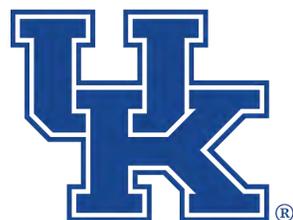
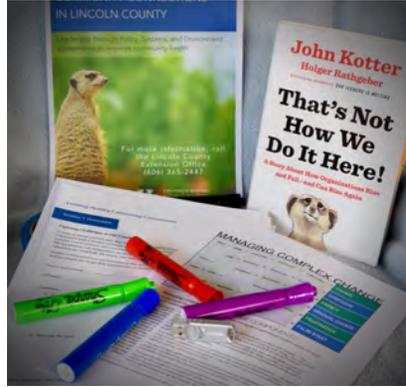
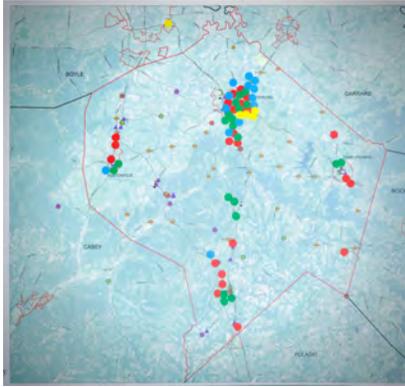


Participant Guide Leading Healthy Community Connections



University of Kentucky
College of Agriculture,
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Leading Healthy Community Connections Created by Daniel Kahl, CEDIK,
University of Kentucky for SNAP Policies, Systems, and Environment grant
#1700001994 with the support of Karen Fawcett.



College of Agriculture,
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Community and Economic Development Initiative of Kentucky

LEADING HEALTHY COMMUNITY CONNECTIONS

Pre and Post Survey
Scan the QR code below



Leading Healthy Community Connections Pre and Post Survey

This assessment is to be completed before and after the Leading Healthy Community Connections Program to evaluate the effectiveness of the program.

Your name or ID#:

Please circle the correct answers throughout the survey.

Your name is required to match pre and post-tests.

The University of Kentucky Extension Office will NOT use your name for any other purpose.

Leading Healthy Community Connections pre or post-program observations
Created by Daniel Kahl, CEDIK, University of Kentucky for SNAP Policies,
Systems, and Environment grant #1700001994.

Please circle the correct answer:

- 1) I am taking this survey BEFORE participating in the Leading Healthy Community Connections Program, an exploration of community level factors that influence the health of my neighbors.
- 2) I am taking this survey AFTER participating in the Leading Healthy Community Connections Program, an exploration of community level factors that influence the health of my neighbors.

If you are taking this survey BEFORE participating in the Leading Healthy Community Connections Program, Skip To: Please write the county in which you live

Leading Healthy Community Connections Pre and Post Survey

Compared to before your involvement in the Leading Healthy Community Connections Program, how would you rate your current level of involvement in community change activities?

- 1) Much more involvement
- 2) Somewhat more involvement
- 3) About the same involvement
- 4) Somewhat less involvement
- 5) Much less involvement

Please write the county in which you live: _____

Rate your current participation in your county efforts to bring about community change, such as volunteer work, that affects people in your community.

- 1) Never
- 2) Rarely
- 3) Once a year
- 4) Once a season; for example, spring, summer, fall, and winter
- 5) Once a month
- 6) Once a week
- 7) Once a day
- 8) Other, please describe _____

To what extent do you agree or disagree that changes in your county **policies** would help improve the health of residents.

NOTE: For this question, policy changes are the development of new or implementation of existing rules or procedures to promote healthy behavior. For example, developing rules that open a school gym to the public could be a policy change.

- 1) Strongly agree
- 2) Somewhat agree
- 3) Neither agree nor disagree
- 4) Somewhat disagree
- 5) Strongly disagree

To what extent do you agree or disagree that changes in your county community **systems** would improve the health of residents.

NOTE: For this question, systems changes include the way community organizations or groups work together. Examples include a community event such as a co-sponsored 5K run/walk or cooperative efforts to host a food drive.

- 1) Strongly agree
- 2) Somewhat agree
- 3) Neither agree nor disagree
- 4) Somewhat disagree
- 5) Strongly disagree

To what extent do you agree or disagree that changes in your county **environment** would improve the health of residents.

NOTE: For this question, examples of changes in the environment may include physical changes such as new public health facilities, sidewalks, park equipment or other physical changes.

- 1) Strongly agree
- 2) Somewhat agree
- 3) Neither agree nor disagree
- 4) Somewhat disagree
- 5) Strongly disagree

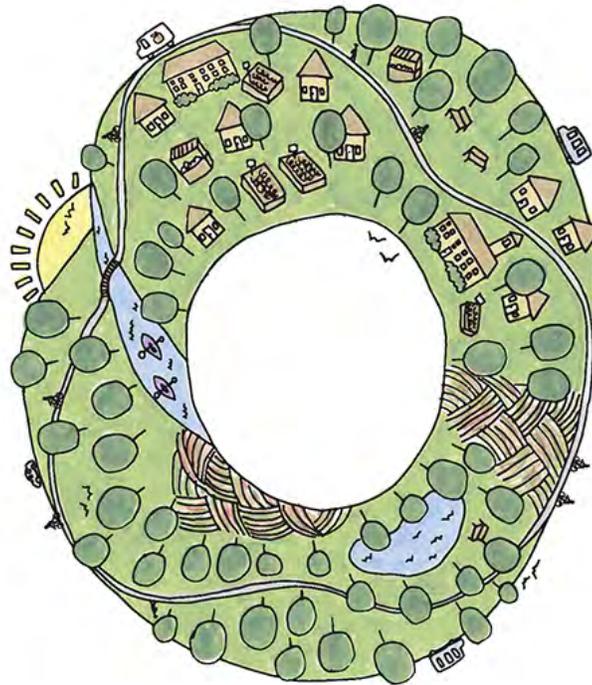
Leading Healthy Community Connections Pre and Post Survey

How would you rate your current CONFIDENCE in helping/leading/initiating community change?

- 1) Extremely confident
- 2) Somewhat confident
- 3) Neither confident nor unconfident
- 4) Somewhat unconfident
- 5) Extremely unconfident

How would you rate your current EFFECTIVENESS in helping/leading/initiating community change?

- 1) Extremely effective
- 2) Very effective
- 3) Moderately effective
- 4) Slightly effective
- 5) Not effective at all



Based on the statements below, mark the one that best describes your connections with your community.

- 1) Highly connected: A broad network of connections across interests and groups across the county outside of my work and organizational membership
- 2) Well connected: Beyond community and work, I have connections in a few key organizations or government in my county
- 3) Connected: Connections in my community, work, and membership organizations
- 4) Loosely connected: A few close connections such as family and close friends, but limited
- 5) Disconnected: I feel pretty isolated

Thinking of your connections to **elected or formal community leadership**, how connected are with formal leadership in your county?

