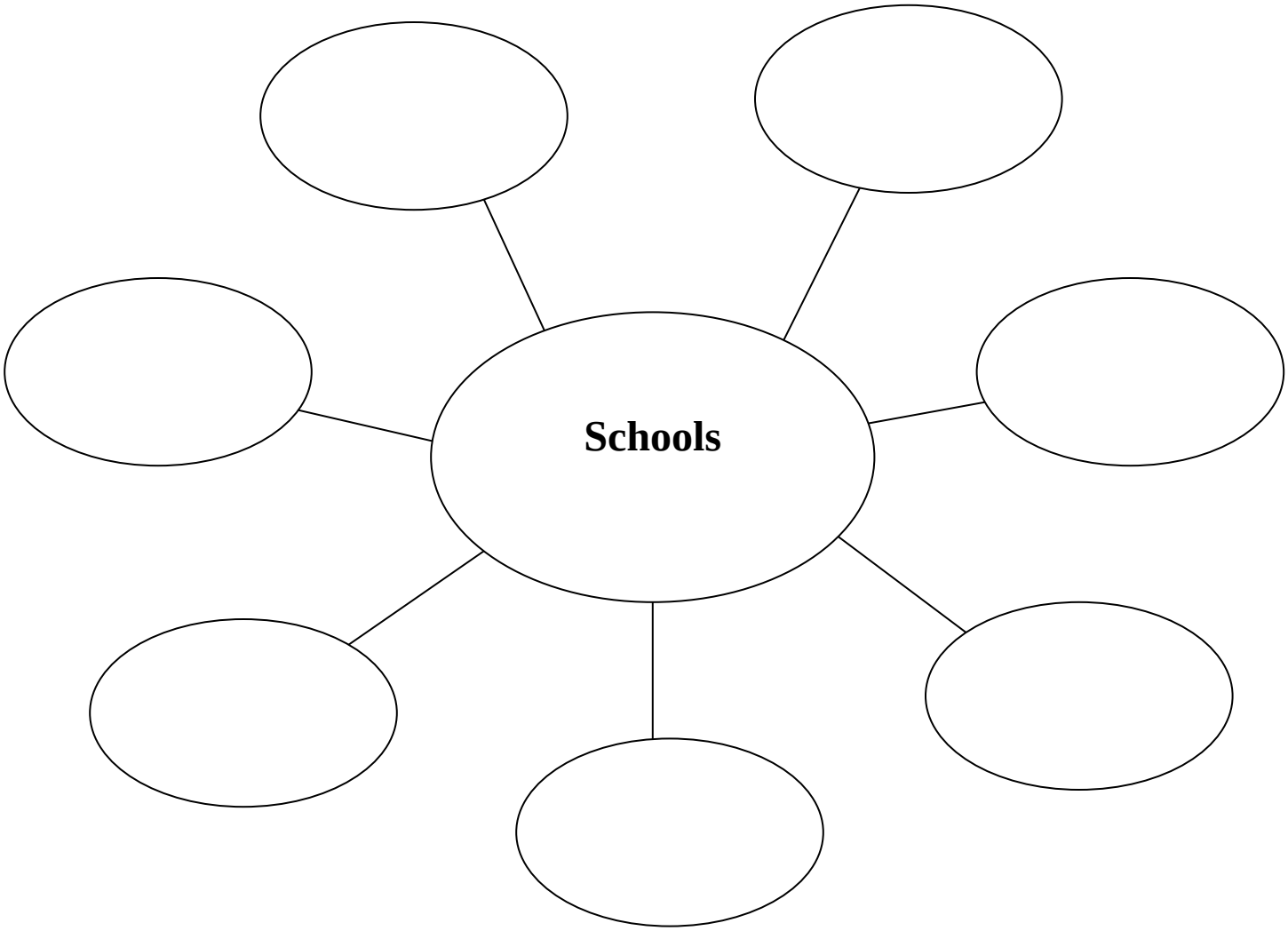
___ 15. By _____, establish smoking and chewing tobacco bans for all athletes and members of school clubs.

___ 16. By _____, _____ (other).

Planning Page
Changes in the Schools

Please review the inventory provided earlier in this section and list tentative changes to be sought in your community's schools. Consider changes that can occur at the elementary, middle and high school levels related to diet, physical activity, and tobacco use.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission of reducing risk for chronic disease? Are the proposed changes feasible? What more could or should the schools do?



Planning Page
Changes in the Schools

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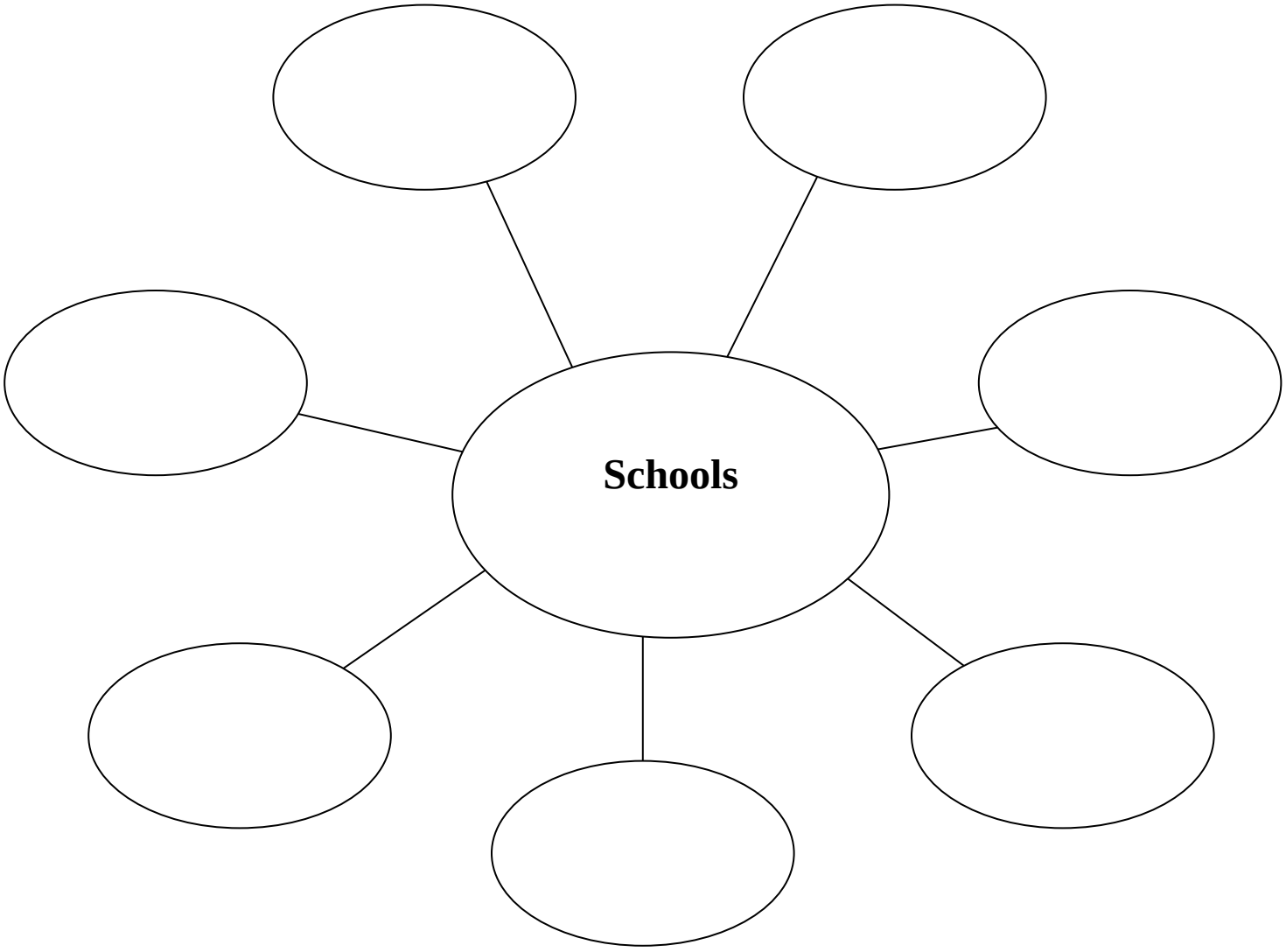


"A healthy body is a guest chamber for the soul: A sick body is a prison."

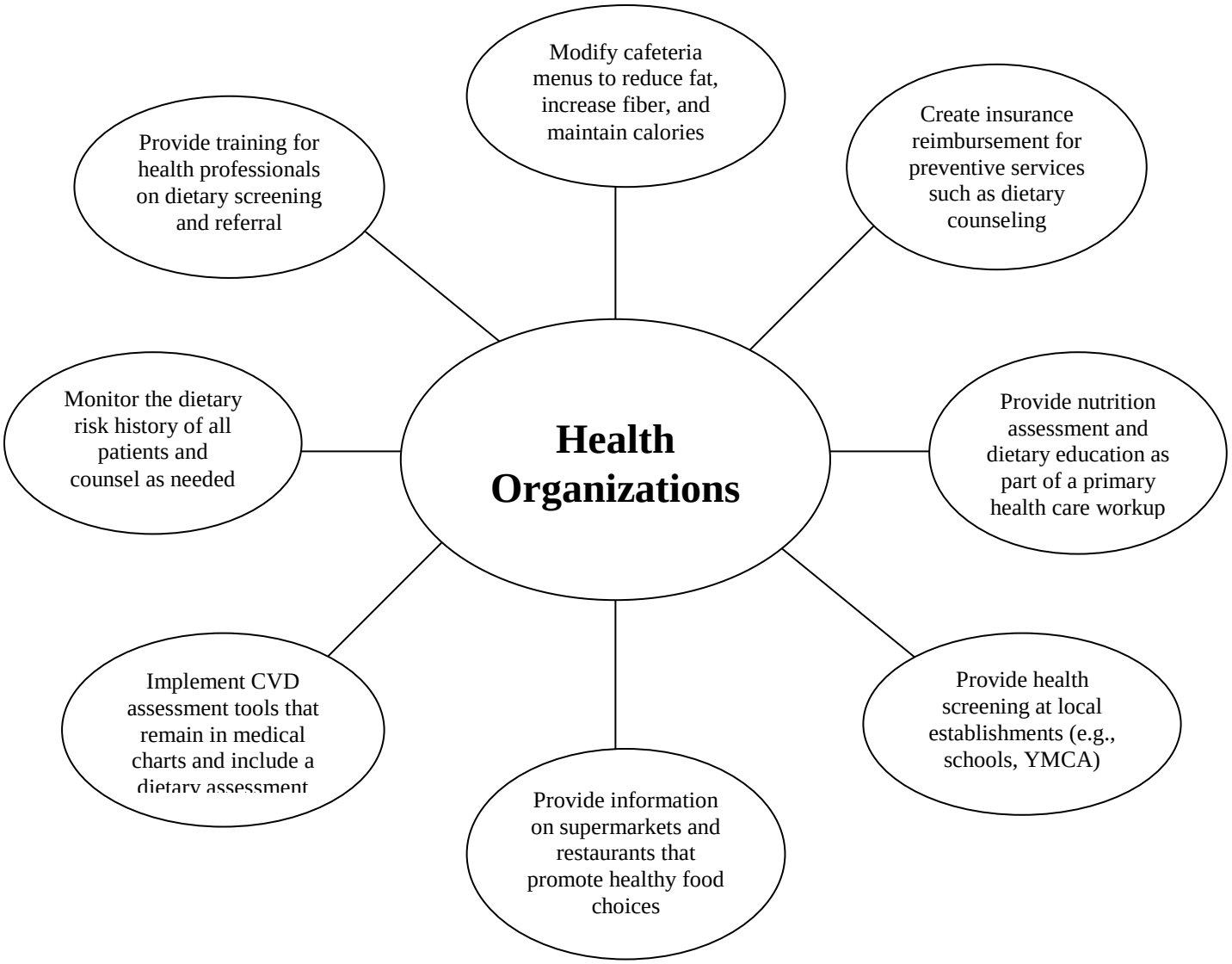
-- *Francis Bacon*

Part B

Changes in Health Organizations

Diet

There are a number of potential changes in health organizations that might contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning**--a list of changes that might be sought in health organizations to improve diet and nutrition.**

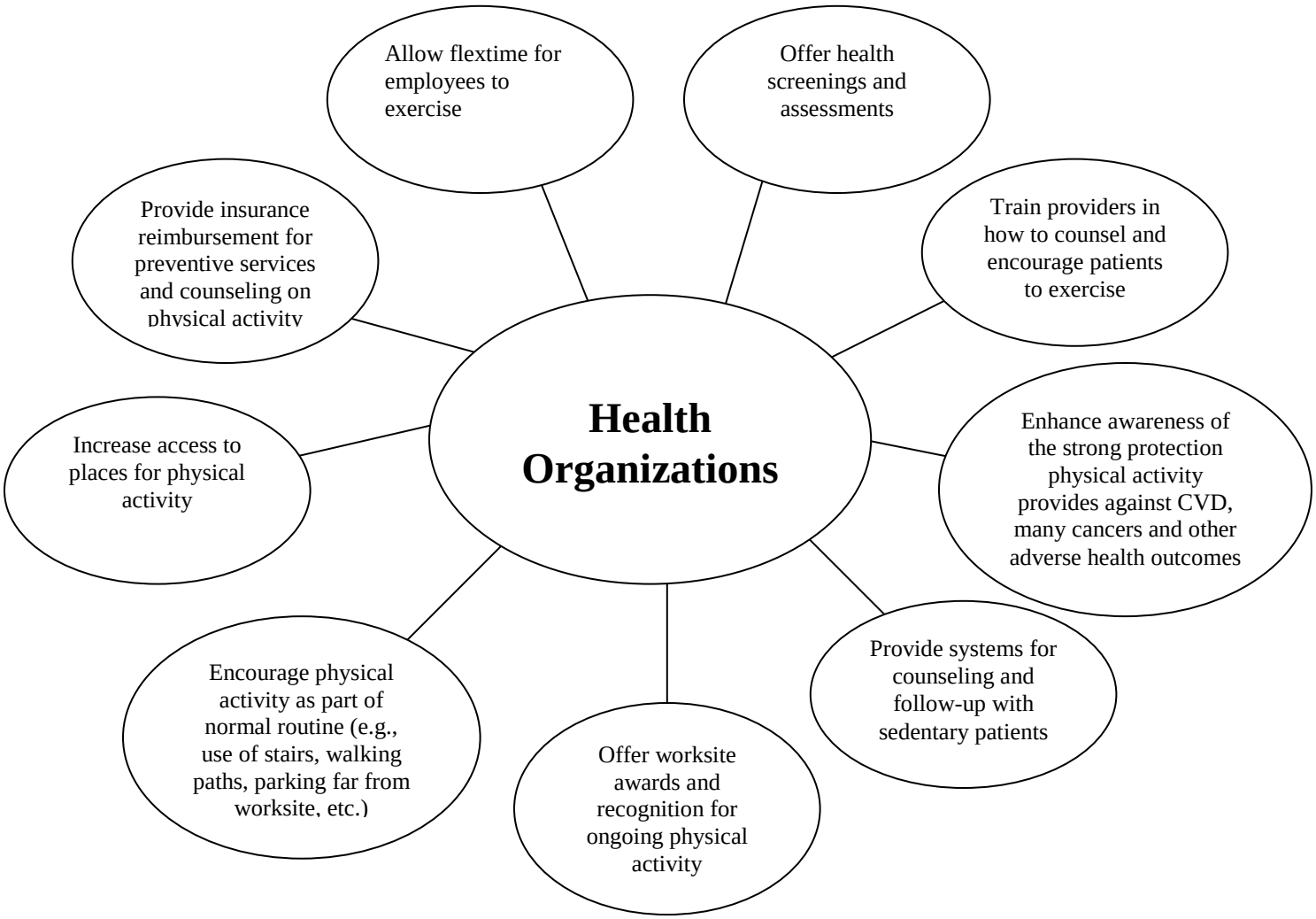


Part B

Changes in Health Organizations

Physical Activity

There are a number of potential changes in health organizations that might contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning-- **a list of changes that might be sought in health organizations to improve levels of physical activity.**

