

## Stating a Mission and Developing Evaluation Criteria

1. State the mission of your partnership.

2. List up to three outcomes.	3. For each outcome, suggest a way that you will measure that outcome.
A.	
B.	
C.	

## Identifying Members

In the table below, indicate:

1. Potential members –

*Initiators:* Which organizations need to be involved to get things rolling, invite others, etc.?

*Immediate Invitees:* Which organizations are critical for success, and should be invited immediately?

*Others who are important:* Which other organizations are important, and need to be brought in soon, even if not immediately?

2. The general approach to contacting and inviting them.

3. Any special issues/concerns/etc. that must be addressed.

Potential Members	Approach	Issues/Concerns
<b><u>Initiators</u></b>		
<b><u>Immediate Invitees</u></b>		
<b><u>Others who are important</u></b>		

## Looking at Some Important Developmental Ingredients

Factor	Rating Your Partnership	If not "as good as should be," what will you do?
<b>Legitimacy</b> Partnership perceived as reliable, competent.	As good as it should be  Might need improvement  Definitely needs improvement	
<b>Mutual Respect</b> Members understand and respect one another	As good as it should be  Might need improvement  Definitely needs improvement	
<i>Blending Cultures</i> Partners have (or can) eliminate conflicts in policies, standards, norms across their organizations	As good as it should be  Might need improvement  Definitely needs improvement	
<i>Turf</i> Roles, responsibilities, power relationships are defined and accepted by partners.	As good as it should be  Might need improvement  Definitely needs improvement	
<b>Multiple Layers of Participation</b> Levels within partner organizations are represented, involved.	As good as it should be  Might need improvement  Definitely needs improvement	
<b>Shared Vision</b> Partners agree on the same vision – mission, objectives, strategy.	As good as it should be  Might need improvement  Definitely needs improvement	
<b>Communication</b> Partners do (or will) interact often, update one another, discuss issues openly	As good as it should be  Might need improvement  Definitely needs improvement	

# Tulip County Collaborative for Health Care<sup>1</sup>

The Tulip County Public Health Department was a typical county health department, with personnel involved in some broad prevention work, compliance activities, and a small amount of public health nursing outreach. It had generally been successful in serving the people of Tulip County but, in early 1997, some employees of the Department expressed concern that it was not adequately meeting the needs of the county's lower-income residents. These employees were particularly concerned about the Department's reputation within the community, fearing that its image as an aloof and bureaucratic organization prevented it from reaching certain groups of residents.

The employees' concerns eventually led to a meeting at which key Department staff discussed strategies for improving service to low-income residents of Tulip County. Meeting attendees eventually decided that, given the Health Department's weak reputation among some groups, collaboration with community-based organizations would be an essential part of any successful approach to better service. For their next meeting, they invited two groups to attend: Sunny Side Health Collective and Neighbors Working Together.

Sunny Side Health Collective had a lot of experience providing health services in low-income areas of Tulip County. As a nonprofit organization in existence for more than ten years, it provided access to health care for uninsured and low-income families. Generally, neighborhood residents, other service providers, and funders perceived it as a very effective organization. Neighbors Working Together was a residents organization with a good reputation within the community. It had a long history, kept alive by a few, core long-term members. Its number of active members varied, depending upon the perceived importance of issues in which it was involved. Politicians and others considered it a "must involve" organization in community initiatives.

At the meeting with the Health Department, Sunny Side and Neighbors Working Together offered the observation that many low-income people were also new arrivals with special needs. They suggested that the group invite New Style, a small nonprofit organization in existence just three years, to participate in the collaborative. New Style specifically addressed the need for basic necessities among persons who recently arrived in the neighborhood (housing referrals, food shelf, clothing, referrals to employment services).

Shortly thereafter, New Style was incorporated into the collaborative group. In July of 1997, the group applied for and received funding from a local foundation to develop a system for delivering counseling, information, and health services to families in one low-income neighborhood within Tulip County. The Health Department supplied additional funds for the project. The collaborative group also designated a project director for the initiative—a staff person from Sunny Side who had worked on getting the project designed and funded.