- 1) Highly connected: A broad and diverse network with positional leaders of government, industry, education, health care, and civic groups across the county
- 2) Well connected: Personal relationship with positional leaders in government, schools, civic groups, churches in my county
- 3) Connected: Connections with community leaders, leaders at work, and leaders of groups
- 4) Loosely connected: A few close connections such as one or two people in formal positional authority
- 5) Disconnected: I feel pretty isolated

What efforts or groups are you currently involved with to improve your county's community health?

Leading Healthy Community Connections Pre and Post Survey

LEADING HEALTHY COMMUNITY CONNECTIONS

BASED ON THE BOOK

Session 1

That's Not How We Do It Here!

**A Story about How Organizations
Rise and Fall—and Can Rise Again**
by John Kotter and Holger Rathgeber



Leading Healthy Community Connections

Materials for Leading Healthy Community Connections were created by Daniel Kahl, University of Kentucky, CEDIK as a SNAP-Education community change initiative to improve community level health factors.

The leadership program is based on the book *That's Not How We Do It Here* by John Kotter and Holger Rathgeber © Kotter International 2016.

SNAP-Ed Policy, Systems, and Environment grant 1700001994



Leading Healthy Community Connections

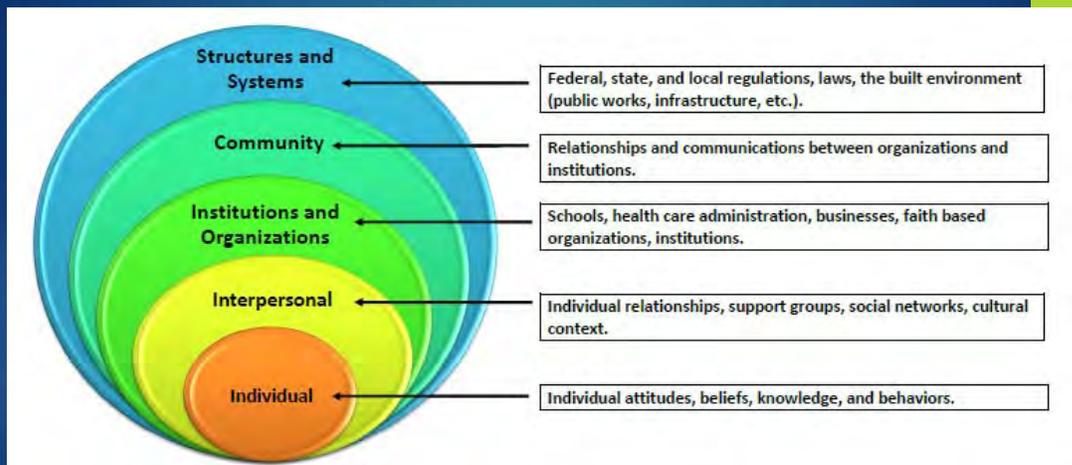
Introductions

Goals of the program

A background On Policy, Systems, and Environment
change initiatives and the book "That's Not How We Do It
Here"



The Socio or Social Ecological Model



Providing Healthy Community Connections

Policy, Systems, and Environment An Expanded View of Healthy Behaviors

Daniel Kahl, Ph.D. Community and Leadership Development Department

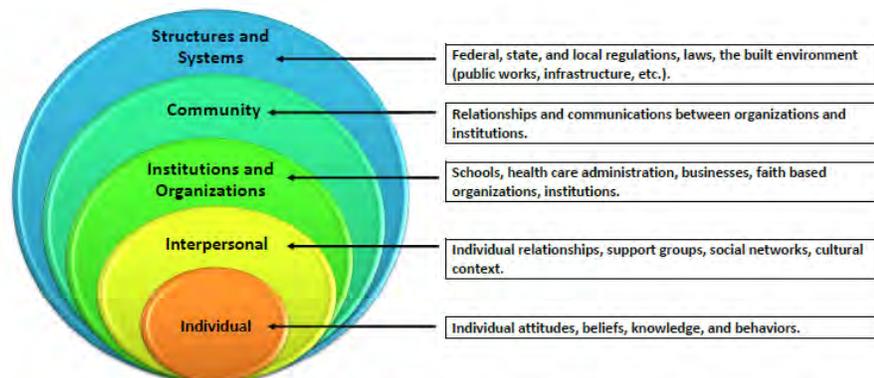
WHEN PROCESS BECOMES PRODUCT

When working for community change, community developers remind us that it is important to differentiate between the *product* (the actual end goal or product of the community development exercise) and the *process* (the way you go about achieving the product) (Krile, J. 2006). They recognize the difference between *what* gets done, and *how* it gets done. The way a project leader goes about achieving community goals can make others frustrated, alienated and upset. Inversely, effective process can help participants expand perspectives, build relationships, and strengthen social networks. When a community development process is done well, short term goals of citizen education, strengthening community cohesion, and building relationships can be achieved while working on a community project.

The CEDIK PSE project provides several *processes* that can be used to build awareness, increase community member involvement, and investment in community health. While exploring local community policies, systems, and environment that impact health, we anticipate outcomes of engaging people in meaningful ways so they can experience a meaningful *process* that leads them to a more sustainable outcome. These engaged processes should result in increased knowledge of healthy activity opportunities, foods, or services, and help participants connect with others and their community around health-related causes.

WHAT IS POLICY, SYSTEMS, AND ENVIRONMENT (PSE) WORK?

The Socio-Ecological model for health illustrates how health can be impacted by individual behavior as well as by the influences of the relationships, culture, and environment around us. The model illustrates



The model illustrates the connections between how family patterns, shared culture, and the availability of assets and resources can affect our health related behaviors. Policy, Systems, and Environment work helps bring focus to community influencers of healthy behaviors.

Policies are shared rules, laws or regulations that govern the way things are done in a community. Policies may be inclusive or exclusive, and may tend to favor participation by some and discourage others. Formal policies are often documented, approved and openly implemented. Policies regulating smoking or drinking are examples of formal health related policies. Community policies that effect healthy activity may include setting rules about when and what type of activities can occur in public places. Other examples of policy that limit activities are curfews, exclusive club memberships, or regulations and rules about biking, skateboarding or sidewalk use.

Community **Systems** can include the interaction of programs, program availability, and interactions between organizations within a location. Generally speaking, a system includes the organizations and resources (both public and private) invested around a function of the community. In any given community, there may be many interacting systems at work. Broadly speaking, communities have developed systems to focus on health, education, business or economy, religion, and government. Depending on the size and complexity of the community services, these service resources can be very complex. Subsets of the health system, for example, might include recreation, mental and physical health resources, or emergency care. Education systems can include targeted initiatives by ages, and specific training and skill development including non-formal education and workforce development. In addition, communities may have developed complex systems to address community needs such as transportation, communication, or housing development. Community systems may function well together, or may function somewhat independently of other systems.



Reference to the **Environment** is often focused on any built or natural physical aspect of the community. This includes the location of buildings and services and the accessibility to those resources. Physical Environmental assessments may help identify areas where services are needed, or ways in which to eliminate barriers to facilities or resources. A primary focus of addressing the environment in PSE is exploring availability and access to physical resources or programs that support health. When addressing community health, the term *environment* can also refer to the *cultural or social* environments. Assessing the social environment can include looking at how social relationships and attitudes support or inhibit healthy activities. A community's cultural environment includes cultural

celebrations, foods, and traditional culturally accepted norms or attitudes that influence health. Of the types of environment, it is typically easier to change the community physical environment than it is to change the social or cultural environments. However, identifying and addressing environmental change in each of these environments is important for sustained health impacts.