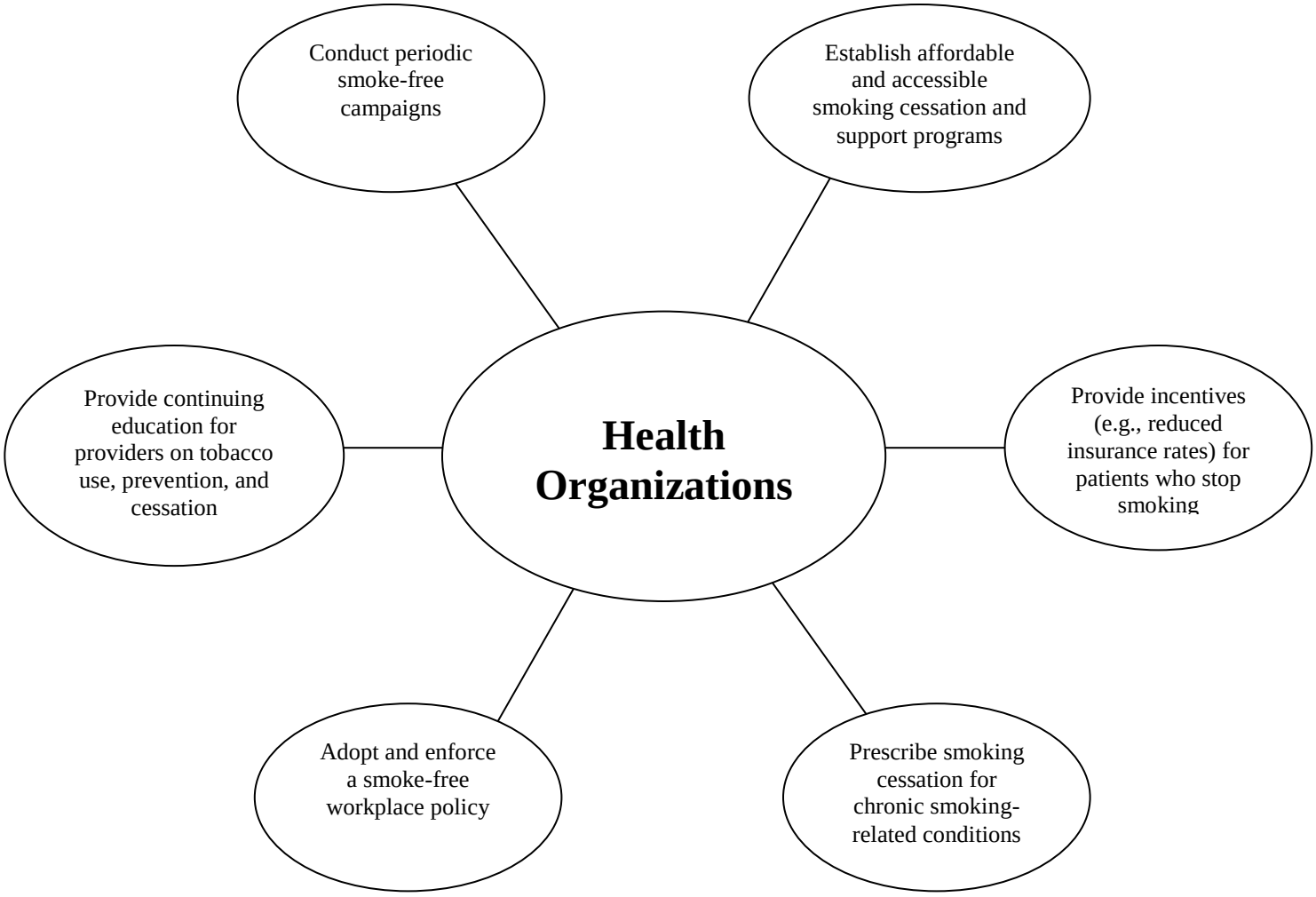


Part B

Changes in Health Organizations

Tobacco Use

There are a number of potential changes in health organizations that might contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning**--a list of changes that might be sought in health organizations to prevent or reduce tobacco use.**



INVENTORY OF POTENTIAL CHANGES IN HEALTH ORGANIZATIONS

Please review this list of potential changes in a community's health organizations such as its public health department, hospital(s), clinics, and private health care providers. The list notes how particular programs, policies, and practices of health organizations might be changed to contribute to the mission of reducing risk for chronic disease. These changes that might be sought are organized under several categories, such as providing information and enhancing skills or modifying barriers and opportunities.

Identify those changes in health organizations that may be most helpful to the mission of reducing risk for chronic disease in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Pages at the end of this section to record your group's tentative choices for changes to be sought in health organizations. Extra copies of the Planning Pages are provided for your convenience.

A. PROVIDING INFORMATION AND ENHANCING SKILLS

___ 1. By _____, provide cholesterol and high blood pressure screenings along with nutritional counseling for patients.

___ 2. By _____, monitor high risk clients for improvements in recommended lifestyle changes and health status.

___ 3. By _____, hold training programs (continuing education) for health care providers that teach how to assess and counsel patients on chronic disease prevention.

___ 4. By _____, provide information (e.g., brochures) linking diet, hypertension, tobacco use, and obesity to chronic disease.

___ 5. By _____, provide information (e.g., brochures, public service announcements) on options for healthy eating and physical activity.

___ 6. By _____, conduct or support food preparation classes to encourage eating in a healthier manner.

___ 7. By _____, review (and modify, where appropriate) medical school curricula and primary care residency programs for emphasis on prevention of chronic disease.

___ 8. By _____, review and provide feedback to health care professionals, especially primary care providers, about how much smoking, diet, and physical activity is

discussed with their patients.

___ 9. By _____, provide information to policy makers about the impacts of smoking on health and health care costs.

___ 10. By _____, monitor and provide public feedback on the proportion of sales of low-fat items in supermarkets (i.e., from bar code information).

___ 11. By _____, disseminate the U.S. Dietary Guidelines for nutrition and healthy eating.

___ 12. By _____, monitor and provide feedback on community levels of nutrition and health status.

___ 13. By _____, create and air Public Service Announcements that highlight healthy living, eating well, refraining from tobacco use, and exercising.

___ 14. By _____, provide information to policy makers about the impact of chronic disease on health and health care costs.

___ 15. By _____, develop and distribute pamphlets and booklets regarding healthy food choices.

___ 16. By _____, invite health officials into classrooms to make presentations related to nutrition, tobacco control, and physical fitness.

___ 17. By _____, provide information about healthy foods and the area supermarkets/stores that offer them.

___ 18. By _____, provide information about restaurants offering healthy food choices.

___ 19. By _____, place signs promoting healthy eating in offices of health care providers and hospital cafeterias.

___ 20. By _____, establish short-term goals and provide public feedback for the community regarding citizens' physical activity, nutrition and diet, and tobacco

use.

___ 21. By _____, offer free health-risk appraisal and follow-up counseling to all employees.

___ 22. By _____, increase availability and visibility of signs, brochures, etc. that promote physical activity.

___ 23. By _____, incorporate training in the importance of physical activity into curriculum of medical schools and allied health professional training.

___ 24. By _____, _____ (other).

B. Modifying Barriers and Opportunities

___ 1. By _____, change medical charts to encourage assessment and monitoring of risk factors for chronic disease.

___ 2. By _____, expand options for healthy food choices in hospital cafeterias.

___ 3. By _____, facilitate access to nicotine replacement pharmaceuticals for those smokers who cannot afford them.

___ 4. By _____, increase the availability of smoking cessation programs.

___ 5. By _____, provide low-fat snacks and juices in vending machines at local health departments and other health organizations.

___ 6. By _____, increase availability of physical fitness assessments.

___ 7. By _____, increase availability of physical activity programs sponsored by health

organizations.

___ 8. By _____, ban tobacco vending machines in all health organizations.

___ 9. By _____, establish or participate in intramural sports or master' sports, such as swimming, etc.

___ 10. By _____, _____ (other).

C. Providing Services and Support

___ 1. By _____, create ways that people can be encouraged to meet physical activity needs as a routine part of encounters with health organizations.

___ 2. By _____, sponsor or support community health fairs that assess health status and promote healthy lifestyles for various targeted age groups.

___ 3. By _____, conduct smoke-free, healthy diet, and physical fitness campaigns for the community.

___ 4. By _____, establish and refer clients with physical disabilities or special exercise needs to special programs.

___ 5. By _____, provide medical and emotional support (e.g., nicotine patches, support groups) for those attempting to quit smoking.

___ 6. By _____, incorporate physical activity programs into medical and allied health professional schools.

___ 7. By _____, _____ (other).

D. Changing Policies and Regulations

___ 1. By _____, obtain third-party reimbursement for counseling for prevention of chronic disease, including smoking cessation and increasing physical activity.

___ 2. By _____, enact policies in conjunction with the local government promoting access to healthy foods at all food establishments, supermarkets, schools, worksite cafeterias, etc.

___ 3. By _____, change protocols to encourage education of dietary habits, physical activity, and tobacco use as part of routine workups for primary health care.

___ 4. By _____, establish policies that require school and worksite cafeterias to implement reduced-fat/high fiber menus.

___ 5. By _____, provide incentives for employees to exercise (time off, etc.).

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

___ 7. By _____, eliminate smoking areas in health care facilities and hospital settings.

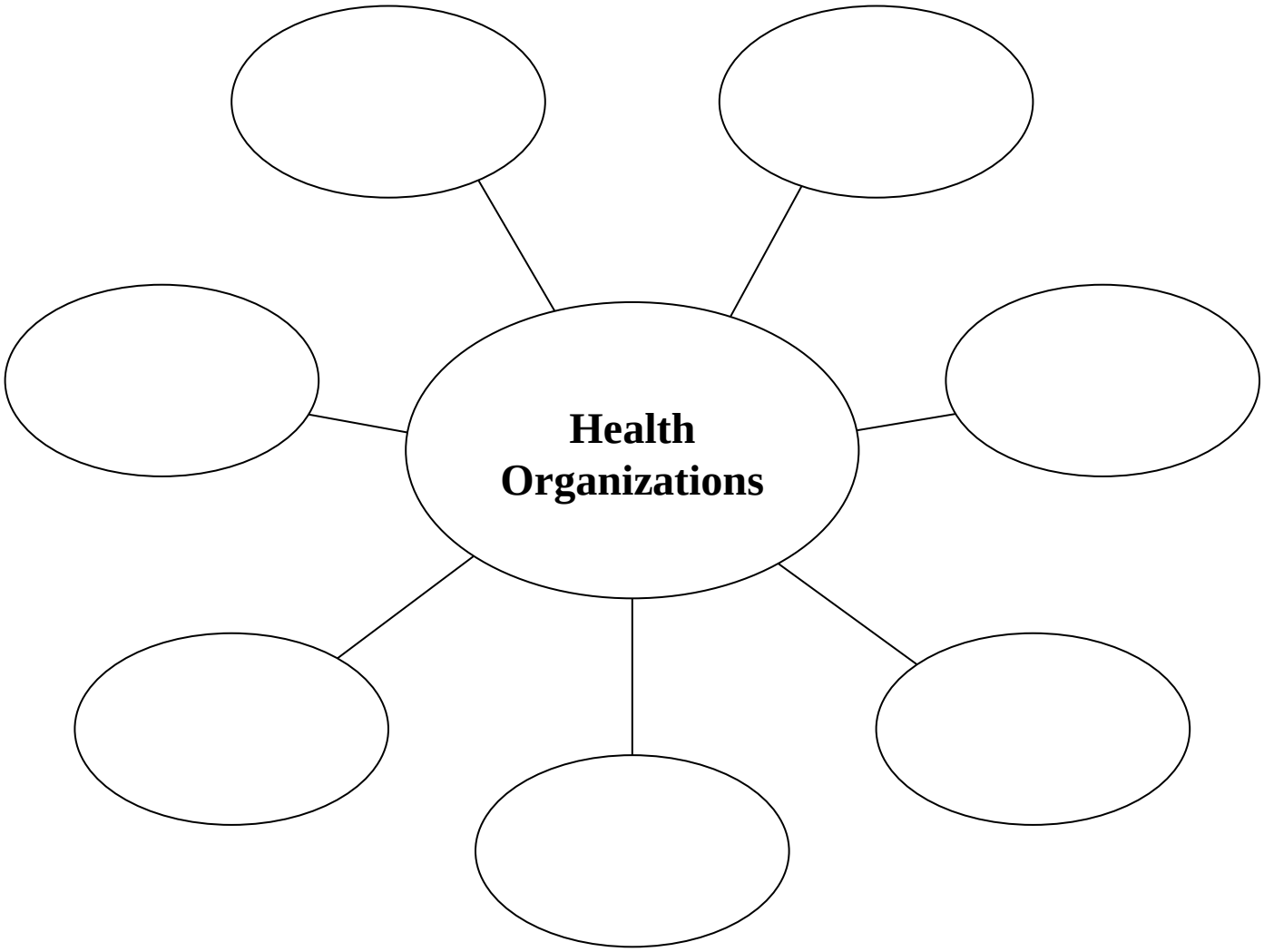
___ 8. By _____, create lower health insurance rates for people who exercise, eat healthy foods, and do not use tobacco.

