Wisconsin WIC Nutrition Leadership Series

Session 3: Leading in the Community

Participant Handbook

Wisconsin
WIC-Nutrition Leadership Series

Sponsored by the Wisconsin WIC Program through a federal infrastructure grant from USDA

The purpose of this three-part training series is to build nutrition leadership capacity in Wisconsin. The focus will be on applying leadership behaviors and skills to influence and improve all aspects of participant's work in nutrition leading to better health outcomes and quality of life for their communities. The sessions are created around the principles of self-leadership, leading others, and leading in organizations and communities.

Featured Trainer/Facilitator:
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WIC-Nutrition Leadership Series

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Curriculum Objectives

Session 1: January 29-30, 2007 - Self Leadership

Purpose

"Leading *me* comes before leading others." Professional and life goals and aspirations change over time. By reflecting on your personal values, professional needs, strengths, weaknesses, communication style and decision-making style, you can take stock of your leadership assets and create a path for enhanced satisfaction in your work and life.

Outcomes

Upon completion of the training, participants should be able to:

1. Effectively use self-reflection techniques on a routine basis.
2. Identify personal and professional strengths, challenges and growth potential.
3. Reframe situations from multiple perspectives.
4. Distinguish internal values from collective values.
5. Use sources of personal reward and rejuvenation to sustain your professional practice.

Session 2: April 23-24, 2007 - Leading Others

Purpose

The key to leading for excellence is your ability to work successfully with everyone in your organization and recognizing your contribution to the organization. Plans on paper are nothing until people work together to get things done. In the end, people are the key to change and everyday success. The way you approach each encounter says a lot about your ability to lead others.

Outcomes

Upon completion of the training, participants should be able to:

6. Negotiate and manage conflict.
7. Build and sustain relationships to accomplish goals.
8. Function effectively as part of an interdisciplinary team and value professional practice and expertise.
9. Demonstrate the ability to communicate effectively about public health nutrition with multiple audiences
10. Utilize personality, commitment, and passion to attract others to nutrition mission and goals.

Session 3: July 23-24, 2007 - Leading in the Community

Purpose

Leading nutrition related efforts in the community requires skills and strategies for working effectively with diverse stakeholders. In this session, you will learn about ways to engage the community in the design and development of successful nutrition policies and program.

Outcomes

Upon completion of the training, participants should be able to:

11. Identify a wide range of stakeholders who influence changes in public health nutrition policies and programs within your organization and community.
12. Identify assumptions and detect ambiguities and contradictions in positions and beliefs of stakeholders.
13. Use data, levels of evidence, and other objective evaluative criteria in proposing and selecting nutrition-related policies and programs for your community.
14. Use strategies to balance the interests of diverse stakeholders in a coalition or work group.
15. Effectively facilitate meetings and decision-making with a variety of stakeholders/constituents.

Session 3: Leading in the Community
AGENDA
Monday, July 23, 2007

9:30–10:00	Registration and Continental Breakfast
10:00–10:20	Welcome; Review Purpose, Outcomes, and Overview of Session 3
10:20–11:00	Session #2 Follow-Up: What's Your Lesson Learned?
11:00–11:15	Stretch Break
11:15–12:30	Great Meetings, Great Results
12:30–1:30	LUNCH BREAK
1:30–3:00	Facilitation Skills and Group Process – Content and Practice Sessions
3:00–3:15	Break
3:15–3:45	Picking the Right Process Tools
3:45–4:45	Keeping the Meeting on Track – Interrupting and Redirecting
4:45–5:00	Plus-Delta for Day 1 Review expectations for Day 2

Session 2: Leading in the Community
AGENDA
Tuesday, July 24, 2007

8:00-8:30	Breakfast & Getting Settled
8:30-9:00	Use of Evidence for Decision-Making
9:00-9:30	New Communities – Giving & Gaining
9:45-10:00	Break
10:00-10:20	Understanding Nutrition Intervention Partnerships
10:20-11:30	Community Partnership Case Study Part 1
11:30-12:30	LUNCH & ACTIVITY Break
12:30 -1:00	Coalitions, Partnerships, and Planning Teams
1:00-2:30	Case Study – Part 2 Community Partnership – Strategies for Success
2:30-2:50	Your Leadership Self-Development Plan
2:50-3:00	Plus/Delta for Session #3 and the Leadership Series
3:00	Adjourn

Overview of "Leading in the Community" Note Pages

Purpose

Leading nutrition related efforts in the community requires skills and strategies for working effectively with diverse stakeholders. In this session, you will learn about ways to engage the community in the design and development of successful nutrition policies and program.

Why is facilitation a leadership skill?

Why is it important to use data, levels of evidence, and other objective evaluative criteria in proposing and selecting nutrition-related policies and programs for your community?

Why is working in the community to influence changes in public health nutrition policies and programs necessary?

-
-
-

Why do I need to know how to work more effectively with diverse stakeholders?

-
-
-

Follow-up Activity from Session #2

What is Your Lesson Learned?

(see page 10 for list of suggested follow-up activities)

Take 5 minutes to write down the "guts" of your *Lesson Learned* story.
REMEMBER…

- **Give details.**
- **Make it colorful and memorable.**
- **Try to tell your story in 4-5 sentences.**

Most Important!
Share what you learning about yourself and your leadership skills or style.

Part One: Write it down!

Part Two: Share it in your small group

Part Three: Sign up for Leadership Open Mic!