HOW DOES PSE AFFECT HEALTH?

In SNAP Ed programs, policies, systems and environment (PSE) is a broad term referring to the broad community influencers that can impact health in a community. CEDIK has developed tools and resources intended make exploring PSE more engaging for community members. The processes that bring people together to explore aspects of a Kentucky county's PSE might affect health, access to healthy foods or resources, or access to physical activity. These resources will provide creative ways to support Cooperative Extension Office in assessing PSE factors within their community. The type of outcomes from the investigation will be determined by the community member participants. This ensures that the work being done is relevant and important to the participants. In addition, self-determination theory studies have shown (Deci & Ryan, 2008) that levels of commitment and investment in community change, including health change (Ryan, Patrick, Deci & Williams, 2008) is most effective when it involves people working toward their own desired outcomes.

TAKING AN ASSET-BASED APPROACH

By starting with the asset approach to community development the conversation is framed positively, asking residents to identify strengths and resources in their community, rather than what it is lacking (Green & Haines, 2015; Kretzman and McKnight, 1996). The needs approach, when used exclusively, can create a relationship of dependency on professionals and other outside resources for problem solving. The asset-based approach, however, builds on existing resources and tends to motivate while building community capacity. This is not to say that the two approaches cannot be used together; in fact, it may be beneficial to conduct a needs assessment after mapping the assets in the community. Using combined approaches to community development can have powerful results. If a group starts by looking at the assets in their community, then prioritizes existing needs, they can leverage the strengths and resources available to address a community issue.

PSE IN COMMUNITY – WHERE DO I BEGIN?

Earlier we mentioned that communities are made up of interacting systems. The complexity of communities and their systems can almost be immobilizing, but they don't need to be. A great place to start is by listening. This Kentucky SNAP Ed project started in the central Kentucky counties of Madison, Bourbon, Lincoln and Boyle, followed by the counties of Knott, Jackson, Breathitt and Owsley in eastern Kentucky. In each of those counties, the first step was to pull together a group of stakeholders and LISTEN to how they talked about health and health resources within the county. The focus group conversation ended by identifying issues important to the people involved in the focus group. By starting with asset identification and focusing on the priorities of the people involved, the projects in the community will be building on what is important to the people of the community. The second step is to facilitate public involvement. One of the key elements to a community level PSE approach is to let

community members become leaders of their own processes. Cooperative Extension can be a catalyst for change by helping to coordinate and invite community members to actively assess access to healthy foods and resources. Examples of methods of assessment include environmental mapping or walking assessments, leadership programs, focus groups, and public gatherings. Cooperative Extension can serve as the catalyst and facilitator as they initiate these activities and assist community members in identifying areas to improve access to health. By guiding the assessment, reflection and action planning, Extension can support residents in taking action to improve the community health situation.

REFERENCES:

Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian psychology/Psychologie canadienne*, 49(3), 182.

Green, G. P., & Haines, A. (2015). *Asset building & community development*. Sage publications.

Kretzmann, J. P., & McKnight, J. (1993). *Building communities from the inside out* (pp. 2-10). Evanston, IL: Center for Urban Affairs and Policy Research, Neighborhood Innovations Network.

Ryan, R. M., Patrick, H., Deci, E. L., & Williams, G. C. (2008). Facilitating health behaviour change and its maintenance: Interventions based on self-determination theory. *European Health Psychologist*, 10(1), 2-5.

Leading Healthy Community Connections

During this program you will:

- ▶ Improve your understanding of community systems
- ▶ Improve your understanding of community change
- ▶ Expand your awareness of local Policies, Systems and environmental conditions that affect health
- ▶ Improve your confidence to actively bring about change
- ▶ Expand your networks to address change



Leading Healthy Community Connections

Session 1

Homework - Reading of "That's Not How We Do It Here"

Session 2

Homework - Interviewing Community Members

Session 3

Homework - Reading "Of Heroes and Citizens"

Session 4

Homework - Planning and hosting a community engagement project

Session 5

Celebrate with your group and community



Leading Healthy Community Connections

Overview of the Expectations of this program

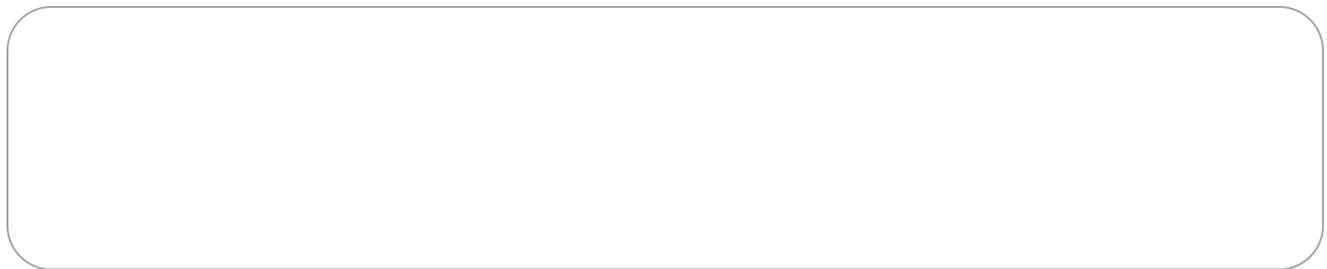
Participants in the *Leading Healthy Community Connections* project will receive the book *That's Not How We Do It Here* by John Kotter and Holger Rathgeber and numerous other publications. In addition, the Extension office will work with you to support your planning.

By participating in this leadership program, I agree to:

- Complete the readings
- Participate in five leadership sessions
- Complete homework interviews and report back to the group
- Read the additional articles on community engagement
- Plan and facilitate an activity to encourage health in our county by hosting a SNAP-Ed community level food access or physical activity
- Meet to review the success

This reading-based project is intended to be fun and insightful, while helping you to:

- Learn more about leadership
- Practice leadership as a team
- Make your community a better place!



Sign here and return to Extension

Leading Healthy Community Connections

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- Learn more about leadership
- Practice leadership as a team
- Make your community a better place!

Keep this in your workbook for reference

LEADING HEALTHY COMMUNITY CONNECTIONS

BASED ON THE BOOK

Session 2

That's Not How We Do It Here!

A Story about How Organizations
Rise and Fall—and Can Rise Again
by John Kotter and Holger Rathgeber



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service

Leading Healthy Community Connections

That's Not How We Do It Here!

List of Characters, in Order of Appearance

Who's Who?



- Matt** – Mad meerkat in the pre-story
- Nadia** – The heroine of the story
- Nicholas** – Nadia's brother, Head of Guards
- Moro & Mara** – "Alphas" of Nadia's clan
- Ayo** – In trouble for tree climbing
- Lena** – Leader of the small innovative clan
- Tamu** – Idea for food in elephant dung
- Pano** – Stuffed dolls to help sick pups

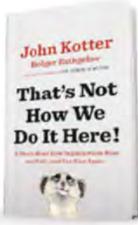
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THAT'S NOT HOW WE DO IT HERE! | 2



Leading Healthy Community Connections

What Are Your Reactions to the Book?