___ 9. By _____, _____ (other).

Planning Page
Changes in Health Organizations

Please review the inventory provided earlier in this section and list tentative changes to be sought in your community's health organizations. Consider all the contexts in which people receive health services including hospitals, clinics, public health organizations, health education programs, physicians' offices, and other places where health care is provided. Consider changes related to diet, physical activity, and tobacco use.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission of reducing risk for chronic disease? Are the proposed changes feasible? What more could or should health organizations do?



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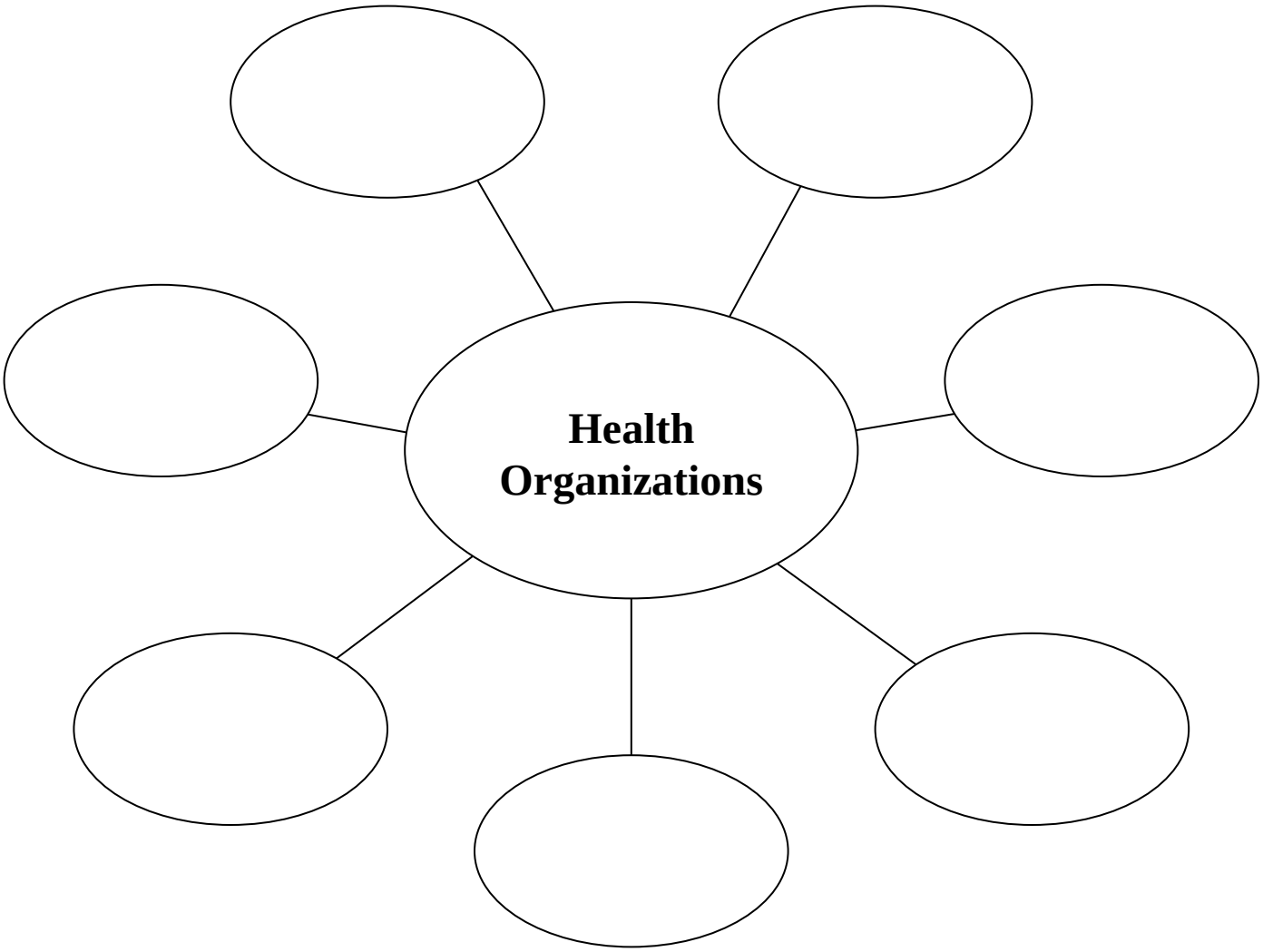


Part C

Changes in the Business Community

Diet

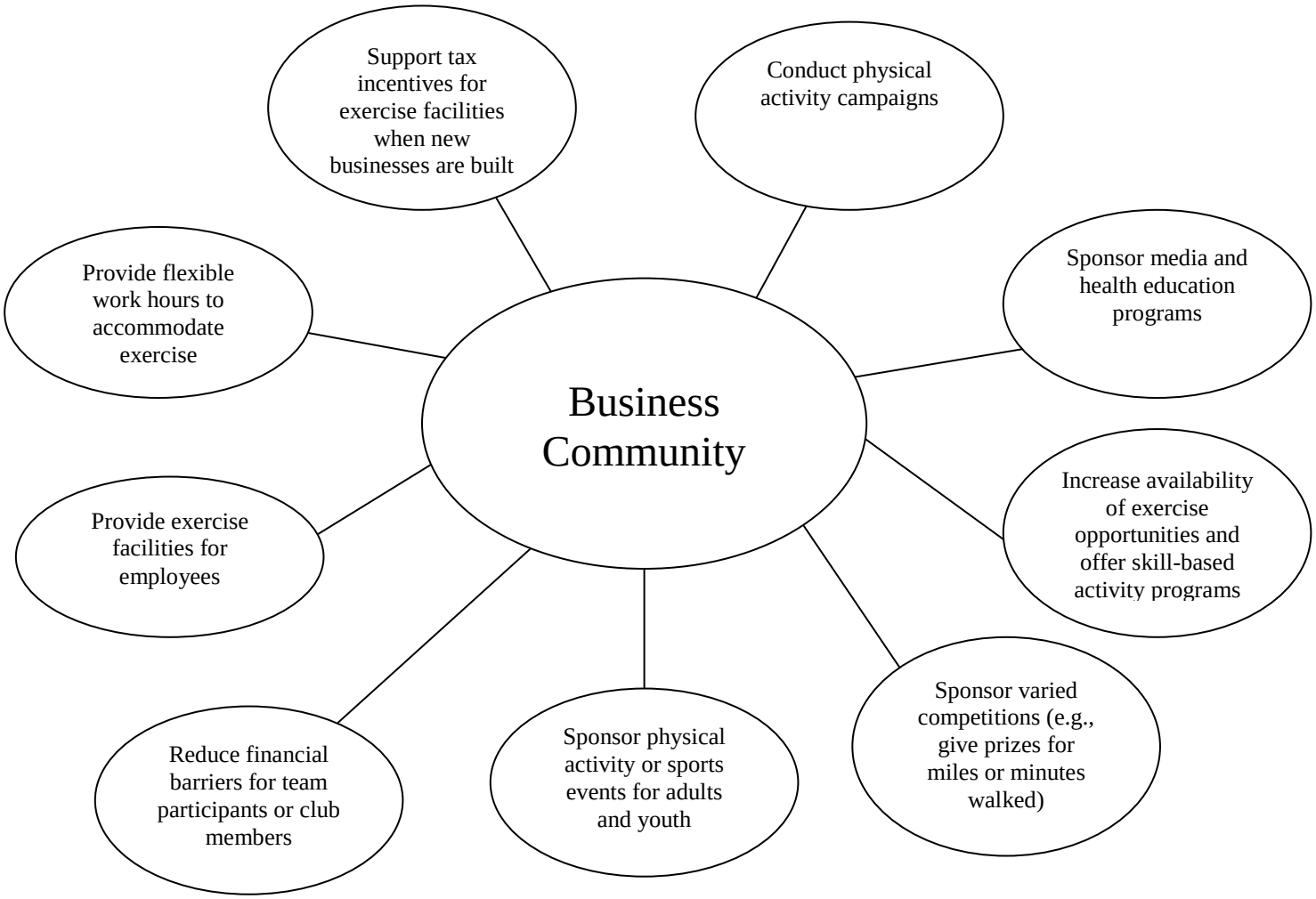
There are a number of potential changes in the business community that might contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning-- **a list of changes that might be sought in the local business community to improve diet and nutrition.**

Part C

Changes in the Business Community

Physical Activity

There are a number of potential changes in the business community that might contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning-- **a list of changes that might be sought in the local business community to improve levels of physical activity.**

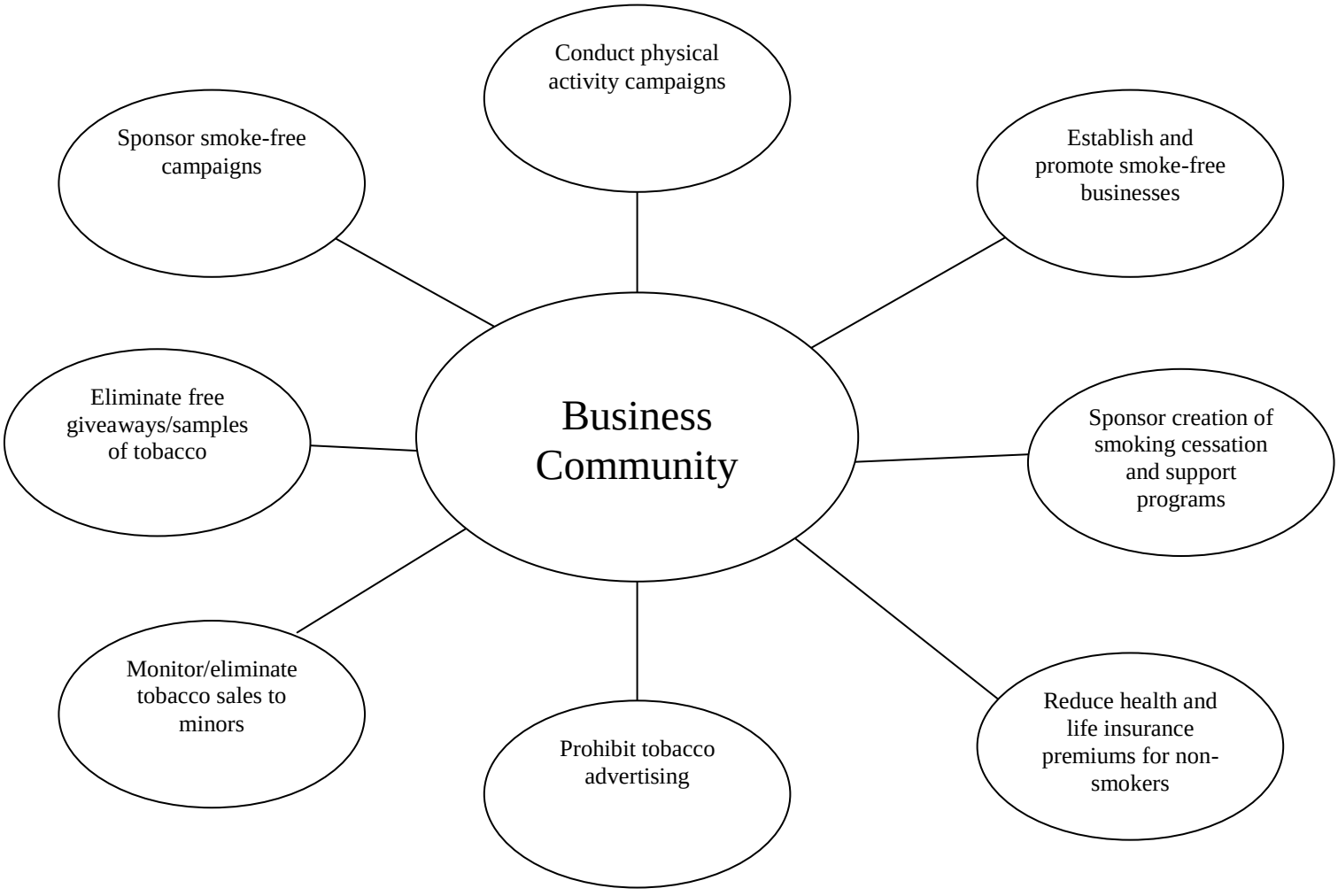


Part C

Changes in the Business Community

Tobacco Use

There are a number of potential changes in the business community that might contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning-- **a list of changes that might be sought in the local business community to prevent or reduce tobacco use.**



INVENTORY OF POTENTIAL CHANGES IN THE BUSINESS COMMUNITY

Please review this list of potential changes in local businesses, including restaurants, grocery stores, fast-food franchises, convenience stores, recreational services, and other businesses. The list notes how particular programs, policies, and practices of the business community might be changed to contribute to the mission of reducing risk for chronic disease. These changes that might be considered are organized under several categories, such as providing information or modifying business policies.

Identify those changes in the business community that may be most helpful to the mission of reducing risk for chronic disease in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Pages at the end of this section to record your group's tentative choices for changes to be sought in the business community. Extra copies of the Planning Pages are provided for your convenience.

*A. **Providing Information** and Enhancing Skills*

___ 1. By _____, place point-of-purchase signs on supermarket shelves indicating healthy food choices, including nutrition information.

___ 2. By _____, major restaurants and fast-food outlets will indicate healthy food choices on their menus and provide information about the nutritional content of their food.

___ 3. By _____, develop and implement health education programs for food service employees and the general public on nutrition, diet, meal planning, and food preparation.

___ 4. By _____, provide information (e.g., signs, brochures, computer information networks) indicating the variety of ways to be physically active.

___ 5. By _____, provide messages (e.g., posters) emphasizing the dangers of smoking on the health of smokers and non-smokers.

___ 6. By _____, provide information to policy makers about the impacts of smoking on health and health care costs.

___ 7. By _____, conduct merchant education campaigns about laws against selling tobacco products to minors.

___ 8. By _____, conduct supermarket tours and food preparation classes to encourage eating a healthy diet.

___ 9. By _____, replace tobacco advertising with advertisements promoting smoke-free living.

___ 10. By _____, display healthy meal ideas on the back of paper sacks in grocery stores.

___ 11. By _____, provide guides in food establishments that describe the healthy meal alternatives offered there.

___ 12. By _____, develop and air tobacco-free public service announcements on local radio and television stations.

___ 13. By _____, monitor and provide feedback on the sales of low-fat items including fruits and vegetables in supermarkets (i.e., from bar code information).

___ 14. By _____, offer free health risk appraisals and follow-up counseling to all employees.

___ 15. By _____, _____ (other).

B. Modifying Barriers and Opportunities

___ 1. By _____, increase the proportion of low-fat and/or low-sodium entrees in restaurants.

___ 2. By _____, increase the proportion of prime shelf space in supermarkets devoted to low fat, low sodium, food choices.

___ 3. By _____, reduce financial barriers for participants in physical activity (e.g., subsidize fees for parks, recreation, softball teams).