Suggested Activities from Session #2 Follow-up

1. Use DeBono's colored hats at an upcoming team meeting when there are big decisions to be made.

2. Share the concept of a personal mission and vision statement. Share your own mission/vision statement. Encourage your team members to create their own mission/vision statement.

3. Work with your team to develop a "team vision statement" that reflects the work of your team and where you'd like to be in 5 years.

4. Use Chapter 6 of "Discover Your Strengths" to help identify the strengths of a person in you workplace or on your team who you may not always work well with.

5. Use the Difficult Conversations worksheet (blank worksheets provided in back on this workbook) to think through an upcoming meeting or a conversation that you must have with a colleague. Practice the statements and questions you might use with this person. Consider your purpose and words carefully. Have the conversation. How did it go? Write down you reactions and experiences with trying a new way to handle a difficult conversation.

6. Use your Emotional Footprint Chart to "step" out of your comfort zone. Consider talking about a feeling that you are not comfortable discussing. Use the Difficult Conversations worksheet to guide you. Try it. Write about your experience.

7. Use the CSI with your team or co-workers to evaluate and discuss different communication styles and ways to work more effectively together.

8. Use the Roles and Characteristics of Team Members to identify the roles that people play on a team in your worksite. Think about ways you can expand your team and pull in a wider variety of members.

Great Meetings, Great Results
"Mini Agenda" and Note Pages

1. What is facilitation?
2. What are characteristics of a successful facilitator?
3. Do you need to have a meeting at all?
4. Why are you having the meeting (purpose) and what do you want to accomplish (desired outcomes)?
5. What are the key design components of an effective meeting?
6. How do you intervene and get the meeting back on track?

What is facilitation?

- The process of helping a group complete a task, solve a problem or come to agreement to the mutual satisfaction of the participants.

- Successful facilitation takes preparation and planning, a constructive attitude, certain skills and behaviors, and a collection of process tools.

- To serve the group, not to dominate.

- Guides the process but does not give input on the content of a meeting – that comes from the participants.

- As sign of a good facilitator is that the group members feel they've done their work themselves.

What kinds of meetings do you have?

You do the math!!!

What are characteristics of a successful facilitator?

Facilitative Attitudes

- Servant of the group and its process
- Respect and compassion
- Positive
- Flexible
- Non-defensive
- Neutral (but not passive)

Essential Skills

- Listening Skills
- Summarizing and Clarifying
- Group Development/Dynamics Skills
- Process Skills
- Intervention/Conflict Management Skills
- Recording and Graphic Skills

Clarifying Your Role as Facilitator

Before any meeting gets underway, it is important to discuss roles among group members. It is important to give away roles such as timekeeper, break monitor, or recorder to make the facilitator job easier and to get the group more involved in the ownership of the meeting.
Great Meetings – Great Results: pages 14-15

Facilitator:

Facilitator /Expert:

Facilitator/Leader:

Facilitator/Member:

Recorder/Scribe:

Time Keeper:

Break Monitor:

Do you need to have a meeting at all?

Assessing the Need for a Meeting

Do we need interactive communication?

- To discuss ideas
- To develop group ownership of a problem and its solution
- To create group commitment to an idea, goal or project
- To develop agreement or make decisions

If *YES* to any of the above, how shall we meet?

- Face-to-face
- Phone conference
- Video conference

THEN…Design the meeting:

- Define purpose
- Desired outcomes
- Agenda
- Choose tools, etc.

If *NO* to any of the above, what do we need?

- Delivery of information
- Training
- Boost team morale

THEN…choose the right action:

- Send a memo or email
- Schedule a training
- Have a team building event

Assessing the Need for a Meeting: Mini Case Studies

Case #1:
A site coordinator oversees the work of ten nutrition team members. Nine of the people are very conscientious about turning in required data and statistics on time. However, one person doesn't feel that deadlines are important. The coordinator calls a meeting to discuss the importance of on-time data collection and its impact on the organization.

Should the coordinator call the meeting in this situation? Why?
If not, what should the coordinator do as an alternative?

Case #2:
Your organization has made major changes in its benefits package. The Human Resource Director calls a meeting of all employees to inform them of these changes.

Should the HR Director call a meeting in this situation? Why?
If not, what should she do instead?

Case #3:
Your organization has many hard working employees spread out over several sites. Not everyone knows each other. The director brings together everyone once a month to honor those who have been named employees of the month and to stay connected as a team and also to do whatever else is important at the time.

Should the director use meetings in this situation? Why?
If not, what should the director do instead?

Case #4:
You are asked to facilitate a meeting of representatives from five environmental organizations who have had quite a lot of conflict over turf issues related to fundraising.

Should you facilitate a meeting to address the situation? Why?
If not, what should the director do instead?

Information needed to Design and Facilitate a Meeting

Purpose and desired outcomes:

What is the purpose of the meeting? Where are you having the meeting?

Is a meeting the best way to accomplish the purpose?

What re the desired outcomes of the meeting?   What tangible products (e.g lists, decisions, etc,) do you wish to have at the end of the meeting?

Nature of the group:

What is the history and makeup of the group?

How many people will be at the meeting?

Are the people necessary to do the task included in the meeting?

History and context:

What is the history of the situation?

Are there any underlying problems or external forces that might impact this meeting?

Is there anything that might make the meeting particularly challenging?

Roles and logistics:

Are there any issues about your real or perceived ability to be a fair facilitator, e.g. perceived as neutral, history with the group or members of the group, adequate content literacy?

Will you have multiple roles in the meeting? If so, what are they, e.g. facilitator, scribe, participant, leaders, expert?