The book cover features the author's name 'John Kotter' at the top, followed by 'Richard Schonberger' and 'with the assistance of all of us'. The title 'That's Not How We Do It Here!' is prominently displayed in a large, bold font. Below the title, it says 'A Story About How to Implement Change in Your Organization' and 'with a foreword by Ken Blanchard'. The cover also shows a small image of a dog's face.

Reaction prompts:

- I am surprised...
- I like...
- I ask myself...
- I wonder...
- I think...
- I feel...
- I hope...

©2019 Kotter International THAT'S NOT HOW WE DO IT HERE! | 8



Leading Healthy Community Connections

The meerkat clan was organized to ensure the health and well-being of the members.

How are the meerkat systems like our community systems?

How are their systems different from our community systems?



Leading Healthy Community Connections

How do our community policies differ from the meerkat clan policies?

How do our community policies look similar?



- 4) What actions could we take that would increase the likelihood that good new ideas could be heard and implemented in our community?

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Leading Healthy Community Connections

Session 2 Homework

Exploring Challenges in Our County

In order to better understand the working of your community, your assignment is to interview at least 3 people: someone who works in a community health organization, someone who sets or upholds rules or policies, and someone who works to support or maintain the community environment.

We are seeking new perspectives on what others see as important challenges to our community health. Questions you might ask are below. Feel free to ask additional questions too. Jot down what you learn.

Explain to the person you are interviewing that you are exploring the community through a leadership class and you would like to get their perspectives on leadership.

Person Interviewed: _____

Organization or Affiliation: _____

Questions:

1) Tell me about the work you do. How does your work serve the well-being of our county or community?

2) What are the greatest leadership challenges you face in accomplishing your work?

continued on next page

3) What do you do to share or grow leadership?

4) What are some of the greatest challenges your county faces that impacts our well-being?

5) What ideas do you have for addressing the challenges? If you could change how the challenges were addressed, how would you?

6) What would need to happen to make these changes in our community?

Leading Healthy Community Connections

Session 2 Homework

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Leading Healthy Community Connections

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LEADING HEALTHY COMMUNITY CONNECTIONS

BASED ON THE BOOK

Session 3

That's Not How We Do It Here!

**A Story about How Organizations
Rise and Fall—and Can Rise Again**
by John Kotter and Holger Rathgeber



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service

Leading Healthy Community Connections

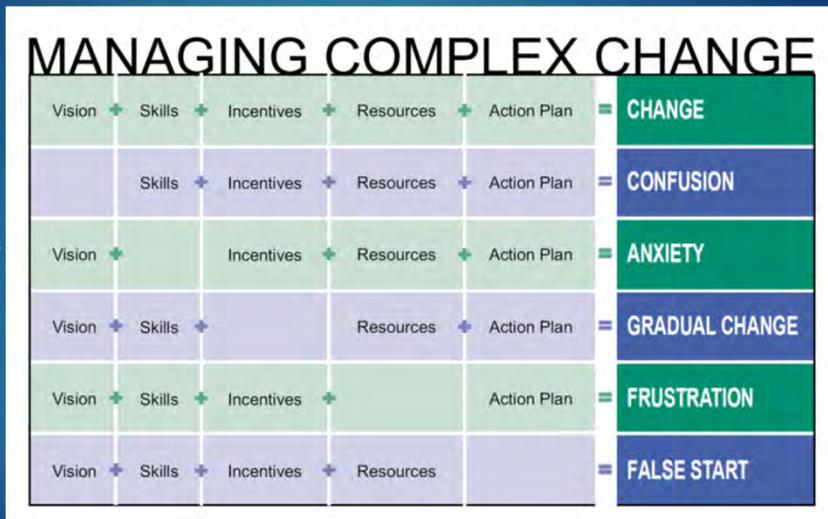
List some leadership challenges to community well-being.

What are some community coping mechanisms?



Leading Healthy Community Connections

What drives change?



Source: The Managing Complex Change model was copyrighted by Dr. Mary Lippitt, founder and president of Enterprise Management, Ltd., in 1987.

MANAGING COMPLEX CHANGE

Vision	+	Skills	+	Incentives	+	Resources	+	Action Plan	=	CHANGE
		Skills	+	Incentives	+	Resources	+	Action Plan	=	CONFUSION
Vision	+			Incentives	+	Resources	+	Action Plan	=	ANXIETY
Vision	+	Skills	+			Resources	+	Action Plan	=	GRADUAL CHANGE
Vision	+	Skills	+	Incentives	+			Action Plan	=	FRUSTRATION
Vision	+	Skills	+	Incentives	+	Resources			=	FALSE START

Managing complex change requires FIVE COMPONENTS.

The above model illustrating the components necessary to bring about and manage complex change has applications to community coalitions.

Applying the model to coalitions, it takes vision, skills, incentives, resources and an action plan to get a coalition to produce change in a community. If you have all five, you will likely end up with change. And, if you leave one of the components out, you will likely end up with something different.

If you have skills, incentives, resources and an action plan but you don't have a **vision** — that guiding force behind what you're trying to do — you will not end up with change. You will end up with confusion because you won't have that guiding force to refer back to during the process.

If you have a vision, incentives, resources and an action plan, but leave out the **skills** necessary (i.e. communication, public speaking, political or advocacy) to effect the change you seek, you will be left with anxiety among your coalition members. If you have people who are unprepared to do the work, it doesn't matter if they have a great vision.

If you have the vision, skills, resources and action plan, but leave out the **incentives** — the types of things (rewards, recognition, celebrations) that keep key community stakeholders involved — you may have change, but it will be more gradual. It may take years to years to accomplish what you could have done in a shorter period of time.

If you have the vision, skills, incentives and action plan, but leave out the **resources** (money, time, equipment), you will end up with a lot of frustration because you've got a plan, and you know how to accomplish it, but you don't have the resources to get the job done.

If you have the vision, skills, incentive and resources, but no **action plan** — a plan broken down into steps that people can take and accomplish in small bits — you will end up with a lot of false starts. The members may take off in a certain direction, only to realize that an important step was skipped, forcing them to stop their progress and go back and take care of it.

Source: The Managing Complex Change model was copyrighted by Dr. Mary Lippitt, founder and president of Enterprise Management, Ltd., is 1987.

Managing Complex Change Questionnaire

Please rate your group and personal scores to the following statements:

1	2	3	4	5
Not evident	Slightly evident	Somewhat	Most of the Time	Always
1. Our group has a clear vision of what we are working toward				_____
2. Our group has a clear inventory of the skills available in the community				_____
3. Our group is clearly motivated in our work				_____
4. Our group has the resources it needs to make progress				_____
5. Our group has developed a clear action plan				_____
6. I believe our team lacks focus about what it wants to accomplish				_____
7. I have anxiety over our teams work				_____
8. I believe our team is moving too slowly				_____
9. I am frustrated with our teams ability to create change and question our ability to create change in our community				_____
10. I believe our team is not clear on which activities are most important				_____
			Total:	_____

Scoring:

If none of the individual scores were 1 or 2, and your total score is:

40 -50 = Your team is in a Good Position to bring about Community Change!