___ 4. By _____, encourage the use of stairs by making stairwells in public buildings safer and more attractive (e.g., with paintings, pictures).

___ 5. By _____, promote the establishment of entirely smoke-free businesses and restaurants.

___ 6. By _____, develop partnerships among businesses, American Heart Association chapters, county departments of health, educators, sporting goods retailers, and others for promoting heart healthy behavior.

___ 7. By _____, remove tobacco vending machines from all businesses and restaurants.

___ 8. By _____, increase the availability of lower fat processed food products in grocery stores.

___ 9. By _____, provide tax incentives for food producers to create and distribute lower fat alternatives.

___ 10. By _____, provide free advertising for restaurants that offer low-fat foods.

___ 11. By _____, _____ (other).

C. Providing Services and Support

___ 1. By _____, establish competitions among local businesses for improvements in employee physical fitness, weight control, smoking cessation, and general health status.

___ 2. By _____, form exercise groups emphasizing different ways of maintaining physical fitness.

___ 3. By _____, provide free legal advice and services to those filing claims against tobacco vendors or other health-related lawsuits.

___ 4. By _____, sponsor community events that encourage physical activity and motivate people to develop physical fitness.

___ 5. By _____, form youth coalitions that develop tobacco prevention and control plans, (e.g., smokers' helpline/support group, alternative non-smoking events).

___ 6. By _____, create incentives for physical activity and weight loss (e.g., keeping track of miles/minutes exercised and awarding prizes for individual improvement).

___ 7. By _____, establish physical activity programs for people less likely to exercise (e.g., elderly, minority groups).

___ 8. By _____, provide stations in restaurants, grocery stores, etc. that permit accurate self-assessments of blood pressure.

___ 9. By _____, develop and air advertising for businesses that offer low-fat food items and opportunities for physical fitness activities to employees.

___ 10. By _____, _____ (other).

D. Changing Policies and Regulations

___ 1. By _____, use tax incentives (e.g., industrial revenue bonds) to promote recreational facilities when there is new business construction (e.g., site construction plans).

___ 2. By _____, control liability costs for those businesses offering opportunities for physical activity.

___ 3. By _____, establish health and property insurance policies with reduced premiums for non-smokers.

___ 4. By _____, establish policies to permit and encourage differential hiring of non-smokers.

___ 5. By _____, support laws for clean indoor air in public buildings, daycare centers, etc.

___ 6. By _____, ban use of tobacco vending machines in public buildings, daycare

centers, etc.

___ 7. By _____, enforce local no-smoking ordinances.

___ 8. By _____, change policies to require a license for selling tobacco products.

___ 9. By _____, enforce youth tobacco access laws (e.g., with periodic assessments and crackdowns).

___ 10. By _____, increase fines and other penalties (i.e., loss of license) for those who sell tobacco products to minors.

___ 11. By _____, prohibit free distribution ("sampling") of tobacco products for adults and children.

___ 12. By _____, support an increase in tobacco excise taxes.

___ 13. By _____, establish policies that require school and worksite cafeterias to implement reduced-fat/high fiber menus.

___ 14. By _____, provide incentives for employees to exercise (time off, etc.).

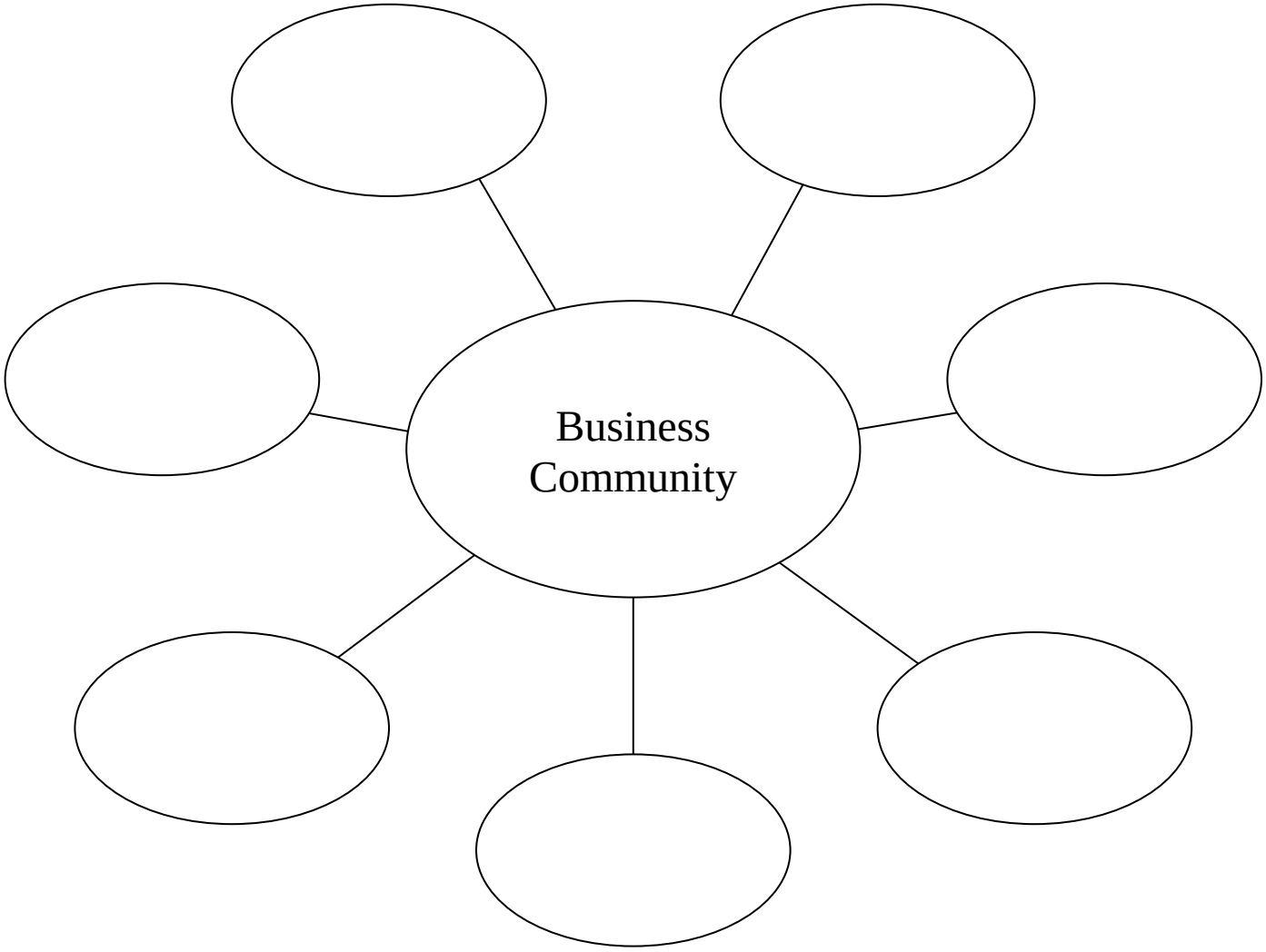
___ 15. By _____, establish policies to promote healthy choices by community food services, stores, and restaurants.

___ 16. By _____, establish policies that require restaurants and cafeterias to offer low-fat menu items.

PLANNING PAGE
Changes in the Business Community

Please review the inventory provided earlier in this section and list tentative changes to be sought in the local business community. Consider changes that can occur in businesses relevant to risk factors, especially restaurants and grocery stores (diet), recreation services (physical activity), and convenience stores (tobacco).

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission of reducing risk for chronic disease? Are the proposed changes feasible? What more could or should the business community do?



Planning Page
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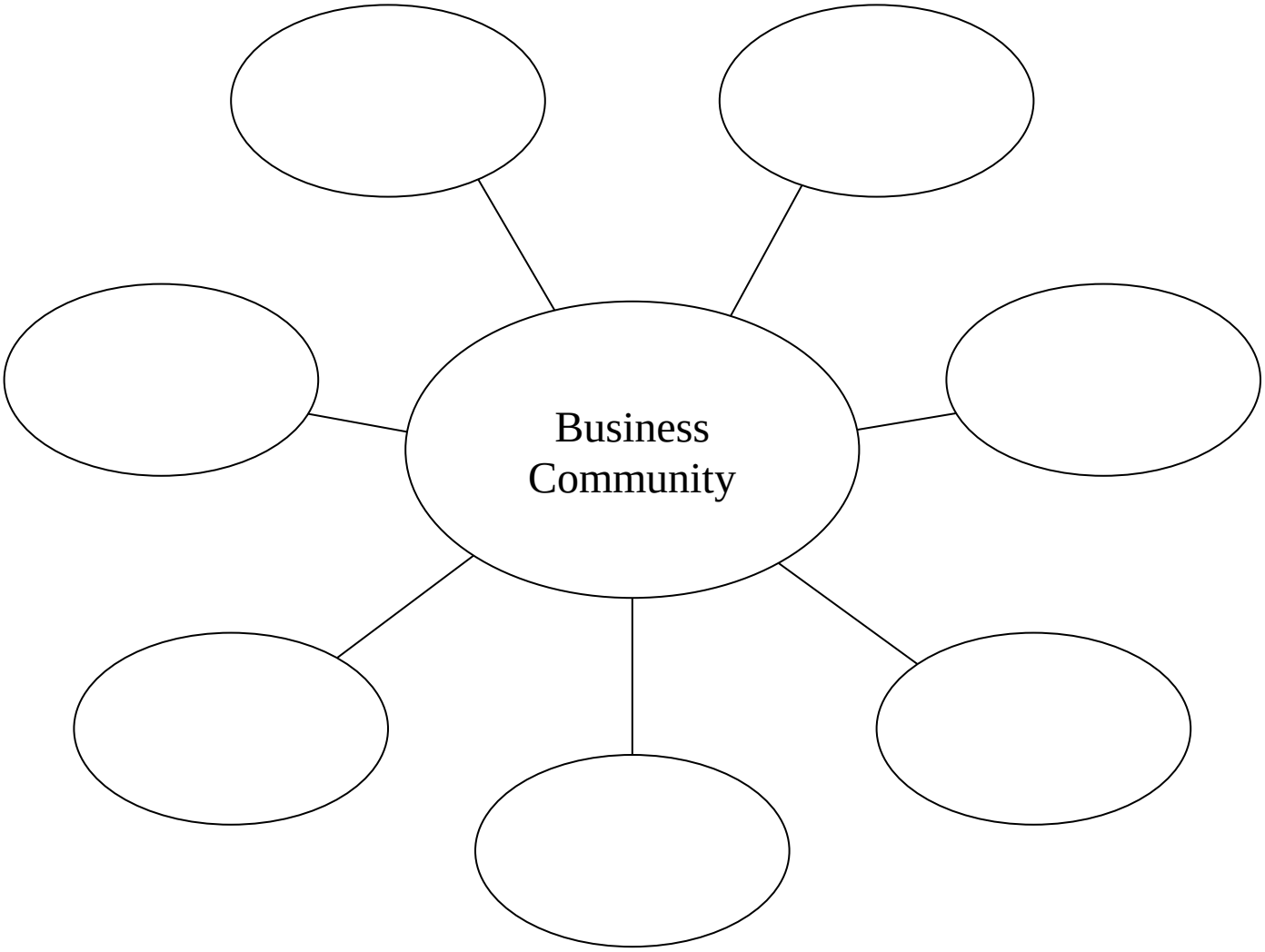
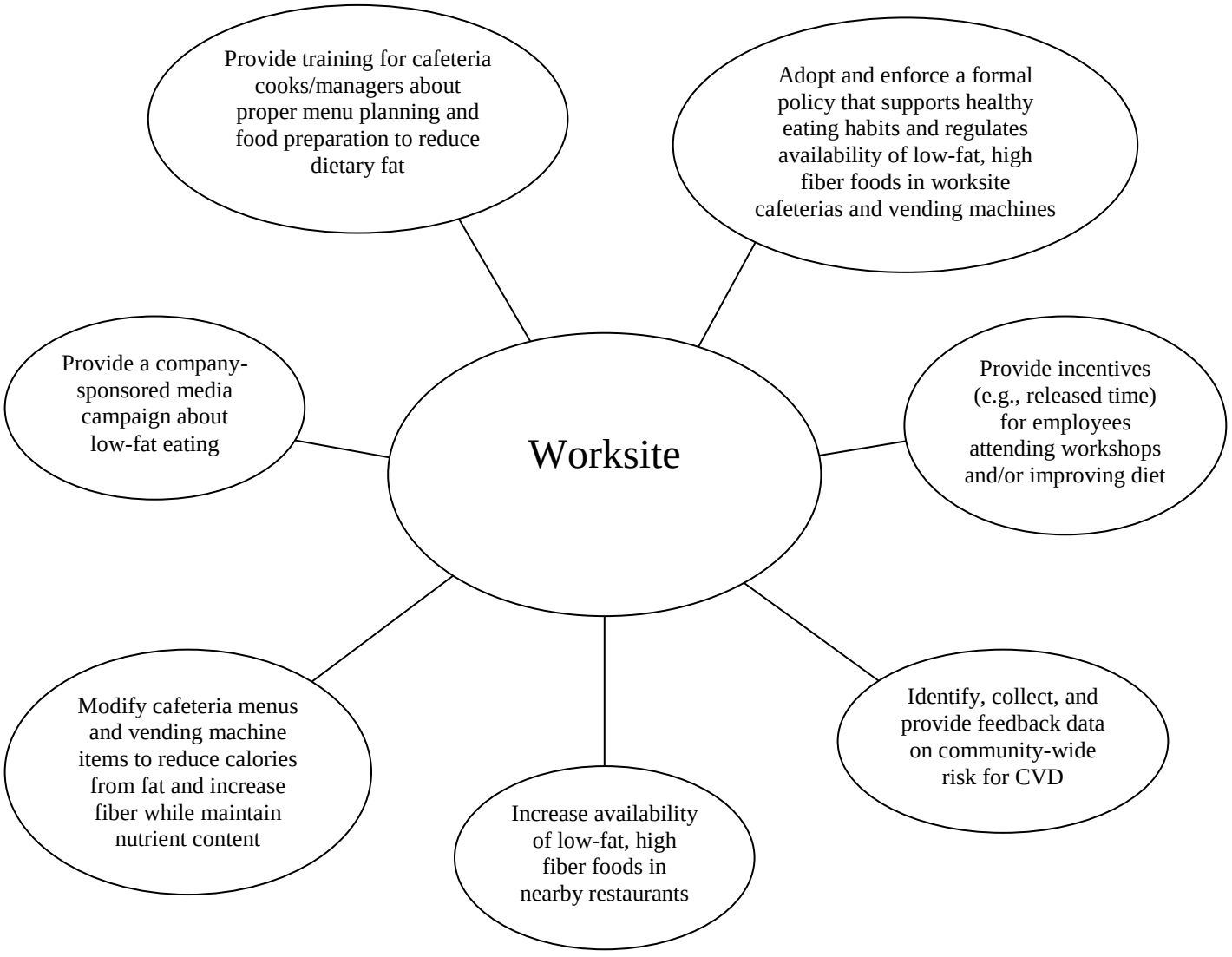


