NLAPH training supports cross-sector community health initiatives on Virginia’s Eastern Shore and in Colorado Springs

The National Leadership Academy for the Public’s Health (NLAPH) is a one-year applied leadership training program for cross-sector teams located across the United States. Teams engage in action learning projects to improve community health and realize health equity. In 2013, NLAPH teams on Virginia’s Eastern Shore and in Colorado Springs, Colorado made progress on community health initiatives by collaborating with partners from multiple sectors.

In rural Virginia, team members were from trusted institutions in the community. The team leveraged connections to bring key players to the table in support of workplace wellness policies, healthier options in local restaurants, and the development of a youth leadership academy. In Colorado Springs, the NLAPH team had the expertise, authority, and resources to move from vision to implementation of a plan to deliver evidence-based programming to the city’s three community centers.

These two teams illustrate how cross-sector collaboration is an effective approach for addressing complex community needs and how different approaches can create meaningful community change.

Background

Complex community health issues require the collaboration of individuals and organizations from multiple sectors—public, nonprofit, academic, and business — because no single sector, including health, can solve problems in isolation. Collaborative work is essential for creating policy and systems changes needed to improve community health and achieve health equity.¹²

A cross-sector approach creates synergy when myriad stakeholders combine their respective strengths and resources. Each partner brings to the table unique perspectives and expertise as well as specialized community knowledge. A number of tools support collaborative action, including FSG’s collective impact model and the Prevention Institute’s Collaboration Multiplier.

Cross-sector collaboration is particularly important when addressing complex community health needs shaped by upstream health determinants, such as poverty, housing, and education. Activating multiple perspectives, skill sets, and resources is critical as communities confront factors that produce poorer health outcomes for some community members than for others. Cross-sector collaboration is a foundational component for all aspects of the NLAPH training year and teams are required to represent multiple sectors within their communities.

The two NLAPH teams featured in this brief used different approaches, but each entered the Academy aware that a multi-sector approach was needed to address the interwoven health needs in their communities.

On the Eastern Shore of Virginia, the team was able to leverage both organizational and personal reputations and resources to get buy-in and cooperation from stakeholders. In Colorado Springs, the team had the positional power to implement and attract resources for their goals. The team developed a strategic approach to get and control funding and effectively communicated its vision to specific audiences. Both of these teams worked on policy change, coalition building, and program development and improvement.

Eastern Shore of Virginia: Eastern Shore Healthy Communities

The Eastern Shore of Virginia is a mostly rural, two-county area separated from Virginia’s mainland by the Chesapeake Bay, with a population of about 45,000 spread out over a 70-mile stretch of the Delmarva Peninsula. Rates of obesity, diabetes, tobacco use, alcohol abuse, poverty, and lack of physical activity are higher on the Eastern Shore than for the rest of the state.

The four-person NLAPH team was convened on behalf of the Eastern Shore Healthy Communities (ESHC) coalition and tasked with advancing three initiatives: influence businesses and faith communities on the Eastern Shore to develop and implement workplace wellness policies, work with local restaurants to create healthier menu options, and develop a local youth leadership development institute.

Three of the team’s members had worked together as part of ESHC; the fourth was new to the group. Together they represented the Eastern Shore Community College, the Virginia Department of Health’s Eastern Shore Health District, the Town of Wachapreague, private industry, and the Eastern Virginia Medical School. The team spent the year of NLAPH participation developing and strengthening their leadership skills and making progress on their project goals.

An important thing [from NLAPH] I use all the time is framing the message. You see that over and over again in everything we do.
— Eastern Shore team member
The team began NLAPH as highly successful and well-positioned leaders. The team members had organizational support from the ESHC coalition and their respective employers and content expertise related to their project work. Each was a strategic thinker, had well-developed networks, and was deeply committed to improving their community—characteristics that are associated with high-performing NLAPH teams.

Building relationships to build healthier communities

The NLAPH team members were well known within the community and were personally and professionally connected to virtually every aspect of Eastern Shore life. In many cases they were able to tap directly into existing relationships in order to advance their project goals. On other occasions, their own or their organizations’ reputations allowed entrée into sectors or spheres of influence that might otherwise have been difficult to access.

Wellness policies. For their work on wellness policies, the team formed strategic partnerships with the Eastern Shore’s three Chambers of Commerce. The NLAPH team recruited them to work together to sponsor and support a workplace wellness forum for Eastern Shore businesses and faith organizations. The Chambers allowed use of their names, logos, and contacts and provided funding. As of January 2015, 12 employers represented at the forum had worked with ESHC to formally develop wellness policies including standards for nutrition, physical activity, and tobacco-free worksites.