30 -39 = Your team is making good progress, but might want to look at specific areas to improve the group's efforts.

10 -29 = There are areas for improvement. Turn the page to identify areas for improvement.

Turn page over to identify aspects of the Managing Complex Change Matrix that need attention.

Specific Categories of Change:

If any answers resulted in a score of 1 or 2, this is clearly an area for improvement. To identify specific areas for improvement, add your individual question responses together as indicated below. If the sum of your points for the two questions totals 6 or less, this indicates an area in which you perceive weakness in the community change process.

If the sum of questions 1 & 6 is ≤ 6 = Revisit the teams vision statement.

If the sum of questions 2 & 7 is ≤ 6 = Perform a community skills assessment.

If the sum of questions 3 & 8 is ≤ 6 = Review the incentives available to team members.

If the sum of questions 4 & 9 is ≤ 6 = Focus on finding the right resources for team work.

If the sum of questions 5 & 10 is ≤ 6 = Revisit the teams action plans.

Once you have identified areas for improvement from your assessment, meet with other team members or as a full group and compare scores. Discuss strategies to address aspects of the change which need attention.

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Leading Healthy Community Connections

What is our opportunity?

Our opportunity is...

We invite more people in and generate more ideas by...

Our success looks like...

How can we frame challenges?

How can we get more voices heard?



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Leading Healthy Community Connections

How do we respond to new ideas?

What does leadership look like in our community?

Whose job is it to take that leadership?

What are some action steps we can take?





COMMUNITY LEADERSHIP

for the 21st Century

Of Heroes and Citizens

WHERE ARE THE BARN RAISERS WHEN YOU NEED THEM?

by Kenneth Pigg

America is a nation that loves its individualistic roots. It cherishes its heroes, some of Olympic proportions and some of comic book heritage. Americans relish the freedoms and rights granted to the individual in its Constitution, have fought international wars to protect them and conducted massive social insurgencies internally to secure them (e.g., Civil Rights Movement). Much of our individualistic thinking today has been reinforced by our growing reliance on professionals and experts and technocrats to solve our problems while we sit on our individualist couches and bemoan the inability of political leaders to work together to resolve pressing issues.¹ Unless you are some fictional super character, barn raising is not done by single individuals.

Social cohesion represents a concept similar to community identity, a sense of belonging to a collective bigger than a single individual. A cohesive community, one that works together to get things done, is more likely to be successful than a divided one. Divided communities are filled with conflict that acts as an obstacle to success and building a consensus to support action. This idea forces us to examine how leaders think about diversity in their community; the importance of building relationships with others, building a support base among diverse groups and being willing to listen and respond to the diverse views of different

population groups in the community. The idea is central to good community leadership originating from interaction among citizens who care about what happens in their community and the direction in which it may be headed. While some people think of social cohesion as a process,² this discussion treats it as an outcome of community leadership development efforts, one which is important in linking individual effects of participation in such efforts to community effects.

Cohesion as a Basis for Action

Social cohesion can be associated with what Putnam has called “bridging” social capital or the forms of association that are inclusive rather than exclusive, outward looking networks of people and groups that encompass citizens across diverse social classes. Bridging social capital is useful for linking to external assets and sharing information. These sorts of linkages are helpful in areas like finding jobs, assistance in problem solving, sharing of material goods like tools, or even child care in emergencies. Putnam also argues that bridging social capital can generate broader identities and reciprocity among citizens.³ Social cohesion in this context is related to networks of diverse individuals and organizations, each of which is part of their own network with the entire structure providing access to information

1 Dick Flacks. 1990. “The Revolution of Citizenship.” *Social Policy*, 21-2: 37-50; Green, A. and J. G. Janmaat (2011). *Regimes of Social Cohesion: Societies and the Crisis of Globalization*. New York, Palgrave Macmillan.

2 J. Jenson. 1998. *Mapping Social Cohesion: The State of Canadian Research*. Ottawa: Canadian Policy Research Networks Inc.

3 Robert Putnam. 2000. *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon and Schuster.

and resources of various kinds that can be mobilized to support citizens taking action in their community.

Social cohesion has also been defined in relation to an individual's sense of community, their attachment to a specific neighborhood or community and neighboring behavior.⁴ Neighboring behavior strengthens social cohesion. It has also been shown that participation in various kinds of organizations and civic groups strengthens social cohesion.⁵ Here, social cohesion is not about "glue" that holds people together (that would be more like Putnam's bonding form of social capital), but the social "lubricant" that makes it easier for people to navigate the complex and sometimes tricky relationships among citizens that are necessary in order to get things done.

As a basis for action, social cohesion represents those resources or assets that we need to get our problems solved but may not have direct access to ourselves. So, we turn to others in our networks for assistance. Those individuals know we will reciprocate when asked to do so if we are able. We know that each person in our network will trust that we have spent time "earning our civic spurs." This is achieved by becoming involved in community activities, by assuming the responsibility of a leader when it seems appropriate for us to do so, by being an active participant in discussions about political issues that affect our community and so forth. In other words, we have shown that we are attached to our community by our behaviors, that we acknowledge that there are different views about what should be done and differences in how specific events might be interpreted, but that our psychological connection to the community is strong enough to encourage us to stay and remain engaged rather than throw up our hands and walk away from the problem. Social cohesion is the basis for mobilizing community assets for acting upon problems that we face as a collective as well as individually.

So, since it is difficult for single individuals to organize the resources to make a significant effect on community conditions, it is usually necessary to ask for others in the community to help. These may be friends or acquaintances, but usually it involves people that you know share similar interests and have a network that includes access to some resource that may be important to the project's success. Often these individuals may be very different from you.

4 Wilkinson, D. 2007. "The Multidimensional Nature of Social Cohesion: Psychological Sense of Community, Attraction and Neighboring." *American Journal of Community Psychology*, 40-3: 214-229.

5 Speer, P. W., Jackson, C.B. & Peterson, A. (2001). "The Relationship between Social Cohesion and Empowerment: Support and New Implications for Theory." *Health Education and Behavior*, 28-6: 716-732.



Social cohesion is the basis for mobilizing community assets for acting upon problems that we face as a collective as well as individually.

They may be newcomers to the community (relatively speaking). They may have technical knowledge you do not have. They may have different values that guide how and in what they invest their time and energies. They may be of a different ethnic or religious background. However, they usually share the same kind of identification or attachment to "this" community and want to make it a better place for every citizen and they share the same sort of moral commitment to collective action and benefit rather than recognizing only what may be an individual benefit.