Part D

Changes in Worksites

Diet

There are a number of potential changes in a community's worksites that will contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning-- **a list of changes that might be sought in local community worksites to improve diet and nutrition.**

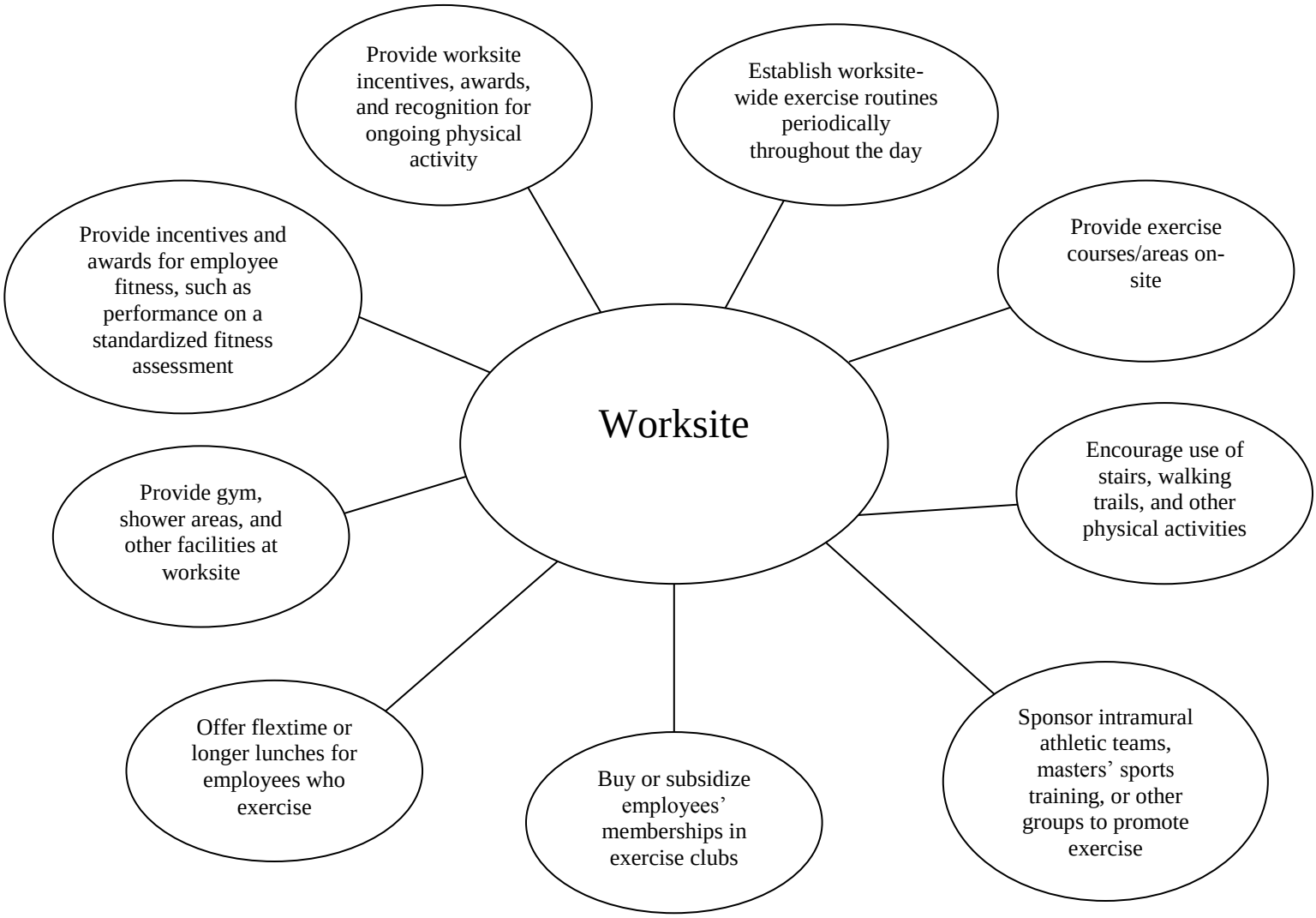


Part D

Changes in Worksites

Physical Activity

There are a number of potential changes in a community's worksites that will contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning-- **a list of changes that might be sought in local community worksites to improve levels of physical activity.**

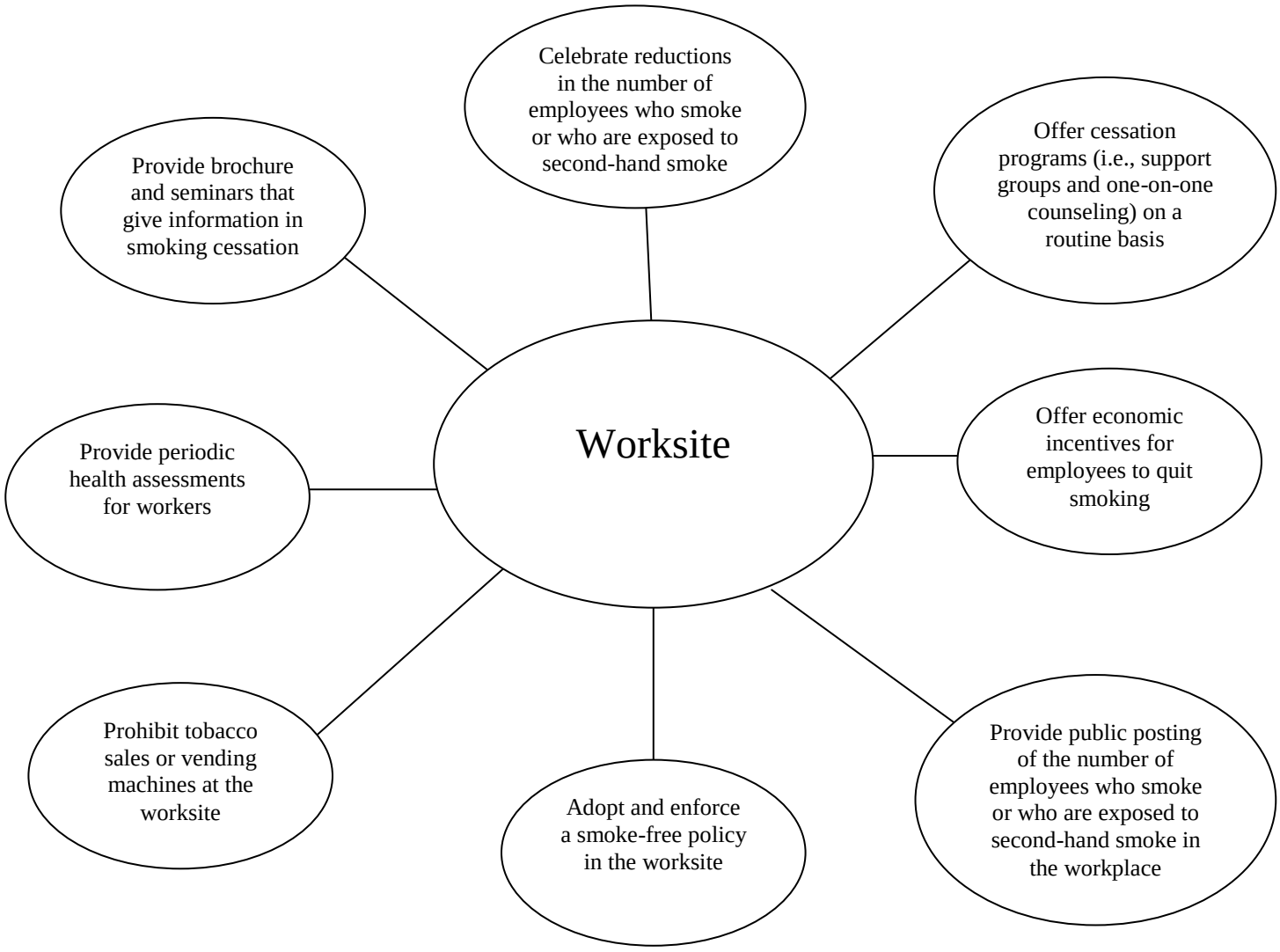


Part D

Changes in Worksites

Tobacco Use

There are a number of potential changes in a community's worksites that will contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning-- **a list of changes that might be sought in local community worksites to prevent or reduce tobacco use.**



Inventory of Potential Changes in Worksites

Please review this list of potential changes in a community's worksites--where its people do their work. The list notes how particular programs, policies, and practices of the worksites might be changed to contribute to the mission of reducing risk for chronic disease. These changes that might be considered are organized under several categories, such as providing information and enhancing skills or modifying barriers and opportunities.

Identify those changes in worksites that may be most helpful to the mission of reducing risk for chronic disease in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Pages at the end of this section to record your group's tentative choices for changes to be sought in the community's worksites. Extra copies of the Planning Pages are provided for your convenience.

A. Providing Information and Enhancing Skills

___ 1. By _____, provide regular health assessments as part of a visible campaign for health promotion.

___ 2. By _____, provide periodic health promotion campaigns with educational materials, programs, signs, and posters.

___ 3. By _____, offer choices or alternatives for physical activity, diet and tobacco use through an information database that lists previously effective efforts.

___ 4. By _____, provide information which shows links between sedentary jobs (i.e., involving little physical activity) with chronic disease.

___ 5. By _____, offer knowledge-based programs regarding fitness, diet and tobacco use.

___ 6. By _____, establish daily availability of health programs or services.

___ 7. By _____, provide information to business leaders on the benefits/costs of promoting health for employees.

___ 8. By _____, assess employees' fitness and chart progress in employee records.

___ 9. By _____, provide heart healthy recipe ideas for employees.

___ 10. By _____, provide information to employers and employees on the direct and indirect costs of smoking for the employee and employer.

___ 11. By _____, provide point-of-purchase educational information at worksite cafeterias and vending machines.

___ 12. By _____, provide information at worksites linking work pressures with problems of diet and weight control.

___ 13. By _____, use signs/brochures to encourage physical activity.

___ 14. By _____, _____ (other).

B. Modifying Barriers and Opportunities

___ 1. By _____, offer employees flex-time or longer lunch hours for physical activity, diet modification, and tobacco cessation programs or services.

___ 2. By _____, allow employees to attend smoking cessation programs on company time.

___ 3. By _____, share costs of membership fees for health facilities and clubs.

___ 4. By _____, increase access to a number of physical fitness activities.

___ 5. By _____, increase frequency and availability of health education classes.

___ 6. By _____, provide signs to encourage using the stairs and promote using outside walking trails.

___ 7. By _____, create walking and biking trails around or near the worksite.

___ 8. By _____, arrange parking lots further from the worksite to encourage walking or biking.

___ 9. By _____, change worksite cafeteria menus to reduce calories from fat and sodium content and to increase fiber, fruits, and vegetables.

___ 10. By _____, provide lower fat, high fiber food alternatives in cafeteria and vending machines (i.e., providing juices instead of soda).

___ 11. By _____, promote lower fat, high fiber food choices in nearby restaurants frequented by employees.

___ 12. By _____, eliminate tobacco sales or tobacco vending machines at the worksite.

___ 13. By _____, establish worksite tournaments for individual sports.

___ 14. By _____, encourage purchase of exercise equipment by worksites.

___ 15. By _____, establish a worksite garden.

___ 16. By _____, _____ (other).

C. Providing Services and Support

___ 1. By _____, hire a worksite health promotion coordinator to develop programs and services to improve the health of employees.

___ 2. By _____, develop broad-based partnerships to encourage physical activity, healthy diets, and tobacco-free health in the community.

___ 3. By _____, sponsor teams that encourage physical activity among men and women employees and their families (i.e., softball, volleyball teams).

___ 4. By _____, offer weight control courses and support groups.

___ 5. By _____, offer exercise facilities and fitness courses on-site.

___ 6. By _____, offer nutrition classes and healthy cooking classes for employees and their families.

___ 7. By _____, provide space for diet and tobacco cessation programs.

___ 8. By _____, provide aerobic instructors, trainers and teachers for worksite health programs.

___ 9. By _____, offer smoking cessation clinics, nicotine replacement therapy, and other related services at the worksite during work hours.

___ 10. By _____, provide incentives for employees to quit smoking, control their weight, and improve their diets.

___ 11. By _____, offer pins for employees who show progress toward health and fitness goals.

___ 12. By _____, establish employee of the month rewards for employees who show progress toward health and fitness goals.

___ 13. By _____, celebrate reductions in the number of employees who smoke or who are exposed to second-hand smoke.

___ 14. By _____, provide public posting of the numbers of employees who smoke or who are exposed to second-hand smoke.

___ 15. By _____, _____ (other).

D. Changing Policies and Regulations

___ 1. By _____, adopt a formal policy to prohibit smoking at the worksite.

___ 2. By _____, adopt a formal policy which supports health promotion and rewards improved health status.

___ 3. By _____, reduce health insurance premiums for employees who do not smoke, eat healthy diets, and exercise regularly.