Who will be responsible for the logistics of the meeting, e.g. room reservations, set up, equipment, and refreshments?

Can you and the rest of the group commit to the time necessary and find a mutually acceptable schedule?

What background information will participants need prior to the meeting and who will supply it?

Who will be responsible for typing up and circulating the notes from the meeting?

Why are you having the meeting (purpose) and what do you want to accomplish (desired outcomes)?

ACTIVITY

PURPOSE AND DESIRED OUTCOME WORKSHEET

The purpose of this activity is to develop clarity about the purpose and desired outcomes for a real meeting you have coming up in your life.

1. **Briefly describe your meeting:** (e.g. staff meeting, team meeting, taskforce meeting, etc)

2. **What is the purpose of the meeting:** Why are you having this meeting? What do you want to accomplish. Write a statement that summarizes the purpose.

3. **What are the desired outcomes?** What tangible product do you want to walk away with at the end of the meeting? What is the format or share of the outcome….list, recommendation, decision, agreement? List the desired outcome(s) of the meeting.

What are the key design components of an effective meeting?

Great Meetings Facilitation Model

<u>BEFORE THE MEETING</u>

Assess the need for meeting

Prepare for meeting

<u>AT THE MEETING</u>

OPENING:

- **Introductions**
- **Review purpose, outcomes, agenda**
- **Ground rules and roles**
- **Meeting time frames**

TASK:

- **Move through the agenda**
- **Use problem solving model as appropriate**
- **Make interventions as necessary to keep meeting on track**

CLOSING:

- **Review decisions and accomplishments**
- **Establish next steps (what, who when)**
- **Check parking lot**
- **Evaluate the meeting**

<u>AFTER THE MEETING</u>

Follow up on any agreements made

Ground Rules Worksheet

Ground rules/group guidelines/group norms that would help me have a productive meeting and a positive experience?

Ground rules we have agreed to?

Additional ideas for ground rules that could be helpful in other groups or meetings?

The BASICS of Recording – Page 193 of Great Meetings, Great Results

Use this page to record a Mini version of a Flipchart Sheet

Agenda Planning Worksheet

Purpose statement:

Desired outcome(s):

Time frame	Topic	Method	Who
Opening	Introductions Review purpose, outcomes, agenda, roles, rules, timeframe Set up a “parking lot”		
Task			
Closing	Review decisions Acknowledge accomplishments Identify next steps Evaluate meeting		

Practice Session – Small Group Activity

The purpose of the practice session is to experience the sequence of a simple meeting. Prior to starting the meeting, choose two people to be facilitators and two people to be scribes.

Meeting Purpose: to develop a prioritized list of leadership training topics that would be useful for 2007-2008 regional meetings.

Meeting desired outcome: a short list of leadership training topics, prioritized by which would be most useful to the participants in this workshop.

Suggested agenda for this meeting:

Time frame	Topic	Method	Who
Opening 5 min	1. ground rules 2. purpose, outcomes, agenda 3. roles	▪ affirm use of current rules ▪ read and ask for questions ▪ review roles	Facilitator #1 Scribe #1
Task 10 minutes	1. generate leadership training topics 2. organize and combine ideas as necessary 3. check list of ideas for clarity and understanding	Sticky note brainstorming (page 85)	Facilitator #1 Scribe #1
CHANGE FACILITATOR 10 minutes	1. check around the group for individual's opinion on most effective idea 2. Reflect back to the group the decision;	Quaker dialogue (page 44) Sense of the Group (page 129)	Facilitator #2 Scribe #2

	check that it is okay		
Closing	1. Review the agreement 2. Identify next steps 3. Evaluate the meeting	▪ List what, when, who ▪ Plus/Delta	Facilitator #2 Scribe #2

Feedback Guidelines

When giving feedback, remember to:

- **Reinforce what the person is doing well**
- **Give specific examples to support your feedback**
- **Offer clear, specific suggestions for improvement**

When receiving feedback, remember to:

- **Breath**
- **Listen**
- **Ask for specific feedback if you want it**
- **Ask questions for clarification**
- **Stay focused on what you did well or wish to improve**

Step 1 Question for Person Practicing:

"What worked well for you in your facilitation/scribing? What did you feel comfortable about?"

Step 2 Questions for Members of the Group:

"What did you notice that the facilitator/scribe did well?"

Step 3 Question for Coach:

"What would you add that the facilitator/scribe did well?"

Step 4 Question for Person Practicing:

"If you could do it over, what would you do differently or upgrade?"

Step 5 Question for Members of the Group:

"What suggestions do you have for upgrades or changes?"

Step 6 Coach:

"What observations, suggestions or recommendations would you add?"

Picking the Right Process Tools

GENERATNG IDEAS

Brainstorming:

- Popcorn
- Hybrid
- One at a time
- Sticky note
- Subgroup
- Subset
- Warm up

Defining and analyzing the problem:

- Brain mapping
- Fishbone diagram
- SWOT analysis
- What is/is not the problem

Visioning the ideal:

- Create a poster
- Go wishing
- Newspaper article
- Picture the future
- Visualization

EVALUATING IDEAS

Consolidation of ideas into groups:

- Affinity groups
- Loop and group (color coding)

List in priority order:

- Multi-vote
- Nominal group process
- Paired comparisons

Analyzing ideas:

- Option comparison grid
- Force Field Analysis

- Pro/con sheet

DECIDING

Vote

- Majority
- Super majority

Consensus

Sense of the group

How do you intervene and get the meeting back on track?