The team also developed a toolkit to guide organizations through the wellness policy process. As a result of this work, the three Chambers of Commerce developed closer inter-organizational ties and have continued to cooperate on other efforts. They partnered again to host Virginia’s governor for a “State of the Shore” event focused on economic development and community health improvement—a direct outcome of one of the NLAPH team’s leadership goals of “influencing leaders to prioritize health as a business strategy.”

Why a written [employee health] policy? Because when you work with your employees or your congregation to create an agreement about nutrition, physical activity, and tobacco use, writing down these agreements binds you to a commitment. A written policy doesn’t change when the CEO or minister changes. A written policy is adhered to, enforced, and evaluated.

— Eastern Shore team member

NLAPH contributions to the Eastern Shore of Virginia team

• Members’ shared experience at the NLAPH national retreat was an important factor in helping them strengthen their team
• NLAPH participation helped the team intentionally engage stakeholders and develop cross-sector relationships. One team member said, “I now use multisector collaboration for projects that may have been previously concentrated on as internal”
• The team developed skills for being reflective about their work (as individuals and as a team) and they have spread this practice of deliberate reflection to the larger coalition and to their own organizations
• This team found the NLAPH curriculum particularly useful for learning how to effectively frame a message for different audiences, which in turn helped them establish cross-sector relationships and achieve cooperation with sometimes reticent stakeholders
At first, we had to work hard to get the restaurants on board. Now we’ve got them coming to us and asking if they can be “Healthy Options Restaurants”… They really like how we’re promoting the local businesses, the locally owned restaurants, and the locally produced seafood and agriculture. If we can get the Eastern Shore to understand its own assets, the next step isn’t hard.

— Eastern Shore team member

### Healthier restaurant options

For their “Healthy Options” restaurant initiative, the NLAPH team facilitated meetings with individual restaurant owners and by properly framing the message for that audience was able to turn initial resistance into enthusiastic cooperation. Restaurateurs’ first reaction was to scoff at the notion that customers would want “healthy options” when they dined out, and they were skeptical about committing to a program with strict requirements about the ingredients, nutritional content, sourcing, and caloric loads of menu items.

The team offered media exposure and marketing materials at no cost to the owners, and worked with them to design menu items that would qualify to be branded as “healthy options”. This approach was highly effective and led to 16 restaurants offering at least one adult menu item and one child menu item meeting the healthy options requirements.

### Youth Leadership Academy

The NLAPH team developed the Eastern Shore Youth Leadership Academy to foster a new generation of community leaders invested in the Eastern Shore communities. The high school age leadership scholars participate in training and then work in groups on a community improvement initiative. The NLAPH team was able to secure funding and a staff made up of paid employees and volunteers.

The inaugural cohort of nine scholars met with experienced mentors and instructors over six Saturdays and collaboratively developed and implemented a community project. Academy scholars represent all three of the Eastern Shore’s public school districts and two private schools. The Youth Leadership Academy—a joint partnership of ESHC and Eastern Shore Community College—is planned as an ongoing program, with a new cohort of scholars selected for participation each year.
Colorado Springs: Colorado Community Center Collaborative

In Colorado Springs, three city-owned community centers provide comprehensive and integrated services at a single site for youth, families, the elderly, and those with special needs in underserved communities. Historically, the Colorado Springs community centers were well funded by the city. However, in 2009, with the national economic downturn, the parks and recreation budget (under which the community centers operate) was reduced drastically and remains at a much lower level. Over time, partnerships with neighborhood associations, churches, schools, nonprofit organizations, private businesses, and nearby military installations have sustained community center programming.

The NLAPH Colorado Springs team members represent the University of Colorado at Colorado Springs School of Nursing, a community center director and community centers liaison to the city of Colorado Springs, the El Paso County Department of Public Health, a local school district, and Kaiser Permanente Colorado. This five-person team had a history of working together. For example, nursing students have been working in the community centers for over 15 years.

The issue facing this group was how they could collaborate on projects and services to address health and wellness needs in a reduced funding environment, and how they could establish baseline and outcome data to ensure that their work was actually serving those in need.