___ 4. By _____, provide incentives for employees to walk or bicycle to work.

___ 5. By _____, seek tax rebates for purchase of worksite exercise equipment and facilities.

___ 6. By _____, seek reduced insurance liabilities for injuries incurred during worksite-sponsored physical activity.

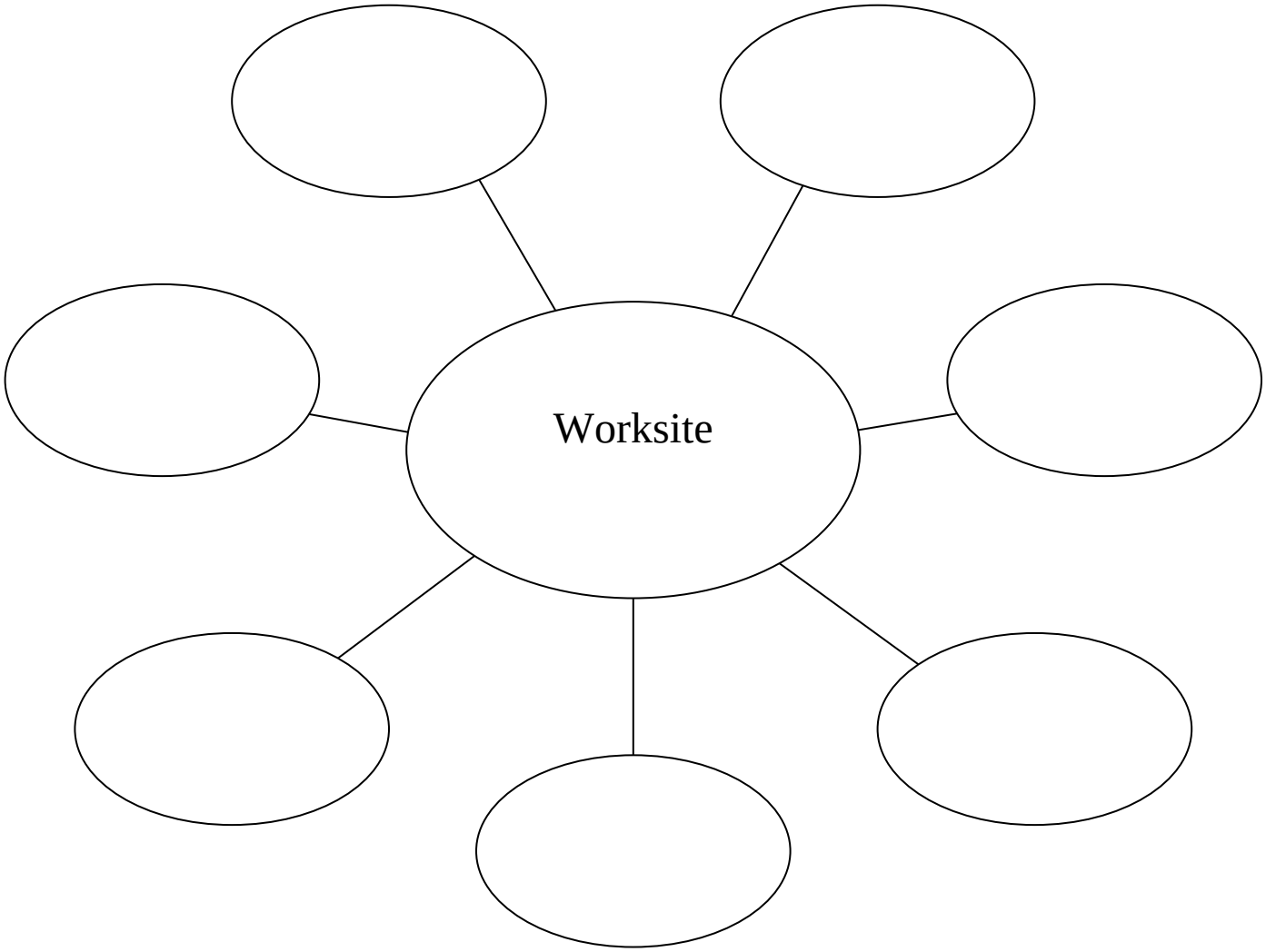
___ 7. By _____, establish policies regarding the nutritional value and fat content of foods served in the worksite cafeteria and vending machines.

___ 8. By _____, establish policies that encourage nearby restaurants and cafeterias to offer low-fat menu items.

Planning Page
Changes in Worksites

Please review the inventory provided earlier in this section and list tentative changes to be sought in local community worksites. Consider changes that can occur in worksites related to diet, physical activity, and tobacco use.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission of reducing risk for chronic disease? Are the proposed changes feasible? What more could or should community worksites do?



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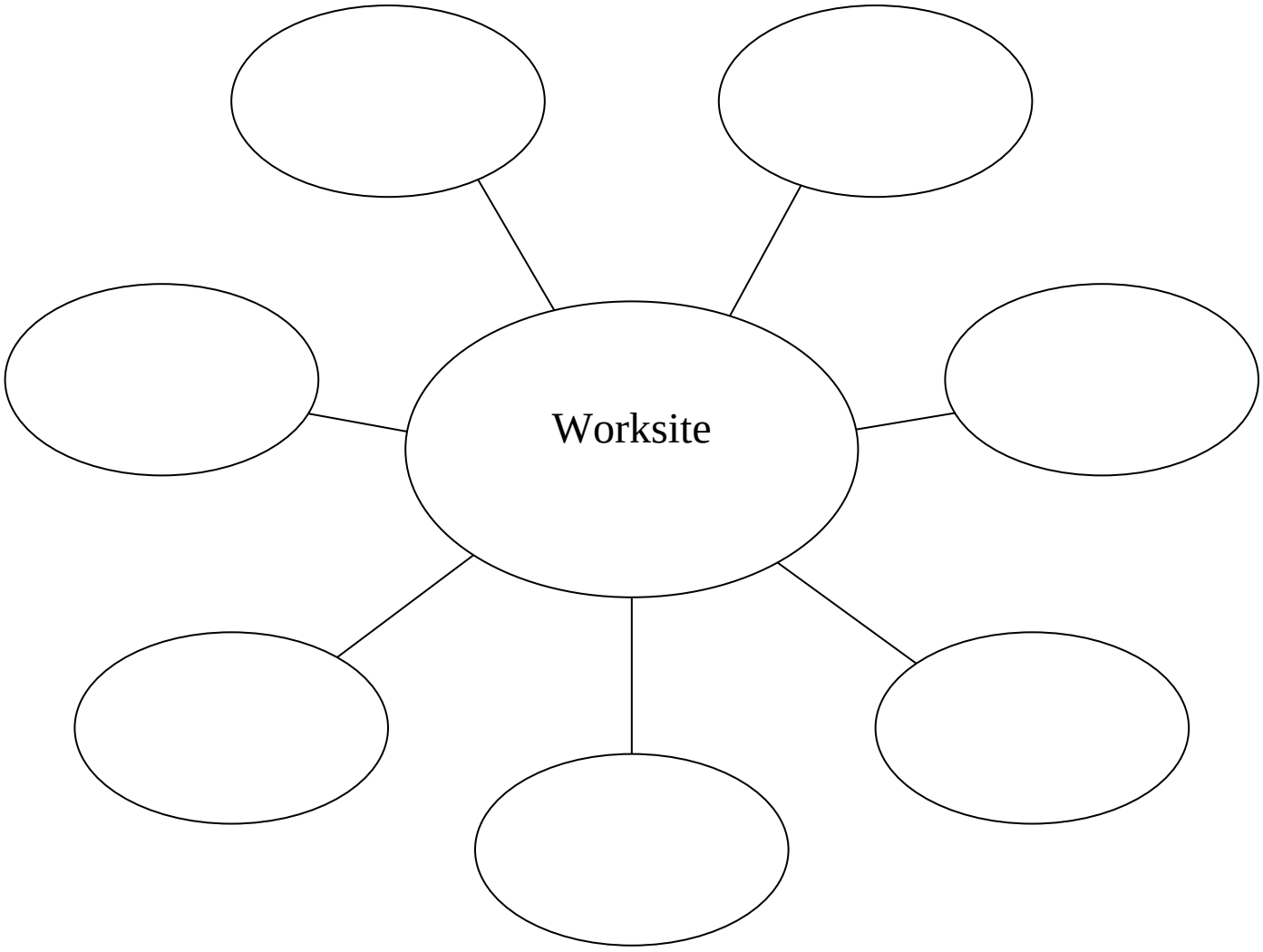
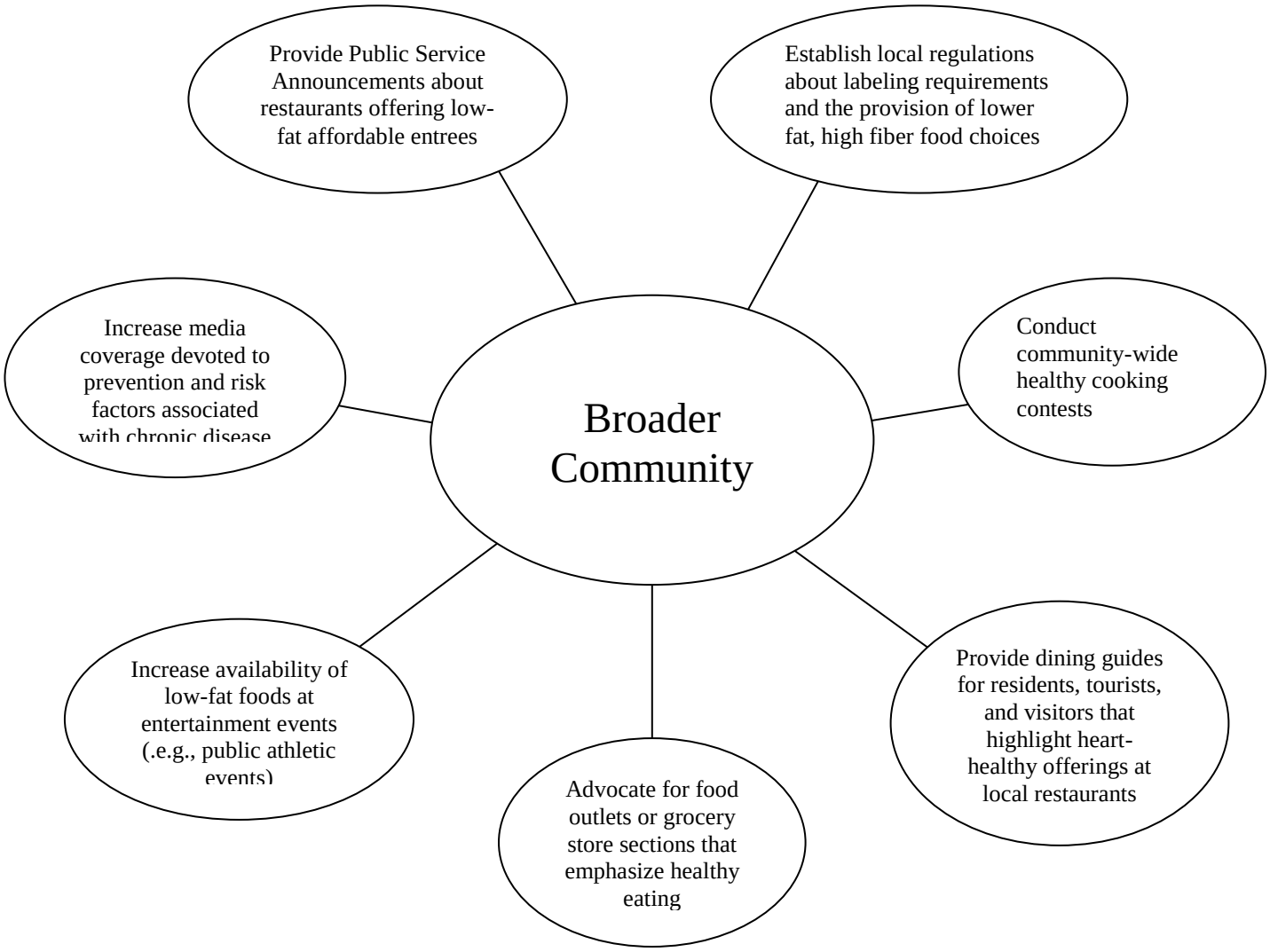


Part E

Broader Community

Diet

There are a number of potential changes in the media (i.e., newspapers, radio, and television), government, and the broader community that might contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning--**a list of changes that might be sought in the broader community to improve diet and nutrition.**

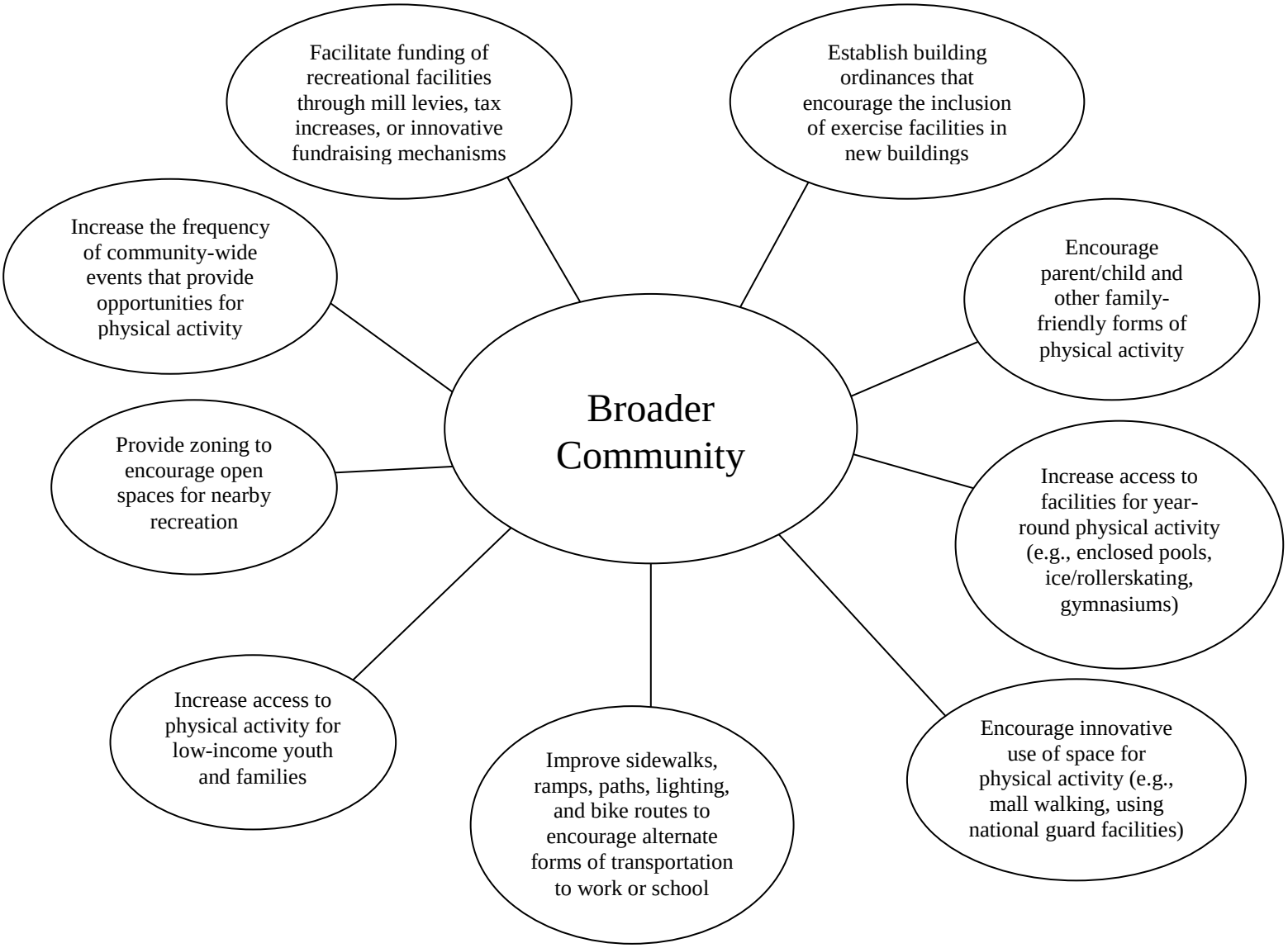


Part E

Broader Community

Physical Activity

There are a number of potential changes in the media (i.e., newspapers, radio, and television), government, and the broader community that might contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning--**a list of changes that might be sought in the broader community to improve levels of physical activity.**