Interrupting and Summarizing:

1. Listen carefully in order to understand the person's key point(s).

2. Interrupt the person
   - "Mary…." Or
   - "Mary, just a minute…" or
   - "Mary, let me interrupt for a moment."

3. Summarize the person's key point and check to make sure you have it right.
   - "So, Mary, you are concerned that if the department switches to the flexible schedule that there will be some hours that are not covered properly."

4. Ask for a comment form someone else or open the subject to the rest of the group.
   - "Jim, you looked as if you had something to add." Or
   - "Are there others who have the same concern?"

Interrupting, owning a problem and asking for help:

1. Make a decision in your own mind about what isn't working. For example, there are a lot of side conversations disrupting the group OR a person is going on and on without coming to a specific point.

2. Interrupt the person (and/or the group)
   - "Excuse me a moment."

3. Own the problem
   - "I'm sorry, but I can't hear the person speaking with all this buzz in the room." OR
   - "Beth, I am having trouble following your key thought."

4. Ask for help
   - "It would help me if we didn't have side conversations; I want to make sure we all hear what is being said." Or

- "Could you summarize it for me, Beth?"

5. Go back to the person and summarize what they were in their comment.
    - "Thank you. Now, Jim, you were talking about the budget."

Interrupting the whole group:

1. Make your own judgment about what is happening with the group (example: the discussion has moved from the new schedule to the computer software problem)

2. Reflect your understanding of the problem to the group and check its accuracy.
    - "It sounds to me as is we have drifted off the issue; is that right?"
    - "It feels to me as if people are confused about what we are doing; am I right?"

3. Make a process suggestion to help the group move forward.
    - "Let me review where we are in the agenda."

KEY STEPS

Listen
Interrupt
Reflect back
Check for accuracy
Choose appropriate action

Using Data and Levels of Evidence to Support Policies and Programs

Sources:
Evidence-Based Public Health, Chronic Disease Directors, Centers for Disease Control and Prevention, and St. Louis University

Searching and Organizing Scientific Literature - Murray L. Katcher, Chief Medical Officer for Community Health Promotion, Wisconsin Division of Public Health

Note Pages

What's the buzz around evidence-based practice?

Is it a Promising Practice, Best Practice, or Evidence-Based…or NOT?

Promising Practice:
Promising practices are programs and strategies that have some quantitative data showing positive outcomes, but do not have enough research or replication to support generalizable outcomes.

Best Practice:
Best Practice is on a continuum of practices/programs ranging from promising, to evidence-based.

A method, process, activity, incentive, or reward that is more effective at delivering a particular outcome than any other technique, method, process, etc.

Levels of Evidence:
Level I: Evidence obtained from at least one properly designed randomized controlled trial.

Level II-1: Evidence obtained from well-designed controlled trials without randomization.

Level II-2: Evidence obtained from well-designed cohort or case control analytic studies, preferably from more than one center or research group.

Level II-3: Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled trials might also be regarded as this type of evidence.

Level III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

Scientific Literature Review

Background

•Success of evidence-based public health rests largely on the ability to find credible, high quality evidence.

•Modern information technologies exist for finding valuable evidence quickly and efficiently.

•This evidence is often obtained from searching the scientific literature.

•It is essential to follow a systematic approach when searching the scientific literature.

Sources for scientific information

- •Books
- •Government reports
- •Journals
- •Internet
- •Scientific meetings

Timeliness of scientific information

- •Disregard traditional textbooks.

- •Focus on scientific publications.

    - •25,000 scientific journals

    - •2,000,000 new research articles / year

Types of publications in the scientific literature

- •Original research articles

- •Review articles with summaries

- •Review articles with quantitative synthesis

- •Guidelines

Organizing a search of the scientific literature

- •Review issue statement & purpose of search.

- •Select bibliographic database.

- •Identify key words.

- •Conduct search.

Organizing a search of the scientific literature

- •Select and organize documents for review.

- •Abstract pertinent information from each document.

- •Summarize scientific literature review.

Review issue statement and purpose of search

- Which evidence is relevant for my questions?

- What conclusions can be drawn regarding effective approaches based on the literature assembled?

Community Guide **http://www.thecommunityguide.org/**

-Source of information on evidence-based interventions for nutrition, physical activity, and obesity prevention.

A quick "on-line" tour

Scientific Literature Review
Select bibliographic database

MEDLINE

—Most widely used database for searching health sciences literature.

—Maintained by National Library of Medicine.

—Free to users.

—Updated frequently.

—Relatively "user friendly".

•

–Provides title, authors, publication source, abstract, key words, and other "tags".

–Full text sometimes available by linking to journal website.

Identify key words
•Terms that describe the characteristics of the subject being reviewed.

•Most bibliographic databases require standardized key words from a list of Medical Subject Heading (MeSH) terms.

•Useful sources
–Find key words on two relevant scientific articles (one more recent and one less recent).

–Find key words in alphabetical list of MeSH terms.

–Use non-standardized key words (if allowed) may provide less precise literature search.

•May include many irrelevant articles.

•Can narrow the scope of literature searches.
–Exclude specific publication types, e.g., editorial, letter, and comment.

•Can narrow the scope of literature searches.
–Focus initial search on “review” articles to identify original research articles.

–Link to other articles.

–Search by author’s name for similar studies.

Information can be used for various purposes.

–To support new budget item presented to administrators.

–To convince key policy makers.

–To prepare grant application for external support for new or existing program.

Outside Sources

Three methods for finding evidence outside Scientific Literature

- •Fugitive literature
- •Key informant interviews
- •Professional meetings

Fugitive literature

•Includes government reports, book chapters, conference proceedings, and other materials not available in bibliographic databases.