Mobilizing this sort of group for community action is a strategic activity because you do not just choose your "friends" as they may not be the people who can really contribute something to the endeavor. You get to know who to ask through your interaction with others in the community in various settings—the "great good places" in the community where people meet casually for talk—in church groups, in civic and youth organizations, in your bowling league, and so forth—since it has been shown that participation of this sort contributes positively to social cohesion.⁶ Again, many of these people will have different political and social views, economic status, or cultural backgrounds and so have different values than you do or different ideas about how a problem should be resolved. But, this sort of interactive process underlies the social nature of our communities and is what distinguishes socially cohesive communities from those that tend to be exclusive of differences.⁷

6 Oldenburg, R. 1989. *The Great Good Place: Cafe's, Coffee Shops, Community Centers, Beauty Parlors, General Stores, Bars, Hangouts, and How They Get You Through The Day*. New York, Paragon House; Speer, op cit.

7 Albert Luloff and Louis Swanson (eds.). 1988. *American Rural Communities*. Boulder: Westview Press.



Social Cohesion is Central to Community Leadership

A brief reminder is in order here about what is meant by “leadership.” You may recall in another of the elements of this series that leadership was defined as a “relationship,” not as an attribute of any single individual. Leadership is a relationship among people who are collaborating with the intention of creating change in their community, and so they share a common purpose. Leadership emerges from this interactive process; social cohesion makes the process more likely to be successful in achieving its purpose. This “relational” perspective of leadership does not mean that individual leaders do not need to possess attributes such as an attitude that welcomes and acknowledges the contributions of diversity, a psychological sense of community and belonging to a collectivity that is as important to them as their own individual interests, and a willingness to engage with neighbors and other community members in various activities and discussions about common interests or concerns. These attributes, skills and behaviors are important for leaders to possess if they are to engage other citizen leaders in leadership activities. A social network with trust and reciprocity is central to social cohesion. From this, we have a basis for effective leadership to emerge.

Developing Social Cohesion among Citizen Leaders

Social cohesion can be developed through educational experiences that are offered to citizen leaders, but these experiences are only a part of the solution to creating inclusive communities composed of networks of trust and reciprocity. Besides educational activities, various supporting activities have been demonstrated to assist in this process.

Educational activities that work best are usually those that involve collective processes. Such activities are known as collaborative learning. They involve self-assessments that are shared and discussed with others in the group as participants discover things about themselves and others they may not have known before. Participants learn to recognize there may be attributes of individuals that are valuable but not readily revealed in ordinary interactions. Self-assessment tools such as the Myers-Briggs or True Colors instruments are particularly useful in this process.⁸ Using the instrument, allowing time for each participant to interpret the results for themselves, and sharing what they have learned with others can be a powerful process for embracing our differences. Other activities—such as storytelling, where individual participants share particularly important or memorable things that have happened in their lives—can also open doors to getting to know one another better.

Using educational settings to develop trust among the participants is another good strategy as long as the approaches used are easily translatable to everyday life. Team building activities that involve collaborative problem solving help build trust among participants.⁹ But, a simple and effective way is to involve participants in the routine activities of the educational programs themselves such as bringing refreshments to organizing site arrangements and arranging for speakers or external participants to join a panel discussion. These simple actions demonstrate that these participants can be trusted with responsibility.

Another strategy for developing cohesion is to encourage community leaders to broaden their networking activities by joining different kinds of organizations in the community and looking for ways to link them together. Our research shows that this can happen as a result of participation in leadership development programs.¹⁰ Often one organization in the community is doing something innovative that other organizations can find helpful themselves. They can offer support to accomplish a shared goal, yet these organizations often do not know what the other is doing.

⁸ These can be found at <http://www.myersbriggs.org> and <http://true-colors.com>.

⁹ For ideas about collaborative learning exercises, see Peter Senge, et al. 1994. *The Fifth Discipline Fieldbook*. New York: Doubleday or the *Community Tool Box* (University of Kansas) (online at <http://ctb.ku.edu/en/SearchResults.aspx?IndexCatalogue=Site+Index+EN&SearchQuery=collaborative+learning>).

¹⁰ Keating, K. 2011. *Training Civic Bridge Builders: Outcomes Of Community Leadership Development Programs*. Champaign-Urbana, IL. PHD Dissertation. University of Illinois.

Since community leaders often find themselves operating without any sort of “support system” when it comes to a new venture, why not try a version of “speed dating” for community leaders? Invite citizens in the community to come to an event where the only agenda is to meet other citizens who have ideas about things they would like to do in the community. Everyone, one-on-one, face-to-face across a small table gets five minutes to introduce themselves and state what they want to do and what they can contribute to the overall goal. In two hours, every single individual could meet as many as two dozen others in the community and possibly find several with similar interests and compatible capabilities to form a powerful team of citizen leaders that, from within their respective networks could recruit another small group of people to assist in constructive ways to achieve success. Repeating this exercise every six months or so could represent a powerful force for community action and change.

Developing bridging social capital that increases cohesion and promotes inclusiveness is not really that difficult. It can even start with garage sales and neighborhood picnics only if citizens take the time to stop and talk with each other to learn a bit about their neighbors. It can happen in farmers’ markets or community festivals or other public gatherings. Social cohesion is one of the critical elements of a civic infrastructure. If citizens with different values cannot



talk seriously and civilly with each other, while trusting each other to have the collective good foremost in mind as an outcome, then our politics quickly degenerates into “who gets what and how much” rather than “action for the common good.”¹¹ This requires that we “know” each other beyond the superficiality of a passer-by on the street or at least recognize the intrinsic value of other human beings; they may have important views and values we may share. This means we cannot be “couch citizens” but will have to get up and get out to interact with our neighbors in meaningful ways.

“We cannot be “couch citizens”
but will have to get up and
get out to interact with our
neighbors in meaningful ways.”

¹¹ Boyte, H. and Kari, N. 1996. *Building America: The Democratic Promise of Public Work*. Philadelphia: Temple University Press.

LEADING HEALTHY COMMUNITY CONNECTIONS

BASED ON THE BOOK

Session 4

That's Not How We Do It Here!

**A Story about How Organizations
Rise and Fall—and Can Rise Again**
by John Kotter and Holger Rathgeber



Leading Healthy Community Connections

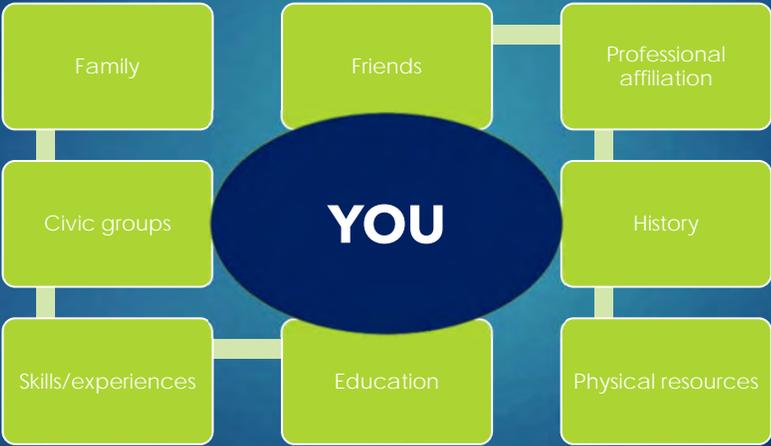
What is the role of citizens in community leadership?