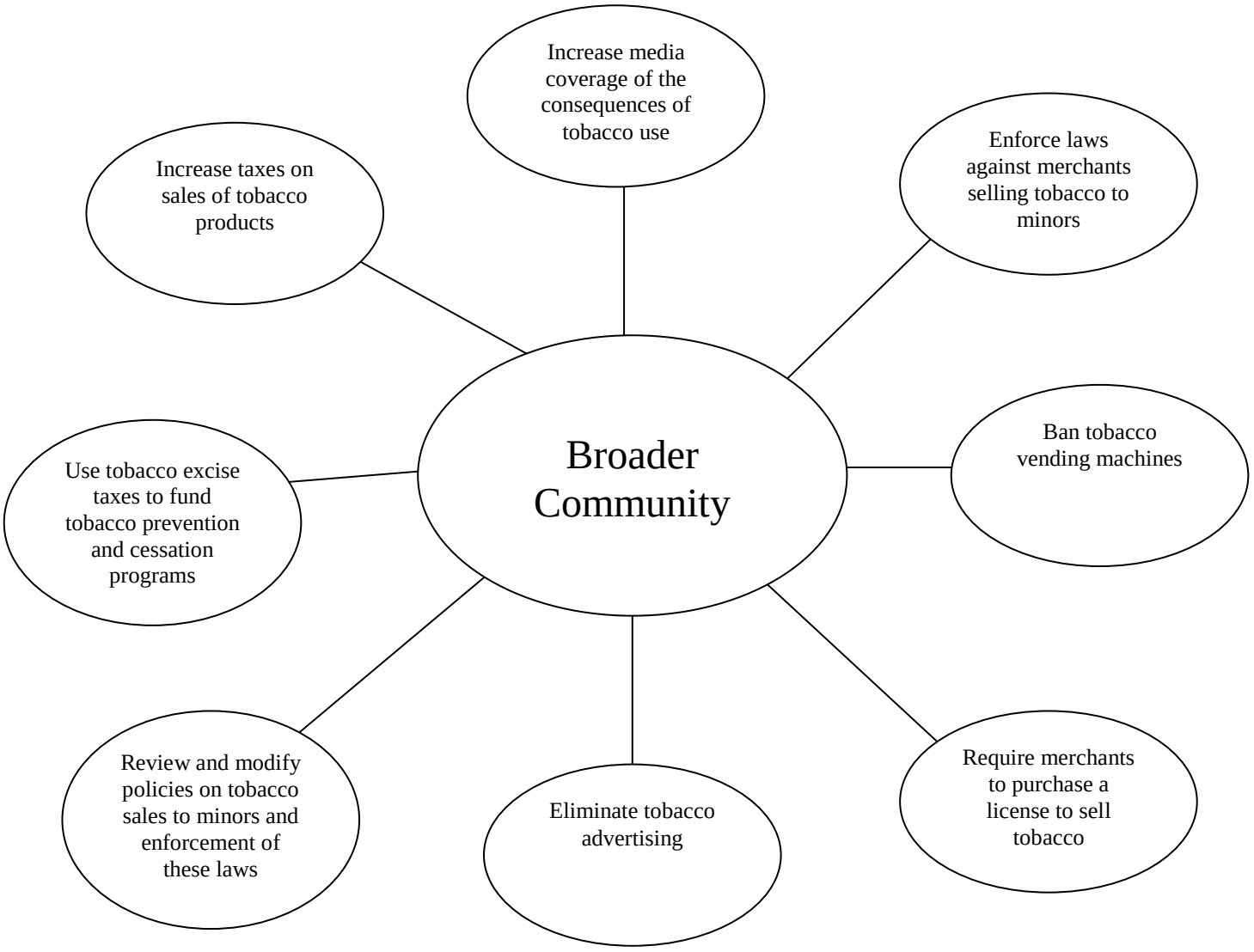


Part E

Broader Community

Tobacco Use

There are a number of potential changes in the media (i.e., newspapers, radio, and television), government, and the broader community that might contribute to the mission of reducing risk for chronic disease. Here is an example of the product of planning--**a list of changes that might be sought in the broader community to prevent or reduce tobacco use.**



Inventory of Potential Changes in the Broader Community

Please review this list of potential changes in the media, government, and broader community. The list notes how particular programs, policies, and practices of the broader community might be changed to contribute to the mission of reducing risk for chronic disease. These changes that might be considered are organized under several categories such as providing information and enhancing skills or modifying barriers and opportunities.

Check off those changes in the broader community that may be most helpful to the mission of reducing risk for chronic disease in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Pages at the end of this section to record your group's tentative choices for changes to be sought in the media, government, and broader community. Extra copies of the Planning Pages are provided for your convenience.

A. Providing Information and Enhancing Skills

___ 1. By _____, use newspaper, radio, and other media to provide information to the community on the effects of tobacco use, physical activity, and diet on chronic disease.

___ 2. By _____, provide information about public walking trails, biking trails, tennis courts and other forms of physical recreation.

___ 3. By _____, provide information about local smoking cessation programs through the media, local civic groups, churches, and other community sectors.

___ 4. By _____, provide information about local weight control programs provided by reputable nutrition professionals through the media, local civic groups, churches, and other community sectors.

___ 5. By _____, provide information about healthy eating through the media, local civic groups, churches, and other community sectors.

___ 6. By _____, establish media campaigns promoting the benefits of daily physical activity, smoking cessation, and healthy eating.

___ 7. By _____, collect and publicize surveillance data on sales of tobacco products to minors in local stores.

___ 8. By _____, provide training for local leaders on encouraging and maintaining physical activity, tobacco cessation, and healthy eating.

___ 9. By _____, increase the use of community events and fairs that promote heart-healthy eating and exercise.

___ 10. By _____, enhance health screening, nutrition counseling, and fitness opportunities through local churches.

___ 11. By _____, establish a community media campaign for increasing physical activity.

___ 12. By _____, establish an "idea column" in the local newspaper to identify innovative ways people incorporate physical activity into their daily routines.

___ 13. By _____, _____ (other).

B. Modifying Barriers and Opportunities

___ 1. By _____, increase access and transportation to public recreational facilities, smoking cessation programs and support groups, and programs for weight control.

___ 2. By _____, increase availability of low-fat, high fiber food in vending machines (and from vendors) in all public buildings.

___ 3. By _____, increase the availability of low-fat foods in government commodities.

___ 4. By _____, encourage physical activity by increasing the number of sidewalks and bike paths in proportion to roadways.

___ 5. By _____, encourage physical activity by improving the safety of public parks and facilities including increasing lighting, proximity, attractiveness, and surveillance.

___ 6. By _____, encourage physical activity by connecting walkways and bike paths to neighborhoods, businesses, residential areas, and worksites.

___ 7. By _____, increase access to public recreational facilities by expanding capacity and hours of service.

___ 8. By _____, promote use of public areas such as schools and malls as safe places for physical activity.

___ 9. By _____, reduce financial barriers for food producers to create and distribute lower fat alternatives (i.e., tax incentives).

___ 10. By _____, stores selling tobacco products will have to stamp products so products confiscated from youth can be traced back to merchants.

___ 11. By _____, provide public posting on cigarette and smoking tobacco use in the community.

___ 12. By _____, support the expansion of local sports leagues/exercise teams.

___ 13. By _____, provide programs and facilities for special populations.

___ 14. By _____, _____ (other).

C. Providing Services and Support

___ 1. By _____, provide community education courses on healthy eating, physical activity, and prevention and cessation of tobacco use.

___ 2. By _____, increase availability of "heart-healthy cooking" classes.

___ 3. By _____, increase availability and affordability of fitness and weight control programs for low and moderate income community members.

___ 4. By _____, increase availability and affordability of smoking cessation programs.

___ 5. By _____, conduct community-wide cooking contests and "nutrition makeovers" of public figures.

___ 6. By _____, conduct activities in conjunction with the "Great American Smokeout" and other Federal and State anti-tobacco initiatives.

___ 7. By _____, conduct an annual series of events (fitness assessments, tournaments, and seasonal activities) that provide opportunities for fitness assessment, counseling and/or activity.

___ 8. By _____, develop and maintain bicycle lanes, running tracks, walking areas, tennis courts, and other public facilities which promote the physical activity of the entire community, including special populations such as people with disabilities and older adults.

___ 9. By _____, offer culturally-appropriate heart-healthy cooking classes in churches and other settings.

___ 10. By _____, increase access to self-help and cessation services.

___ 11. By _____, facilitate group marketing by local manufacturers of low fat, high fiber foods.

___ 12. By _____, provide public recognition for programs that promote physical activity throughout the lifespan.

___ 13. By _____, provide highway funds for non-vehicle alternative transportation.

___ 14. By _____, collaborate with community food services (such as "meals on wheels" vendors) to reduce fat and increase fiber in menus.

___ 15. By _____, _____ (other).

D. Changing Policies and Regulations

___ 1. By _____, provide zoning, tax rebates, and other financial incentives to encourage the use of land for recreational purposes.

___ 2. By _____, adopt and enforce ordinances on clean air, including clean indoor air acts.

___ 3. By _____, restrict tobacco advertising and promotion, including elimination of tobacco industry sponsorship of special sporting or civic events.

___ 4. By _____, eliminate tobacco vending machines in the community.

___ 5. By _____, establish tobacco-free school zones, prohibiting sales of tobacco products near schools.

___ 6. By _____, increase taxes on tobacco products and use the money to fund advocacy and prevention programs in the community.

___ 7. By _____, adopt smoke-free policies in public places including restaurants, airports and worksites.

___ 8. By _____, require public service advertisements for healthy food alternatives to be proportional to paid advertising for high fat foods.

___ 9. By _____, subsidize the cost of recreational facilities and programs on nutrition, tobacco prevention and cessation, and physical activity.

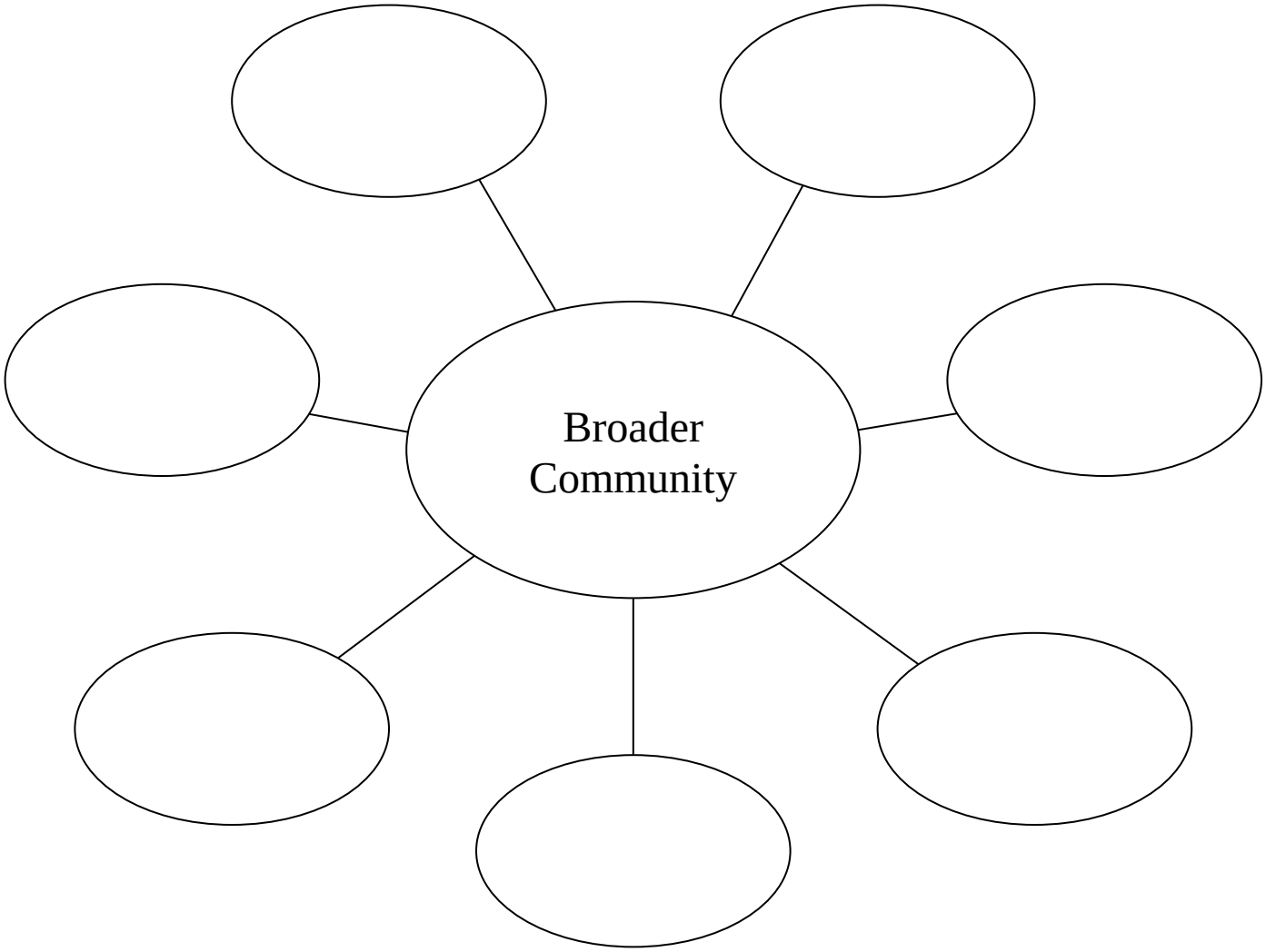
___ 10. By _____, promote inclusion of recreational facilities in new buildings and site plans for businesses.

___ 11. By _____, provide zoning to protect open spaces for recreation.

Planning Page
Changes in the Broader Community

Please review the inventory provided earlier in this section and list tentative changes to be sought in the broader community. Consider all forms of local print and broadcast media, including newspapers, radio, and cable and other television. Reflect on policies and programs of the government and other parts of the broader community. Consider changes related to diet, physical activity, and tobacco use.