•May be challenging to locate.

•May need to contact experts to ask for evidence from fugitive literature.

Key informant interviews

•Useful when needing more information on how intervention was developed and implemented.

•Can obtain by contacting key informants listed in literature, professional networks, or Internet.

•Many professors and managers are willing to provide additional information about their work.

Professional meetings

•Important intervention research presented at small and large meetings.

•Seek meetings that use peer review process for abstract review.

•Lead authors are often willing to discuss their research in more detail.

New Communities: Giving and Gaining
Small Group Activity

Worksheet

You have 20 minutes to work on this activity.

1. Each table will be assigned a “Situation” from the list.
2. Identify a group recorder who will write on the flip chart.
3. As a group, brainstorm possible solutions to the situation.
4. Decide which 2 are the best and most realistic solutions.
5. For each of these solutions, record what power you would <u>loose</u>?
6. And, for each solution, record what power you would <u>gain</u>?
7. Identify 1 person to report for your group:

Situation 1

My position is 100% nutrition counseling in a public health clinic. The outpatient dietitian from the local hospital has asked me to help develop and implement some healthy eating classes in conjunction with Extension. This is a great opportunity to get more involved with the community, but I'm not sure if my supervisor will let me.

Solutions ***Power Lost*** ***Power Gained***

Situation 2

I started a local wellness committee about 6 months ago. After reviewing our community health assessment data, we have identified "child and adolescent obesity" and "low-fiber, high-fat eating habits of adults" as our priority health concerns for the community. The committee consists of myself (public health), a local hospital dietitian, Extension specialist, the high school volleyball coach, and a local WIC nutritionist. Committee members don't seem interested and for the past two meetings only one other committee member showed up. I'm not sure what to do next.

Solutions ***Power Lost*** ***Power Gained***

Situation 3
I am a public health nutritionist working in a five-county region. The state public health department's goal for this fiscal year is to develop community health coalitions to carry out "Fruit and Veggie More Matters" campaigns. Currently, there is a very enthusiastic nutrition coalition in my "home" county, which has lots of ideas. Other members and myself offer our time to the coalition on an in-kind basis. The only program success the whole five-region coalition has experienced to date is the development of a food resource pamphlet, of which the formatting and printing were donated by a local hospital. I'm not sure how to pursue this new concept in my community.

Solutions	***Power Lost***	***Power Gained***

Situation 4
I am one of several members of a coalition who represent both nutrition and physical activity. We have assessed the data and have prioritized health issues for interventions. One priority we have identified has been working more closely with grocery stores due to the fact that successful nutrition programs have been implemented there in the past. When we begin forming our work groups to plan interventions for each health issue we are hoping each group will have members that represent both nutrition and physical activity. However, no one with a physical activity background wants to join the grocery store group because it is "not their area."

Solutions	***Power Lost***	***Power Gained***

Are you committed to reducing the incidence of chronic disease in your community?

Are you time-pressed? Dollar-poor? Staff-short?

Do you want to enhance your reputation for nutrition interventions with programs that are one target with community needs, in line with the agency's priorities, and creatively supported?

Then working with community partners is critical!

Understanding Nutrition Intervention Partnerships

Source: Nutrition Interventions: Rural Communities-Realistic Strategies, REACH Program, Division of Epidemiology, University of Minnesota.

Community partnerships are entities created when two or more organizations exchange information, work together, share resources, or solve problems. Participating organizations find mutual goals. Partnerships can be temporary or long-term; they agreements can be informal or formal. They range in style from loosely linked networks, whose main purpose may be to exchange information (coalitions), to highly visible, strongly connected partners, whose purposes are often complex and long-range (collaborations).

Whether the focus is on social marketing or community organizing, the nutrition intervention partnership actively involve agency representatives, community partners, and consumers in the process of developing, implementing, and evaluating interventions.

The leadership of a nutritionist is CRITICAL, whether the nutritionist is in the agency or in the community.

Agency and community partners share responsibility for sign, pretesting, tracking, and feedback. Partners see each other as equals. They work WITH one another, rather than one partner FOR another. They become increasingly interdependent as they work toward common goals.

Nutrition Intervention Strategies

Strategies are major alternative courses of action that further the goals of the nutrition intervention partnerships. Strategies address individual and community-level change.

Strategies can <u>EDUCATE</u> community residents – for example, by enhancing the school curriculum to encourage healthier eating patterns.

Strategies can create awareness of health-promoting behavior or change in the environment. These <u>ENABLE</u> or support individuals who are trying to change he way they eat – for example, by labeling healthier menu choices in restaurants.

Organizations and communities can <u>ENACT</u> policies that support nutrition-related behavior change – for example, by adopting worksite vending machine policies that require healthier food choices.

Intervention strategies are opportunities to <u>ENGINEER</u> change – for example, by mandating the addition of fruits and vegetables are part of the WIC food package or by requiring local communities to install sidewalks with all new road building.

Education, business, labor, housing, media, economics, food, and agriculture are all examples of interests outside health with strong influences over health prospects. We need to reach out fully and forcefully to the business community in seeking solutions to problems as complex as those now facing us.

Recognize Potential Partnership Risks

Weigh risks and benefits

- Potential risk to agency

  Will your agency's credibility be tarnished by associating with profit-making groups?

  Interventions with food marketing partners may be especially uncomfortable for health professionals concerned about the ethics of promoting specific food products by brand name.

  Some may find it hard to believe that the profit motive of business partners can be compatible with the public good.