 University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service

http://www.srdc.msstate.edu/community/of_heroes.pdf
Accessed 10/2017

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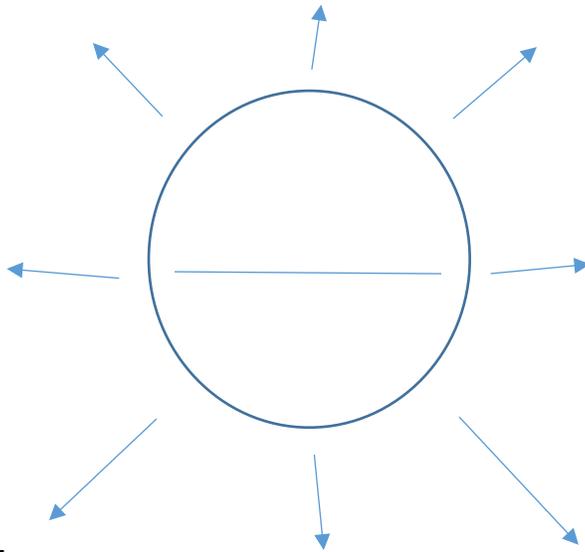
Personal Asset Map

Relevant Experiences

Community and Professional Connections

Religious/Organizational Affiliation Networks

Personal and Family Connections



Physical Resources

Educational background or special knowledge

Personal Skills

Other Assets

Situational Influence Assessment

Define the Situation:

Who will be involved? (List the known or key Participants)

_____	_____	_____
_____	_____	_____
_____	_____	_____

What would you consider to be the most important need or outcome of the situation to each of those listed above?

What physical resource do I have access to that could benefit this situation?

What knowledge do I have of the issue?

Who do I know that may have knowledge of the issue or how can I get access to information about the issue?

What group, organization, or other affiliation do I have that may increase my influence or credibility?

What experiences have I had that may be relevant or important to this situation?

What skills do I have that may be influential?

Other sources of influence I bring to this situation include:

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Organizing for Change: Select an action to test your leadership!

Actions should be.....

- Important to you
- Something your team can begin right away
- Engage other community members
- Visible
- Build momentum



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How can our initiatives succeed?

Planning details.....

If the event went perfectly as planned, what would that look like?

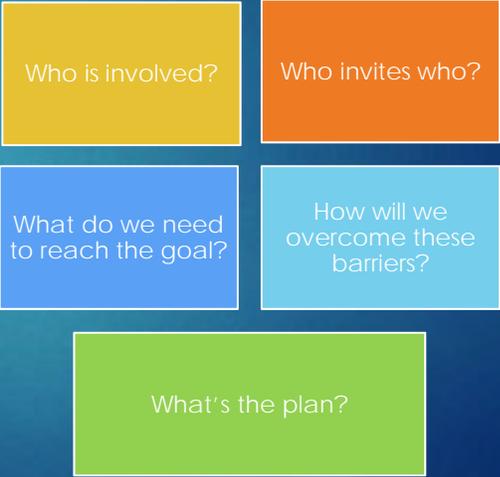
Who is involved?

What tells you an event is successful?



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What barriers will we have to overcome?



LEADING HEALTHY COMMUNITY CONNECTIONS

BASED ON THE BOOK

Session 5

That's Not How We Do It Here!

**A Story about How Organizations
Rise and Fall—and Can Rise Again**
by John Kotter and Holger Rathgeber



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*Reflection on
your event*



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Event reflection. Remember when we described the perfect event?

How did it go? How was it like the ideal? How was it different?

If you were to do it again, what would you do differently?

If you were to do it again, what would you NOT change?

Share what you learned about leadership from this project. How was this like making change in the book "That's not how we do it here?"

How was it like the article you read about "Of Heroes and Citizens?"



Leading Healthy Community Connections

Congratulations on making your community a better place!



LEADING HEALTHY COMMUNITY CONNECTIONS

Pre and Post Survey
Scn the QR code below



Leading Healthy Community Connections Pre and Post Survey

This assessment is to be completed before and after the Leading Healthy Community Connections Program to evaluate the effectiveness of the program.

Your name or ID#:

Please circle the correct answers throughout the survey.

Your name is required to match pre and post-tests.

The University of Kentucky Extension Office will NOT use your name for any other purpose.

Leading Healthy Community Connections pre or post-program observations
Created by Daniel Kahl, CEDIK, University of Kentucky for SNAP Policies,
Systems, and Environment grant #1700001994.

Please circle the correct answer:

- 1) I am taking this survey BEFORE participating in the Leading Healthy Community Connections Program, an exploration of community level factors that influence the health of my neighbors.
- 2) I am taking this survey AFTER participating in the Leading Healthy Community Connections Program, an exploration of community level factors that influence the health of my neighbors.

If you are taking this survey BEFORE participating in the Leading Healthy Community Connections Program, Skip To: Please write the county in which you live

Leading Healthy Community Connections Pre and Post Survey

Compared to before your involvement in the Leading Healthy Community Connections Program, how would you rate your current level of involvement in community change activities?

- 1) Much more involvement
- 2) Somewhat more involvement
- 3) About the same involvement
- 4) Somewhat less involvement
- 5) Much less involvement

Please write the county in which you live: _____

Rate your current participation in your county efforts to bring about community change, such as volunteer work, that affects people in your community.

- 1) Never
- 2) Rarely
- 3) Once a year
- 4) Once a season; for example, spring, summer, fall, and winter
- 5) Once a month
- 6) Once a week
- 7) Once a day
- 8) Other, please describe _____

To what extent do you agree or disagree that changes in your county **policies** would help improve the health of residents.

NOTE: For this question, policy changes are the development of new or implementation of existing rules or procedures to promote healthy behavior. For example, developing rules that open a school gym to the public could be a policy change.

- 1) Strongly agree
- 2) Somewhat agree
- 3) Neither agree nor disagree
- 4) Somewhat disagree
- 5) Strongly disagree

To what extent do you agree or disagree that changes in your county community **systems** would improve the health of residents.

NOTE: For this question, systems changes include the way community organizations or groups work together. Examples include a community event such as a co-sponsored 5K run/walk or cooperative efforts to host a food drive.

- 1) Strongly agree
- 2) Somewhat agree
- 3) Neither agree nor disagree
- 4) Somewhat disagree
- 5) Strongly disagree

To what extent do you agree or disagree that changes in your county **environment** would improve the health of residents.

NOTE: For this question, examples of changes in the environment may include physical changes such as new public health facilities, sidewalks, park equipment or other physical changes.