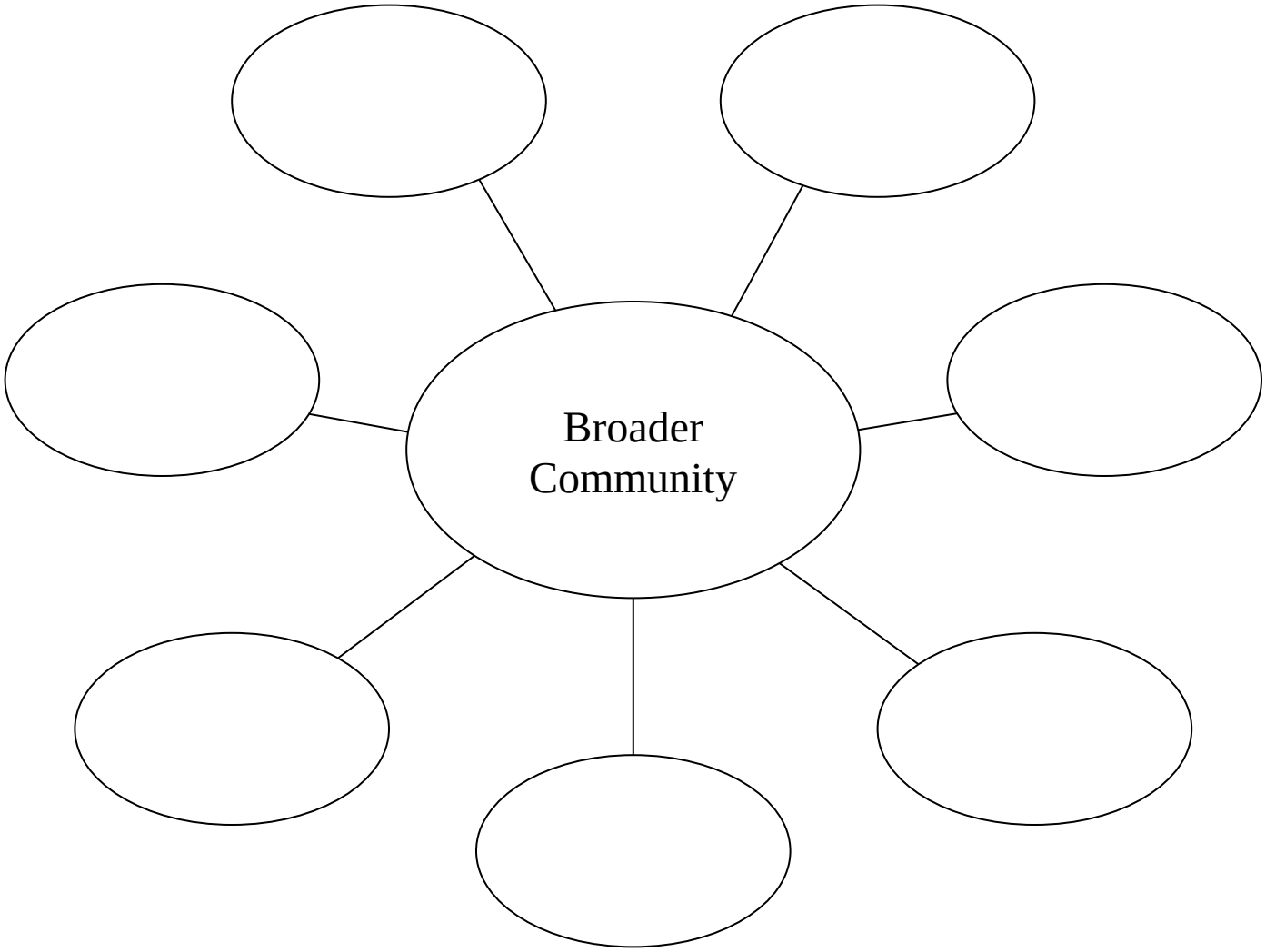
When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission of reducing risk for chronic disease? Are the proposed changes feasible? What more could or should the broader community do?



Planning Page
Changes in the Broader Community

Please review the inventory provided earlier in this section and list tentative changes to be sought in the broader community. Consider all forms of local print and broadcast media, including newspapers, radio, and cable and other television. Reflect on policies and programs of the government and other parts of the broader community. Consider changes related to diet, physical activity, and tobacco use.

When reviewing the proposed changes, ask the questions: Are the proposed changes important to the mission of reducing risk for chronic disease? Are the proposed changes feasible? What more could or should the broader community do?



CHAPTER V
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 to reduce risk for chronic disease. 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 to build consensus, and securing a formal decision from the entire group.

Checking the Proposed Changes for Completeness

The group should review proposed changes for each sector, and for all sectors taken together. To review the proposed changes in each community sector, we recommend asking two questions:

- ✓ Taken together, do these proposed changes maximize this sector's contribution to the mission of reducing risk for cardiovascular disease and cancer?
- ✓ What other changes in programs, policies, or practices could or should be made to improve diet, enhance physical activity, and prevent or stop tobacco use?

To review the entire set of proposed changes for all sectors, we suggest asking:

- ✓ Would all the changes, taken together, be sufficient to reduce the risk for cardiovascular disease and cancer to desired levels?
- ✓ What other changes in programs, policies, or practices could or should be made to improve diet, enhance physical activity, and prevent or stop tobacco use?

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

Using a Survey to Build Consensus

Using a survey to review the proposed changes can be very helpful in building consensus. We recommend listing all the proposed changes, organized by community sector, along with questions about their importance and feasibility.

For each change to be sought, we recommend asking:

- ✓ Is this proposed change *important* to the mission of reducing risk for cardiovascular disease and cancer?
- ✓ Is the proposed change *feasible*?

A format that you could use in your own survey follows. The circles show sample responses to the survey items:

Proposed Changes in Worksites	How *Important* is it to... (not important → very important)	How *Feasible* is it to... (not feasible → very feasible)
1. Offer smoking cessation programs at the worksite.	1 2 3 4 5	1 2 3 4 5
2. Provide incentives for employee fitness.	1 2 3 4 5	1 2 3 4 5

Surveys should be distributed to all key audiences for the group, including its members, representatives of funding sources, and experts in the prevention of chronic disease. Collect completed surveys and compute an average rating for importance and feasibility for each proposed change.

The results can be used to guide final choices. Proposed changes with high importance and high feasibility ratings should be given higher priority for action; those with lower importance or feasibility, a lower priority. It may be helpful to set a cutpoint for choosing priorities. For example, perhaps only those proposed changes with an average rating of 4.5 or higher on importance, and 3.75 or higher on feasibility might be included on the final action plan.

Securing a Formal Decision from the Entire Group

Seek formal approval of the proposed changes by the membership of the group. The *entire* membership should have the opportunity to make a decision on proposed changes for all sectors. Seek consensus, using a formal vote to resolve disputes about specific changes. 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 helping build consensus on the complete list of proposed changes for the community sectors to be involved in the initiative. The next chapter describes how to convert these proposed changes into a final action plan.

CHAPTER VI
Finalizing Your Action Plan: Listing Action Steps for Proposed Changes

The purpose of this chapter is to help prepare action steps for each community change sought by the 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 most critical steps required to create the desired change.

The action steps detail what will occur, in what amount, 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

A comprehensive action plan--proposed changes and related action steps--helps communicate to important audiences that the group is clearly organized. It 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 community sector, listing each proposed change, and related action steps, in the order in which they are supposed to occur.

The example that follows illustrates how to list action steps for a specific change to be sought in the worksites sector.

Action Steps for Identified Changes

(An Example)

Use this page to outline action steps for each identified change to be sought in each community sector.

Community Sector: Worksites
Community Change to be sought: By January 1999, offer smoking cessation programs at five local worksites.

ACTIONS	BY WHOM	BY WHEN	RESOURCES & SUPPORT NEEDED/AVAILABLE	POTENTIAL BARRIERS OR RESISTANCE	COMMUNICATION
What needs to be done?	Who will take action?	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?
Secure support from employers at five local worksites.	Staff, Committee Members	June 1998	Committee members, such as the owners or personnel managers of local businesses, and others who wish to help develop these new programs.	Those currently providing smoking cessation classes might be concerned about competition and express their concerns to employers.	Health department, employers, general public
Review, select, and recommend models for smoking cessation classes and support groups.	Staff, Committee Members	August 1998	Committee members, health department officials, and employees.		Health department, employees, general public
Provide support and background materials to worksites implementing smoking cessation programs.	Staff, Committee Members	September 1998	Committee members; additional funding may be needed.	Employees of local businesses may feel that they have too much to do already.	Health department, employees, general public
Recognize and honor employers and staff who start cessation programs.	Staff, Committee Members	January 1999	Committee members.		Health department, general public
Report to the coalition on the implementation of the programs and their initial success.	Staff, Committee Members	January 1999	Committee members.		Health department, general public

Planning Page
Action Steps for Identified Changes

Use this page to outline action steps for each identified change to be sought in each community sector.

Community Sector:
Community Change to be sought:

ACTIONS	BY WHOM	BY WHEN	RESOURCES & SUPPORT NEEDED/AVAILABLE	POTENTIAL BARRIERS OR RESISTANCE	COMMUNICATION
What needs to be done?	Who will take action?	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?

"The unfortunate thing about this world is that the good habits are much easier to give up than the bad ones."

- - W. Somerset Maugham

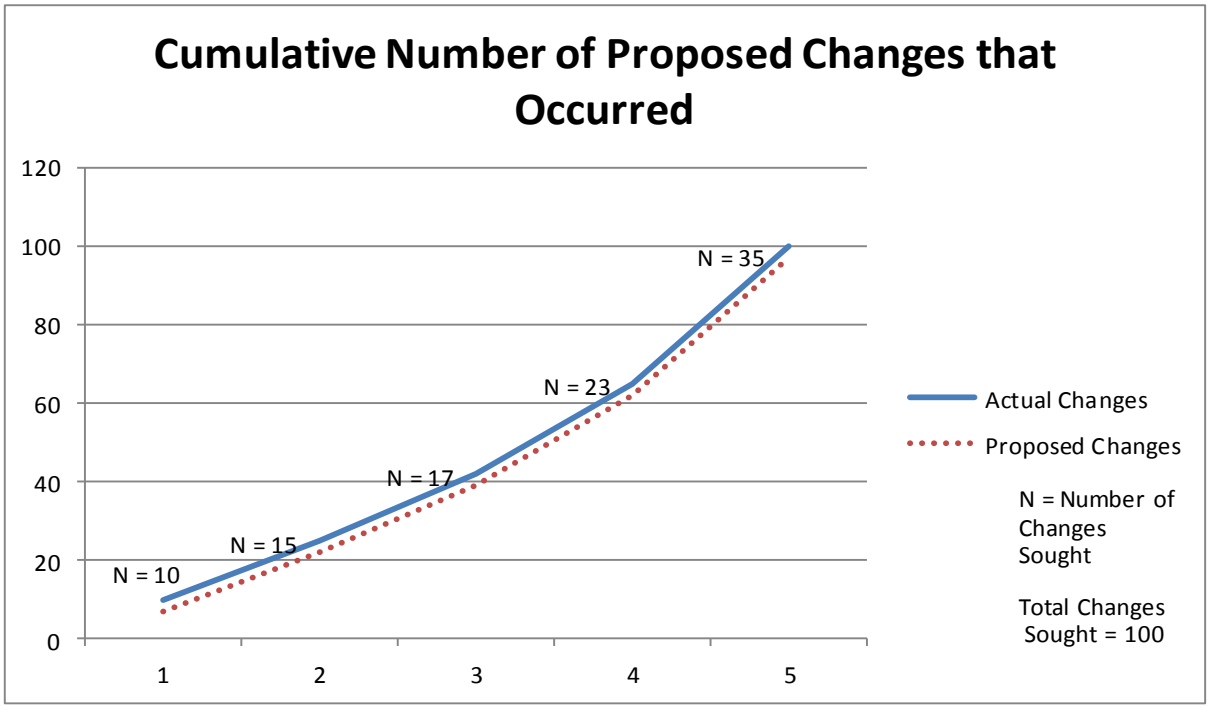
CHAPTER VII
Monitoring Progress and Promoting Renewal

The purpose of this chapter is to suggest how the group might monitor progress toward goal attainment and promote renewal in the group as necessary. It is important to *evaluate* the success of the group. Review the proposed changes periodically to monitor their attainment and revise your proposed changes and action plan accordingly.

Monitoring Progress

Consider creating a scorecard for your group that shows the cumulative number of proposed changes in a given year that actually occurred. You might use a graph to show how the group is doing with its action plan.

A sample graph follows. The "N" refers to the number of changes sought each year. This example group sought a total of 100 changes over five years. The solid line shows actual changes, the dotted line shows the proposed level of change.



Similar graphs might be prepared for each community sector to give insight into how progress on changes in schools compares with that in the business community, for example. The results should be reported annually to the membership and to funding sources.

Other graphs might be prepared to display progress toward objectives. For example, reports might include the prevalence of tobacco use or the percentage of residents reporting regular physical activity before and after the initiative was implemented.

Promoting Renewal

Even the most effective organizations require renewal periodically. Arrange ongoing review and discussion of group progress on the proposed changes. The review should involve all relevant audiences for the group, including group members, funding partners, and experts in cardiovascular disease and cancer. Invite consideration of the importance of changes that have occurred to the mission of preventing chronic disease. Communicate to 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.

Revise the list of proposed changes periodically to correspond to new opportunities and challenges. When situations or opportunities change in the schools, for example, consider how the action plan might be modified. Use the inventories found in this guide to help identify new challenges that can *renew* your organization's efforts.

Summary

This final chapter outlined a strategy for monitoring attainment of community changes over time and providing feedback on goal attainment to the membership and funding sources. It also highlighted the importance of renewal, suggesting that groups must modify their action plans periodically to respond to new challenges and opportunities.

Epilogue

This guide has posted markers on the winding road of planning for the prevention of cardiovascular disease and cancer. 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
  - ✓ Key grassroots leaders
  - ✓ Representatives of key sectors
  - ✓ Representatives of age-related and cultural groups
- Listening to the community
- Documenting and analyzing the problem
- Becoming aware of local resources and efforts
- Refining your group's vision, mission, objectives, and strategies
- Refining your group's choices 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
- Outlining action steps for proposed changes
- Monitoring progress on goal attainment
- Renewing your group's efforts as needed

When you complete these activities, *celebrate* (for now) the completion of the challenging process of action planning! You now have a **blueprint for action**.

May the winds blow favorably on your group's efforts to reduce risk for chronic disease in your community.

"The only way to keep your health is to eat what you don't want, drink what you don't like, and do what you'd rather not."

-- *Mark Twain*

About the Authors

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Alicia Arbaje and Andrea Davis were Kansas Health Foundation Undergraduate Fellows, and Helen Cheng, an undergraduate intern, with the Work Group during the 1994-1995 academic year.

Judy Johnston is Director of Kansas LEAN, a state-wide coalition for reducing risk for chronic disease supported by the Kansas Department of Health and Environment and the Kansas Health Foundation. A registered and licensed dietitian, she has won national awards for her prevention efforts with Kansas LEAN.

"He who has health, has hope;
and he who has hope,
has everything."

-- Arabian Proverb