  In these cases, negotiation and compromises will be needed.

- Potential risk to the community

  There is a risk of confusing or misleading the community if the intervention's integrity is not assured.

  Maintaining and consistently applying the scientific basis for the intervention are quality control concerns that surface as the responsibility for developing and implementing intervention components is shared among partners.

- Partners see potential risks, too

  Business partners, particularly, fear that confidentiality about proprietary information will not be maintained. Protecting such information is essential to their competitive edge in the marketplace.

Public sector partners may be perceived as slow-moving bureaucracies bound by red tape. Business partners often need flexibility and quick turnaround on decisions to stay competitive.

Some community partners will be unfamiliar with your agency's public health mission and activities. As they weigh the risk and benefits of partnership, they might question whether the public health agency commands enough respect in the community to add value to the partnership.

NOT all partnerships that are explored are feasible or timely. Potential partners might be reluctant to cooperate because of fears that public airing of the non-resolvable differences might damage their public image.

Partners fear being viewed as bottomless sources of funding. They need to see adequate return on the dollars they invest.

- Potential risk shared by your agency and prospective partners
  Fear of the unknown and lack of familiarity can result in wrong assumptions about forming partnerships.

Minimize the Risks

Understanding your role in the partnership is key to minimizing the risks.

- Credible health information source

  Your role as the credible source of accurate health information for community residents, partners, and other health professionals.

  Other credible organizations are clinics and medical centers; university nutrition departments and extension services; voluntary organizations such as the American Heart Association, American Cancer Society, American Diabetes Association; and local professional organizations such as state or local nutrition councils or dietetic associations.

  The credible health information source protects the integrity of the agency and the intervention, builds consensus for criteria, and trains those who will implement the intervention.

  These are important functions because potential risks to credibility and integrity increase when population-based strategies are used. Whole communities can be exposed to misleading or confusing health information.

- Criteria protects credibility

  Risk to credibility is minimized when food- and brand-specific strategies or standards are used to identify and promote healthier food choices. Their application protects your agency, the food-marketing partner, and the consumer with scientifically defensible and fair decisions about which food products can be promoted and which cannot. Establishing criteria is an early and absolutely essential step.

- Standards, protocols, and training protect integrity

- Seize the educational opportunity to educate influential people in the community about the public health mission and activities of your agency to change the perceptions about the risks and benefits of cooperating with you.

- Personal credibility counts
    - Follow through on commitments of time, attention, and resources–both the casual, “I’ll drop that brochure off tomorrow” commitments and the official contractual obligations.

    - Maintain confidentiality of partners’ proprietary information. Ask if you’re not sure what information is proprietary.

    - Speak candidly, but tactfully, and work to create an atmosphere in which partners are also encouraged to do so.

    - Respect partners’ time and attention. Be on time for appointments; respond promptly to phone calls.

    - Be well prepared all the time. Find out about partners’ constituencies and their current issues and concerns. Learn the vocabulary that may be unique to the partner’s environments.

Community Case Study – Part 1
Small Group Activity

You have 45 minutes to work on this activity.

1. Read the "status report" for your program, your agency and your community below.

2. As a in "internal agency team" discuss the following questions.

3. As a team, decide on next steps based on the questions.

4. Select a facilitator, a scribe, and a timekeeper for this activity. Record your discussion points and your decisions on newsprint.

DECISION #1: Based on the "status report," decide what issues are most important to focus on for:

Your Program

Your Agency

Your Community

Is there any synergy across these issues? Is there any way to "link your internal interests and needs with a broader community need?

DECISION #2: As a group, come up with a strategy or action to address each of the Issues identified in Decision #1.

Your Program

Your Agency

Your Community

DECISION #3: Based on your issues and strategies/actions, select 4 community members from the list below who you would like to work with/approach to help address the issues in your program, your agency and your community.

- Public Health Nurse in local health department
- Director – Local Chamber of Commerce
- PTA President - Elementary School
- Inpatient Hospital Dietitian
- Consumer
- Physical Activity Director at County Parks and Recreation Department
- Local Grocery Store Manager
- County Extension Education Director
- Family and Consumer Sciences Teacher
- Physicians Assistant - Local Physician's Office
- Beauty Salon Owner
- Other ________________

Other ___________________

“Status Report”

Your Program

- The Nutrition Services recently received some county board of health funds to support .15 FTE of the PH Nutrition Directors position. This is not a lot but it helps to have some time to devote to non-WIC activities.

- The Nutrition Services was also successful in getting $10,000 this year in MCHB Block Grant funding to support high-risk counseling and support for the most at-risk prenatal women and children with special health care needs.

- The WIC Program caseload has been steadily declining over the past year and has dropped by 17% across all categories of participants. This is troubling as the administrative funds for nutrition positions are tied to the caseload. The needs assessment information shows the need exists in the county. You suspect that the increased number of women returning to work may have something to do with the decreasing participation numbers.

- The breastfeeding initiation rates are still high (55%) compared to the state rates but the duration rate at 6 months postpartum has dropped from 22% two years ago to 17% in this year.

Your Agency

- The agency is in the middle of major reorganization and there is a lot of changes to reporting relationships.

- The agency’s priorities for the last 2 years have focused on disaster preparedness.

- The agency worked to lead a community health assessment. As a result, there is a renewed focus on prevention and working with community partners to address some of the key health concerns.

Your Community

- Over the last year, one OB/GYN dropped obstetrics from her practice due to high cost of malpractice insurance. One of three local pediatric groups is considering a move to a more urban area.

