

## FOSTERING POLICY, SYSTEMS, & ENVIRONMENTAL CHANGE FOR HEALTHY COMMUNITIES THROUGH TRAINING, TECHNICAL ASSISTANCE AND COMMUNICATIONS

*Contributions of the Directors of Health Promotion and Education  
and the Society for Public Health Education*

### **Background**

For this project, CDC selected two national organizations to provide for training, communication support, and technical assistance to three national organizations (American Heart Association, American Planning Association, and National WIC Association) and their funded communities: [Directors of Health Promotion and Education](#) (DHPE) and the [Society for Public Health Education](#) (SOPHE). Although the specific activities that DHPE and SOPHE undertook evolved over the three-year initiative, they involved: 1) coordinating the planning, implementation, evaluation, and logistics for three national meetings of the funded communities, national organizations, and CDC; 2) coordinating multiple calls and meetings among the national organizations and their work groups; 3) collecting and disseminating project-wide information and relevant resources; 4) developing newsletters, online courses, and toolkits; 5) providing webinars, trainings, and other technical assistance; 6) conducting a national public communications campaign and providing communications resources to partners and communities; and 7) making presentations at professional meetings.

Established in 1946, the Directors of Health Promotion and Education (DHPE) is a non-profit membership organization whose legal name is the Association of state and Territorial Directors of Health Promotion and Public Health Education (ASTDHPHE). Its voting members work in state health agencies throughout the United States; associate and other members are public health professionals who share the mission of the organization. DHPE's signature training program "Systems Change for Health" builds the skills of public health practitioners in policy, environment and systems (PSE) change approaches to health promotion. DHPE is one of 21 affiliates of the Association of State and Territorial Health Officials (ASTHO).

In addition to its principal investigator, DHPE assigned two dedicated staff members to the project – a project manager and a communications manager. In addition, DHPE drew on the expertise of other staff members for assistance with needs assessment, training, health equity, e-learning, information technology, and evaluation. DHPE members and other subject matter experts from DHPE's broad range of national connections contributed to editorial support, training, and technical assistance activities.

The Society for Public Health Education (SOPHE) is a nonprofit professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion and to promote the health of society. Collectively, SOPHE's 4,000 international, national, and chapter members include professionals that work in universities, medical/health care settings, businesses, voluntary health agencies, international groups, and all branches of government. SOPHE's prior experiences with other policy, systems, and environmental (PSE) change cooperative agreements (i.e., REACH, ACHIEVE and CPPW) aided quick mobilization in this project, dubbed Empowering Activated Communities for Health (EACH). For project dissemination, the Society brought to bear its existing print, media-based, and electronic tools and resources (e.g. Center for Online Resources and Education, 14

Communities of Practice) as well as the latest research and practice in SOPHE's three peer-reviewed journals. SOPHE regularly disseminated information about the 94 communities' initiatives to SOPHE's 22 chapters, with various chapters supporting the local PSE changes. SOPHE's government relations staff helped keep the national organizations updated about pertinent federal legislation.

SOPHE's EACH project staffing included 2.5 FTEs with health education expertise and prior CDC cooperative agreement proficiency that included a principal investigator, project manager, communications manager, and several graduate-level student interns. SOPHE members with expertise in coalition development, sustainability, health equity, cultural competence, and other cross-cutting topics provided training and TA, as needed. SOPHE also engaged contractors in evaluation, media relations, and editorial/communications design.

### **SOPHE and DHPE Project Roles & Contributions**

As organizations chosen to provide training and technical assistance support, DHPE and SOPHE had responsibility for the same deliverables. Although SOPHE and DHPE staff had a long history of prior collaboration and continued to collaborate on this project, they differentiated specific project contributions and responsibilities to avoid duplication and confusion. They also coordinated their contributions with the trainings and resources provided through CDC's online portal called TACTIC. DHPE assumed primary responsibility for creating an online, searchable central repository of tools and resources, as well as a password-protected hub for project-specific information (e.g., project calendar, meeting notes, agendas, archived webinars); developing an online sustainability course, including videos of selected communities; and providing intensive PSE workshops on request. SOPHE conducted needs assessments of the cohorts; researched and contracted with hotel/site logistics for national meetings; created communications infographics; developed multiple toolkits; and identified relevant resources for the online repository. Both groups shared responsibility for developing and implementing project-wide training and TA plans; organizing conference calls and meetings of the national organizations and providing related minutes; producing project newsletters; and supporting communications initiatives. SOPHE and DHPE held conference calls once or twice a week, supplemented with face-to-face meetings that were facilitated by their geographic proximity and enhanced their trusted, working relationships.