- 1) Strongly agree
- 2) Somewhat agree
- 3) Neither agree nor disagree
- 4) Somewhat disagree
- 5) Strongly disagree

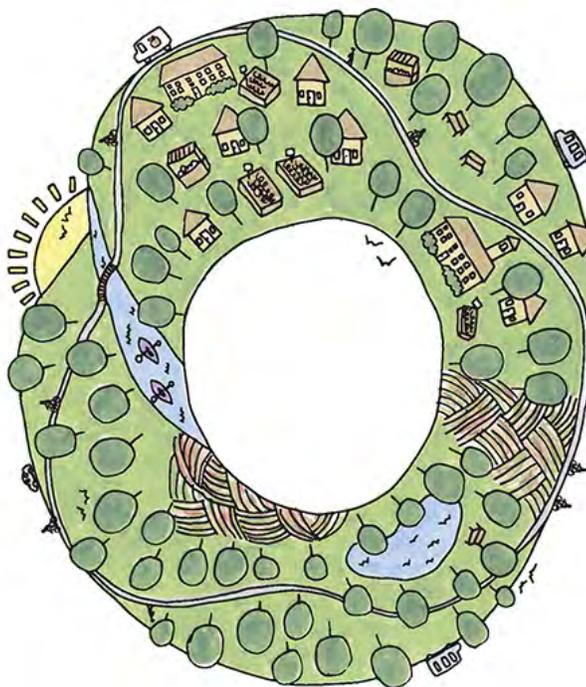
Leading Healthy Community Connections Pre and Post Survey

How would you rate your current CONFIDENCE in helping/leading/initiating community change?

- 1) Extremely confident
- 2) Somewhat confident
- 3) Neither confident nor unconfident
- 4) Somewhat unconfident
- 5) Extremely unconfident

How would you rate your current EFFECTIVENESS in helping/leading/initiating community change?

- 1) Extremely effective
- 2) Very effective
- 3) Moderately effective
- 4) Slightly effective
- 5) Not effective at all



Based on the statements below, mark the one that best describes your connections with your community.

- 1) Highly connected: A broad network of connections across interests and groups across the county outside of my work and organizational membership
- 2) Well connected: Beyond community and work, I have connections in a few key organizations or government in my county
- 3) Connected: Connections in my community, work, and membership organizations
- 4) Loosely connected: A few close connections such as family and close friends, but limited
- 5) Disconnected: I feel pretty isolated

Thinking of your connections to **elected or formal community leadership**, how connected are with formal leadership in your county?

- 1) Highly connected: A broad and diverse network with positional leaders of government, industry, education, health care, and civic groups across the county
- 2) Well connected: Personal relationship with positional leaders in government, schools, civic groups, churches in my county
- 3) Connected: Connections with community leaders, leaders at work, and leaders of groups
- 4) Loosely connected: A few close connections such as one or two people in formal positional authority
- 5) Disconnected: I feel pretty isolated

What efforts or groups are you currently involved with to improve your county's community health?

Leading Healthy Community Connections Pre and Post Survey

CHECKLIST FOR DEVELOPING A SUCCESS STORY



This checklist can help you develop success stories to highlight your program's achievements. Success stories are a powerful way to communicate your program's achievements, get support from current and potential partners, decision makers, and funders, and contribute to the knowledge of what works in community health. The key to a good success story is in framing the message to reach your intended audience to communicate how well your program is working in your community.

WHAT MAKES A COMPELLING STORY?

Compelling success stories are memorable, relatable, and inspiring. They touch readers at an emotional level and motivate them to take action. Good stories show change and paint a picture of how this change is making a positive difference in people's lives. As you write your program's success story, keep your audience in mind. Think about how to convey your story in a way that matters to your audience and inspires them to support your program's efforts.

WHO IS YOUR AUDIENCE?

Identify your audience before you begin writing a success story. Recognize their interests, needs, and concerns. What do they care about? What achievements will be meaningful to them? Your audience can include:

- Current and potential partners
- Decision makers
- Funders

RESOURCES

[NCCDPHP Success Story Application: nccd.cdc.gov/nccdsuccessstories](http://nccd.cdc.gov/nccdsuccessstories)

Use this free online tool to help you turn your success stories into polished, two-page documents ready to share.

[Impact and Value: Telling your Program's Story](#)

Division of Oral Health, NCCDPHP

FORMATTING TIPS

- Two-page success stories can be easy to read while providing enough detail about the program. Consider your audience and the purpose of your story to determine the best format and length.
- Keep paragraphs short. Use bullets to break up blocks of text and to highlight important points.
- Use graphic displays of your data and photos that complement your story.
- Avoid wordiness; use plain language (<http://www.cdc.gov/healthliteracy/developmaterials/PlainLanguage.html>)
- Include references to data or publications cited.
- Provide contact information for your organization.

ADDITIONAL TIPS

- Start with the single most important message you wanted to convey in one simple sentence.
- Convey your core message and why the solution doesn't happen naturally. Discuss the issue gap and then describe the solution. For example, X number of teenagers entering high school this year will die of smoking related health issues if...(place your solution here).
- Make your issue concrete and memorable to your intended audience. For example: "In 2010, before the program was established... if you sat the children [in the program] at picnic tables end to end, it would roughly measure the length of one NBA basketball court. In 2012... if you sat this group down at picnic tables end to end, it would roughly measure the length of three NFL football fields. This shows a 746% increase in participation in... just 2 years."
- Present your data in a way that will engage your audience to action.

1 TITLE

Does the title

- Grab your readers' attention and capture the success of the story?
- Use an action verb to bring your story to life?
- Avoid jargon?

2 SUMMARY

Does the summary section

- Immediately convey what was accomplished and why the audience should care?
- Include key points about the challenge, solution, and results that you want readers to remember?
- Present the most exciting and compelling information?

3 CHALLENGE

Does the challenge section

- Focus on a single issue?
- Describe the health issue being addressed, and explain why this issue is important?
- Use state or local data to describe the problem, including health and economic burden?
- Specify the populations that were affected?

4 SOLUTION

Does the solution section

- Describe the intervention or activity that was implemented?
- Provide a description of the target audience?
- Detail the specific components of the intervention
 - **WHERE** and **WHEN** the activity took place and **HOW** it addressed the problem?
 - **WHO** was involved, including major partners?
 - **WHAT** innovative approaches and culturally tailored activities were used?

5 RESULTS

Does the results section

- Present key outcomes that demonstrate how the intervention or activity had an impact (e.g., how many people were reached? What practices/behaviors changed? How much money was saved? Were any policies changed or developed?)
- Present key outcomes that demonstrate how the intervention or activity addressed the challenge
 - Quantify your results and outcomes
 - Contextualize your data and discuss implications

6 SUSTAINABLE SUCCESS

Does the sustainable success section

- Describe how the program is planning to build on this story's success?
- Describe the next goals and steps to continue or enhance the program?
- Describe how the program plans to achieve those goals?

7 YOUR INVOLVEMENT IS KEY

Does the success story

- Indicate how the reader can become involved in the program's efforts?
- Share what you would like them to do after reading your story?
- Link to a website where they can learn more about your program or similar activities?

8 QUOTE TESTIMONIAL

Does the success story

- Include quotes or testimonials about individuals who were affected to personalize the need for or impact of the effort?

FOR MORE INFORMATION, CONTACT

Centers for Disease Control and Prevention
National Center for Chronic Disease
Prevention and Health Promotion
Office of Communication

CONTACT NCCDPHP SUCCESS STORY: nccdsuccessstories@cdc.gov
SUCCESS STORIES APPLICATION: nccd.cdc.gov/nccdsuccessstories
Adapted from "Developing a Success Story" by the NCCDPHP Office on

Leading Healthy Community Connections