- The rate of adolescent pregnancy has increased from 4.3% to 5.8% over the last three years.

- 42% of adults in the county have a BMI > than 30. This has increased steadily over the last 10 years.

- Quality, availability and cost of daycare.

- Fear of groundwater contamination from a closed US Air Force Base. The extent of contamination is not known but the EPA, state and local officials are involved in assessing risk of drinking water contamination.

- Concern that economy will turn bad and the 2 manufacturers in town will lay off large numbers of workers.

- Adults are heavier and more adults seem to have diabetes.

- Worried about cancer especially with risk of drinking water contamination.

- Poor quality of food in schools. Serve pizza and soda everyday in high school.

<u>Here is a summary of some of the community Assets and Strengths</u>

Business

- The top 10 employers (in size) all have on-site cafeterias.
- The businesses in the industrial park are contracting with the local family physician's office to provide all their prevention and medical services.
- Friendsville has one shopping center and is planning a new one that will have 2 levels.

Preschools and Early Childhood Care

- Three of the five large child-care facilities have their meals and snacks catered by the local school district, and the other two centers have their meals and snacks catered by the largest regional hospital.
- The state has allocated 50% of its tobacco settlement funds for local programs that help ensure children enter school ready to learn.

Schools

- There is good support from the community and a high percentage of the students participate in a broad range of after-school sports.
- The school district just decided not to renew a 5-year contract with Coca-Cola.
- All the schools have a PTA, but there is great variability as to how active they are.

Faith-based Organizations

- The area churches hold/organize most of the TOPS (take off pounds sensibly) groups. These are support groups for people trying to lose weight and may include counselors and educational speakers.
- Blood pressure checks offered at least one Sunday a month are typical in most churches.

Neighborhoods

- There is a city ordinance that requires a resident to have their sidewalks redone if there is a ¾ inch height difference from one slab to the next or from one brick to the next.

Debrief Notes:

Coalitions, Partnerships, Planning Teams

While most coalitions start off with a burst of enthusiasm and commitment, many reach a stage where members tire and drop out or the group gets stuck and loses momentum. The causes of this are somewhat predictable, and therefore, avoidable.

Warning Signs for Your Coalition

1. **Loss of direction or focus.**
2. **Loss of leadership of struggles for leadership.**
3. **The "Founding-Member-Syndrome"**
4. **Unequal involvement and recognition of members.**
5. **Poor planning efforts.**
6. **Negative publicity.**
7. **Failure of planned projects.**
8. **Burnout or unrealistic demands on members.**
9. **Bureaucratic structure.**
10. **Turf battles and competition.**

Here are some suggestions for renewing the enthusiasm of your coalition when you notice one or more of these warning signs:

Loss of direction or focus

- Review mission statement, goals, or focus.
- Examine whether the coalition has fulfilled its mission and needs to disband or change focus.

Loss of leadership or struggles for leadership

- Build and use a leadership and decision-making system that encourages shared leadership and responsibility.
- Rotate leaders.
- Use committees in which members have input into decisions.
- Select a facilitator who is seen as "neutral" and competent.

The "Founding-Member-Syndrome"

- Develop bylaws that limit the length of the term for leadership positions.
- Develop a process for bringing new members into the coalition.
- Orient new members and provide opportunities for input into decision-making.

Unequal involvement and recognition of members

- Create opportunities for every member to be involved in some way
- Provide opportunities for team building, to increase group cohesiveness and comfort.
- Form more committees and subgroups.
- Recognize each member's contributions and accomplishments frequently.
- Clarify responsibilities and roles of individuals and committees.

Poor planning efforts

- Provide training for members and leaders about how to plan.
- Engage an outside consultant to help the group through an initial planning process.
- Provide a mechanism for frequent review and evaluation of efforts, and for communication between members.
- Make planning a priority.

Negative publicity

- Get accurate information to all members immediately.
- Appoint a person to act as public spokesperson.
- Develop a public relations plan.
- Maintain a high level of communication among members.
- Open up process (membership, decision-making).

Failure of planned projects

- Study the causes of failure and apply what is learned to future projects.
- Recognize any positive aspects of projects.
- Look for the capacity of the coalition to accomplish projects and adjust expectations for future projects.
- Organize a small, simple project with a high probability of success in order to re-energize the group.

Burnout or unrealistic demands on members

- Slow down the process.
- Take a break.
- Rotate leadership positions.
- Focus on expanding membership in order to share responsibilities more widely.
- Review goals and timelines in relationship to available resources.

Bureaucratic structure

- Simplify policies and procedures.
- Reduce the layers between the top leadership and the members.

Turf battles and competition

- Assist members to focus on the "common ground" within the coalition and on the coalition's goals.
- Be sensitive to each member's agency responsibilities and potential conflict or changes.
- Explore ways to meet members' individual, agency and coalition goals.
- Leader should be seen as neutral.

Adapted from: The Community Collaboration Manual, The National Assembly of National Voluntary Health and Social Welfare Organizations. (1991).

Keeping Coalition Members Involved

The composition of your coalition and the roles of members may change as your group progresses or matures.

- If you have a multi-issue coalition, some people may chose to stay involved only until goals have been prioritized and then leave when they are confident that issues that concern them are being addressed. Others may leave as soon as they realize that their own favorite project or interest will not be pursued. Be sure to thank these people for their contributions. Then discuss with the rest of the group whether this person should be replaced and if so, who should be asked to join the coalition.