The collaborative initiative was intended to last at least three years. In October of 1997, as the project was just getting underway, the group held a planning retreat. In attendance were five representatives from Sunny Side, including the agency's executive director and the project

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<sup>1</sup> An actual case. Names have been changed.

director of the collaborative initiative. Other attendees included four representatives from the Health Department, six from Neighbors Working Together, and three from New Style. During the morning of the retreat, participants completed the Wilder Collaboration Factors Inventory. Wilder Research Center staff attended, tallied the group members' responses, and presented the results to the group for discussion. The following table summarizes the group's ratings for each of the twenty success factors.

<b>Factor</b>	<b>Whole Group (18)</b>	<b>Sunny Side (5)</b>	<b>Tulip Co. PHD (4)</b>	<b>Neighbors (6)</b>	<b>New Style (3)</b>
History of collaboration or cooperation in community	4.2	4.2	4.2	4.4	4.0
Collaborative group seen as a legitimate leader in the community	4.4	4.4	4.4	4.8	4.0
Favorable political and social climate	4.5	4.4	4.4	4.6	4.6
Mutual respect, understanding, and trust	3.3	4.0	3.4	3.2	2.7
Appropriate cross-section of members	4.4	4.0	4.0	4.8	4.6
Members see collaboration as in their self-interest	4.5	4.8	4.5	4.6	4.0
Ability to compromise	4.3	4.4	4.0	4.5	4.4
Members share a stake in both process and outcome	4.4	4.4	4.4	4.8	4.0
Multiple layers of participation	4.6	4.8	4.5	4.5	4.6
Flexibility	4.4	4.2	4.5	4.5	4.4
Development of clear roles and policy guidelines	4.1	4.0	4.0	4.5	4.0
Adaptability	4.6	4.8	4.5	4.5	4.6
Appropriate pace of development	4.3	4.3	4.3	4.3	4.3
Open and frequent communication	4.4	4.6	4.0	4.4	4.4
Established informal relationships and communication links	2.4	2.4	2.5	2.4	2.1
Concrete, attainable goals and objectives	4.2	4.0	4.0	4.5	4.4
Shared vision	4.4	4.2	4.5	4.5	4.4
Unique purpose	4.0	4.6	2.5	4.5	4.2
Sufficient funds, staff, materials, and time	4.5	4.5	4.5	4.4	4.6
Skilled leadership	4.4	4.0	4.5	4.5	4.6

## Problems and Potential Solutions

The following problems, and possible solutions, were identified by participants in approximately 40 different partnerships. This represents the thinking of the partners; it does not imply that all these solutions were effective.

Problems	Solutions
Communication	Regular meetings. Good minutes of decisions. Regular email update of activities, progress, issues.
Building Trust	Focus attention on relationship-building. Have off-site residential meeting, involving as many staff as possible.
Blending Cultures	Identify differences, acknowledge them. Try to establish common policies for the partnership, on issues where differences exist. Social activities among partners to build relationships.
Turf issues	Management style of leadership can have a big effect; Let the group make group decisions in meetings. Clarify roles. Meet with partners face-to-face and consult together.
Missing or ambiguous policies	Establish more understandings in writing. Devote time at partnership meetings to discussion of policies, and create them. Have one partner focus on facilitating resolutions for policy differences.
Lack of sufficient funds	Ongoing solicitation of funding for the program from a variety of sources. Have staff person dedicated to fundraising. Ask partners to contribute to finding resources and contacts.
Not having enough staff	Understand that this problem will always be present in our work. Train staff to accept it.
Staff turnover	Involve management from each partner; this will reduce turnover. Cross-training among staff. Establish larger relationships with the partner organizations.
Not having decision-makers "at the table" when needed.	Establish policy for decision makers to attend governance meetings.