The Colorado Community Center Collaborative was designed to achieve effective, sustainable solutions to public health and education challenges by building community capacity. The vision was to achieve this through a community center delivered approach to increasing community members’ knowledge, changing behavior, and measuring outcomes. A team member said, “Our goal was health equity for at-risk children, formalizing the work that had been going on and measuring formal outcomes and having data to show the validity of the community centers. We wanted to show that these places are not just fun places to go, but that these community centers are absolutely needed.” Much of the community centers’ programmatic work focuses on increasing physical activity and encouraging healthy eating.

As was the case on the Eastern Shore of Virginia, these team members were highly skilled professionals with a high degree of experience as well as characteristics associated with NLAPH success. Team members had institutional support and were given dedicated time to participate. They received valuable coaching and had a good relationship with their coach. They had a strong, effective team lead who managed their logistical and administrative needs and
kept them focused on the work. Team members were highly invested in the well-being of their community and consistently sought out community input to make sure that their work was aligned with what community members wanted and needed. Perhaps most importantly, the team’s members had the expertise, authority, and access to resources to move their work from vision to infrastructure to implementation. The team was committed to cross-sector collaboration prior to NLAPH participation, but also reported strengthening their effectiveness in working across sectors during NLAPH. One said, “The issues around multi-sectoral collaboration are hard, and NLAPH helped us understand how to better approach that.”

Building the right team for cross sector leadership: Have the authority to accomplish goals

The Colorado Springs team had the right sectors and organizations represented within its membership to plan and implement their project activities and outcomes. They had a community center director who was the liaison between the community centers and the city and had the ability to strongly influence community center programming. The team had a nursing professor who could provide students to deliver programming and who had a strong background in data collection and analysis. They had a nutrition expert from the county health department who could consult on the implementation of an evidence-based nutrition and physical activity curriculum at the community centers. They had a representative from a local school district who could influence and disseminate messaging to students and families throughout the city.

In addition, the team had a community health initiatives expert from Kaiser Permanente Colorado on the team who brought additional financial resources to the work and helped them secure new grant funding. The team created an independent nonprofit organization during the NLAPH year to house their funding, keeping their resources free from organizational competition or budget fluctuations.

This team successfully implemented an evidence-based nutrition and physical activity program (5-2-1-0 Let’s Go!) at three community center sites. Community center support also includes individual case management and prescriptions for fruits, vegetables, and physical activity in city parks. Nursing students from the University have been trained to do consistent ratings and data collection using a practice documentation and information management system, the OMAHA system. Their goal is to expand this model to community centers throughout the state. They held a statewide summit of community centers in 2015 and are planning for another in early 2016.

I’m very impressed by the passion this team is putting into the community centers and the difference they are making. They are exhibiting great leadership. They’re using evidence based tools and can really track what’s going on. They’re really building the case for support of the community centers as a valuable resource.

— Colorado Springs community stakeholder
The team has instituted new gardening programs at the community centers and is working to adopt healthy vending policies, leveraging the credibility of a local dietician. Collaborative members are now serving on other boards in the community and are increasingly seen as experts and community leaders.

A community stakeholder commented on their work, “The community centers really reached to everybody in the community to get the work done. Connecting people was huge…There is a strong move toward getting connected and partnering on the health of the community.”

Because of the Colorado Community Center Collaborative’s success, and because of the team members’ heightened community visibility, enough political will was generated to ban smoking in parks—a major win for health. Most recently, the city of Colorado Springs was awarded a $75,000 BUILD Health planning grant. The CCCC, in conjunction with other community partners, were influential in supporting the effort to target barriers including geographic disparities in access to services, health care, and safe environments.

Summary

The Eastern Shore of Virginia and Colorado Springs examples illustrate how cross-sector collaboration is a powerful approach for addressing complex community needs.

These teams, just two of the more than 100 NLAPH teams trained to date, have shown that deliberate and thoughtful collaboration across sectors can lead to significant improvements in communities’ capacity to make change happen. Both of these teams have also taken steps to sustain their efforts so that their work can continue long after their year of NLAPH participation.

Through experienced coaching, development tools, and tailored readings, NLAPH provides its participants with the resources to apply what they learn about cross-sector leadership to real projects in their communities. The work of these two teams continues to impact the places where they live and improve the lives of their fellow community members.

The NLAPH experience has helped our fellows and coalition strategically select new partners, frame our message, maintain a strategic focus, and rein in our expectations. We have learned to manage meetings transparently, become comfortable with dialogue and disagreements, and reflect on and capture our learning moments and accomplishments. NLAPH planted seeds on the Eastern Shore that will yield many healthy harvests for years to come.

— Eastern Shore team member
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