- Sometimes coalition members have the commitment and the time to be involved in the oversight of a coalition but are unable or unwilling to be involved in carrying out specific tasks as a committee member. Maintain these people's interest by sending reports and inviting them to coalition meetings.

- As your group develops priorities and action plans, you may ask others to join the group. Make sure that these individuals feel welcome and receive background information (such as sub-committee rosters and reports) so they feel a part of the group.

- Many communities have people who like and want to be on a coalition or in organizations because of the social interaction, recognition, or visibility this provides. Some of these people make wonderful contributions because they are well connected in the community and know a lot about the community. Unfortunately, others simply want to be listed on the coalition roster but do not attend meetings or get involved in sub-committee tasks. If your group has several people like this, you may want to ask additional people who would represent the same groups or similar interests to join the coalition. While this can be awkward or make the group rather large, you can be more assured of having adequate resources to carry out the coalition's activities.

- Policies regarding functioning of a coalition may need to be reviewed and expanded as the group progresses. Provide opportunities for members to either recommit themselves to the group's work or to comfortably depart when they are no longer willing or able to make a contribution. Review this process regularly and provide members a chance to clarify what they expect and would like their role and responsibility to be.

Adapted from Building Local Leadership for Community Nutritional Health, University of Wisconsin – Extension, 1996

Building Leadership

One of the characteristics of a successful coalition is that many persons or groups share leadership responsibilities. This is called *shared leadership*. By sharing responsibilities such as chairing committees, arranging for speakers, organizing data collection, providing emotional encouragement, facilitating discussions or conflict management, doing behind the scene meeting preparation, and writing reports, coalition members are building *personal leadership* skills that help the group function more effectively. Not only does sharing responsibility contribute to the personal development of individual members, it guards against other problems. When just a few members are providing leadership, these persons can get burned-out. Power is placed in the hands of a few.

As a group your coalition builds and provides leadership for your community. Your coalition provides leadership for other organizations, public agencies, and private individuals that contribute to or benefit from programming and interventions. As a coalition you provide leadership by developing community awareness of local needs, providing a forum for discussion, enabling organizations to work together, and serving as a catalyst for change.

Community Case Study – Part 2
Meeting with Your Potential Partners

You have 1 hour to work on this activity.

1. Prepare for a meeting with the potential partners that you identified in Part 1. Use the Meeting Planning Form on the following page to plan this meeting.

2. The purpose of the meeting is to decide on a community strategy from the "Blueprint for Nutrition and Physical Activity" and make a decision about who will apply for the Blueprint Seed Grant and who partners will be involved.

3. Use the copy of the Blueprint and the Seed Grant Guidance to work with your partners.

4. Record your decisions on newsprint.

Agenda Planning Worksheet

Purpose statement:

Desired outcome(s):

Time frame	Topic	Method	Who
Opening	Introductions Review purpose, outcomes, agenda, roles, rules, timeframe Set up a "parking lot"		
Task			
Closing	Review decisions Acknowledge accomplishments Identify next steps Evaluate meeting		

Cornerstones of a Healthy Lifestyle
Blueprint for Nutrition & Physical Activity
Seed Grant Guidance & Application

The Association of Creative Nutrition Directors (ACND) is offering seed grants of $15,000 to local organizations interested in using and disseminating the *Cornerstones of a Healthy Lifestyle Blueprint for Nutrition & Physical Activity* (Blueprint) in their communities.

The Blueprint outlines practical, consumer-focused, state and local strategies for improving eating and physical activity that will lead to healthier lives for children, adults, and families. The Blueprint provides communities, consumers, organizations, agencies, and programs with strategies and potential actions to address priority nutrition and physical activity issues in the context of their own community resources and needs. The Blueprint focuses on eating behaviors and physical activity as cornerstones for improving health and well-being. It is designed to address critical eating and physical activity behaviors that affect the broad spectrum of health promotion and disease prevention.

The Blueprint was created to address both nutrition and physical activity as these two behaviors together provide a viable approach for addressing health promotion and disease prevention. In the development of the Blueprint, the advisory group worked diligently to ensure the content reflected the expertise of physical activity and nutrition professionals in research and practice.

Nutrition and physical activity specialists working to improve the public's health will benefit from collaboration on assessment, intervention and evaluation of policies, programs, and messages that influence eating and activity behaviors. We are hoping that the seed grant funding will foster collaboration between nutrition and physical activity specialists, programs, and organizations.

Organizations may submit a Seed Grant Application that includes a brief proposal on how they plan to disseminate and use the Blueprint in their community and which strategies they plan to focus on for their community. Examples of how the Seed Grant funds might be used include:

1. A planning workshop for stakeholders at the state and/or local level.
2. Selecting a specific strategy or strategies to use in their community.
3. Adapting the Blueprint document for use in their community planning effort.

Agencies are not limited to these ideas, and, in fact, creative ways of using and distributing the Blueprint are highly desirable.

Application Requirements

1. The proposed project must use and disseminate the Blueprint in the community.
2. The focus of the Seed Grant must be on children, adolescents, families, and communities.
3. The proposed project does not have to address all five cornerstones in the Blueprint. You may choose to focus on just one cornerstone or a few strategies.
4. The proposal plan must include participation of at least three other community partners in addition to the organization applying for funding.

Your Leadership Self-Development Plan

So, you've been steeped in lots of leadership concepts, reading, and activity over the last 6 months! What has stuck with you? What would you like to try? When you think about your leadership capabilities and skills, what are your next steps for self-development over the next year? When July 2008 rolls around, what do you want to say you've accomplished for your own leadership self-development?

Note Pages