<b>Problems</b>	<b>Solutions</b>
The evolutionary nature of the project – not knowing exactly how everything needs to be established, until we reach a certain point in the project	<p>Communicate this fact up-front and frequently.</p> <p>Open, complete communications on all activities.</p> <p>Encourage an attitude that is open to trial and error.</p>
Misunderstanding about the role and function of the project by the community	Better define the project through publications and community meetings.
Travel distance	Use e-mail and set calendar for meetings on year in advance.
Convincing the partners that this is a collaboration	An off-site residential gathering together to build a common vision.
Perpetually educating new people, bringing them up to speed	Regular meetings and communication
Motivation and enthusiasm, especially long-term motivation	Fun events, brochures.

# About Take Heart Alaska

## What is Take Heart Alaska (THA)?

**The Coalition:** Take Heart Alaska is a statewide coalition of agencies, organizations, and individuals working together to prevent cardiovascular disease in Alaska. The coalition's mission is to increase heart health among all Alaskans through advocating for individual and community-based commitment to healthy lifestyles and improving access to preventive services. The primary goal of the coalition is the implementation of the state plan. The Cardiovascular Health Program in the Division of Public Health provides staff support to the coalition. The coalition is operated under the [THA Bylaws](#), with the work being carried out through the following committees:

[THA Steering Committee](#)

[Worksite Health Promotion](#)

[Public and Professional Education](#)

[Secondary Prevention Task Force](#)

[Alaskans Promoting Physical Activity](#)

[Eat Smart](#)

[THA Membership](#)

**The Plan:** Take Heart Alaska is the cardiovascular disease prevention plan for the state of Alaska. In 1996, the Alaska Division of Public Health initiated the process, but the actual development of the plan was a collaborative effort that included representatives from around the state. This group evolved to form the Take Heart Alaska Coalition. The second edition of the THA Cardiovascular Disease Prevention Plan was released in March 2003. The publication was a joint project between the Alaska Department of Health & Social Services and the members of the Take Heart Alaska Coalition.

You can download the full plan and/or the plan summary below. Both documents are in Adobe Acrobat® PDF file format.

[THA Cardiovascular Disease Prevention Plan](#) (PDF)

## What is the overall goal of Take Heart Alaska?

**Goal:** To increase heart health among all Alaskans through advocating for individual and community-based commitment to healthy lifestyles and improving access to preventive services.

## What progress has Take Heart Alaska made?

### **Training:**

Take Heart Alaska sponsored and planned the "Take Heart Alaska: A New Day in Cardiovascular Health" conference in March 2003. The conference presented the most up-to-date information on cardiovascular health and new directions in cardiovascular disease prevention.

In May 2004, Take Heart Alaska sponsored and planned the "Healthy People Build Healthy Businesses" workshop. The workshop targeted human resource managers, benefits specialists, worksite health promotion managers, and others who might be tasked with the job of starting or coordinating a worksite health promotion program.

The Worksite Health Promotion committee of Take Heart Alaska developed a presentation called "Worksite Health Promotion...A Golden Opportunity" in March 2004. Members of the committee are available to present this powerpoint upon request. The presentation uses Alaska health, insurance, and employment data to show the benefits of incorporating health promotion into an organization's strategies.

### **Public Education:**

- [Control Your Blood Pressure For Life!](#)
- Alaska Women Take Heart Campaign
- Trails and Health...A Natural Connection
- Promoting Health at Work: A Resource Guide
- Take Heart Alaska: Cardiovascular Disease and Its Risk Factors in Alaska power point slide show
- [Take Heart Alaska display](#)
- [Alaskans Promoting Physical Activity display](#)
- Return on Investment of Worksite Health Promotion [display](#) and [brochure](#)
- [Promoting Physical Activity at Work: A Resource Guide](#)
- "30 Minutes a Day" physical activity media campaign that includes radio and television public service announcements, [brochures](#), [posters](#) and community tool kits

### **How can I get involved with Take Heart Alaska?**

Take Heart Alaska is a coalition open to anyone interested in promoting heart health in Alaska. There are no membership fees or dues. For more information about how to become involved, just complete and submit the online [Coalition Interest Form](#).

### **How can I get more information about Take Heart Alaska?**

For more information about THA or to request audio teleconferencing, please contact:

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