To orient communities to this overall project and their role in the broader healthy communities' movement, DHPE and SOPHE provided each cohort a generic orientation that complemented other information provided by AHA, APA, and NWA. Based on the feedback from Cohort 1, they modified the process for bringing Cohort 2 on board. DHPE created an online course as a pre-requisite for attending the kick off national meeting. The course helped ensure that participants who attended the meeting had a common understanding of the value of PSE approaches, various approaches to PSE change, and how the communities' work fit into a larger movement. It also allowed more time for peer-to-peer sharing and interaction during the national meeting.

The third and final national meeting in Denver, CO provided an opportunity for community representatives from both cohorts to share their experiences, consider ways of sustaining and communicating about their work, and recommend practical improvements for future communities undertaking such work in the future ([note – see annual meeting agendas](#)). SOPHE recruited and trained facilitators to conduct "harvest sessions," (e.g., similar to focus groups using interview guides) related to major project themes, e.g. community gardens, farmer's markets, smoke-free housing, and active

transportation. Most communities presented posters and participants visited local sites that had implemented PSE changes.

DHPE and SOPHE also had responsibility for national and regional external communication and for facilitating communication among the national organization partners. Early in this project, DHPE and SOPHE as well as CDC offered required webinars for national organization staff. Throughout the project, DHPE and SOPHE coordinated regular calls among national organization staff and of work groups composed on representatives of each national organization. Work groups addressed national meeting logistics and agendas, training and TA plans customized to cohort needs, communication strategies, evaluation approaches, and strategic direction.

SOPHE and DHPE's communication efforts promoted community efforts in national outlets. Both organizations met challenges in finding the right media outreach firm/consultant due to the amount of funding available. Another challenge in the first year was garnering national attention for community efforts that were just getting organized and lacked any "headlines grabbing" depth or impact. The joint communications plan developed by the national organizations for the overall project used national health observances as the framework. For example, SOPHE developed press releases, toolkits, NAPS placements, and radio placements for National Nutrition Month (March), Fruits & Vegetables Month (September) and Holiday Healthy Eating (November/December). SOPHE sent its communications materials to the other national organizations, which disseminated through their communities and other media vehicles. All five national organizations assumed responsibility for one or more national health observances (e.g. AHA promoted National Heart Month each February). Both SOPHE and DHPE maximized their communications reach by emphasizing social media campaigns and traditional media directed at minority populations.

### **Project Challenges**

Meeting the needs of 94 communities at differing level of readiness, addressing different PSE priorities, and comports with different organizational processes at both the national organization and local levels presented challenges and demanded substantial flexibility on the part of DHPE and SOPHE. SOPHE and DHPE worked mostly behind the scenes. By the beginning of Year 2, AHA, APA, and NWA relayed newsletters, tools, resources, webinar information, etc. through their own channels to funded communities. SOPHE and DHPE interacted with funded communities in a limited fashion when providing logistics information for the national meetings, creating shared electronic communication and resource repositories, and hosting periodic webinars and "ask the expert" call in sessions. Over time, the number of DHPE and SOPHE-hosted webinars decreased, replaced with webinars hosted by AHA, APA, and NWA for their own communities.

At the initial grantees' meeting convened by CDC in October 2014, each national organization sent two representatives. CDC's expected the five funded national organizations to form one project, not five separate independent initiatives, leading the five organizations to function as a coalition at the national level. However, the fast-paced timeline in Year one required that each national organization focus more on hiring and organizing its internal affairs. Thus, the time needed to form a firm foundation for coalition work among five organizations that had not worked together previously -- and each with different experiences, partners, memberships and cultures -- was not given full priority. This made for a rough start, complicated in part by changes in CDC staff and other organizational dynamics.

Nine months into the project, the national organizations agreed that an in-person meeting with an external facilitator would help them better delineate roles and manage expectations. SOPHE arranged for facilitation by Community Initiatives and hosted the first meeting in May 2015. In addition to the improved relationships and shared timeline that resulted from the facilitated meeting, the national organizations left with a framework of using work groups for their collaborative initiative. Some work groups remained intact throughout the remainder of the project, while others operated short-term. All work groups included a representative of each national partner and CDC, who served as communication bridges or liaisons within their organizations or agency. By the time Cohort 2 communities were selected, the five national organizations had worked out their respective roles, established working relationships and processes, and maximized opportunities for overall project synergies and success. The opportunity to meet face-to-face several times a year continued throughout the project. A recommendation for future national organizations models is for facilitated meetings that allow the national organizations equal input into decision-making as a true coalition.

SOPHE's evaluator conducted qualitative interviews of all five national organizations to document recommendations for future projects involving national organization models. The details are reported elsewhere in this white paper. However, with respect to the roles of SOPHE and DHPE, having two national organizations funded with the same deliverables allowed for shared work but also required more time for joint planning and communication. Such effort might have proven more difficult without SOPHE and DHPE's previous positive working relationships and close proximity for face-to-face meetings. Alternatives that future projects might consider are to fund one organization with twice as many resources for all training, TA, and communications or to fund one national organization for training and TA and the other national organization for communications and media outreach.