



Brainstorm: Potential Partners

Healthy People
2020

Below is a partial listing of the many public, private, and volunteer organizations that could be valuable partners in your public health efforts. Start by searching online for businesses and organizations near you.

Health

- Primary care associations
- Community health centers
- Emergency medical services
- Health departments—city, county, state
- Health professional associations
- Hospitals
- Visiting Nurse Associations
- Mental health organizations
- Substance abuse treatment agencies
- Nursing homes, home health agencies
- Red Cross chapters—local, state
- Managed care organizations

Funding Resources

- State health department
- Local businesses
- Charities/foundations
- United Way

Communication

- Health advocacy newsletters
- Local media (newspaper, radio, TV)
- Local Web sites, blogs, and podcasts

Select Populations

- Area Agency on Aging
- Corrections facilities
- Day care facilities/Head Start
- Disabled citizens' alliance
- Health department clients
- Multicultural community centers
- Homeless shelters
- Youth coalitions/teen centers
- Migrant worker groups
- Minority and gay/lesbian organizations
- Women's organizations

Planning/Regulatory Agencies

- Local board of health
- Regional planning councils

Community and Volunteer Organizations

- AARP
- Faith-based organizations
- Civic groups
- Fire and rescue service
- Interagency coalitions and councils
- Nonprofit organizations



Business

- Private businesses
- Chamber of Commerce
- Economic development directors
- Insurance companies
- Professional associations

Education

- Colleges and universities
- Public schools—elementary, secondary
- Teachers and administrators
- Parent organizations
- After-school programs
- Libraries

Source

Adapted from *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Developed by the Public Health Foundation, under contract with the Office of Disease Prevention and Health Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services (p. 46).

Government

- Mayor's office
- Department of Veterans Affairs
- Law enforcement agency
- State legislators
- Department of Environmental Protection

Others





Questions To Consider When Organizing a Coalition

Healthy People
2020

Before you begin contacting potential partners, it is important to know exactly what you are asking of them. Here are a few questions to consider beforehand.

How many members do you want, and what type of skills do they need to have?

What is the expected time commitment? (How many hours per month for how long?)

Will the members be expected to represent their agencies, communities, or constituencies?

Which population groups should be represented?



Where, when, and how often will you meet?

Will the meetings be open or closed?

Who will be the coalition leader(s)? Will they be appointed or elected?

Who are your strongest allies?

How will you reward great efforts?

Source

Adapted from *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Developed by the Public Health Foundation, under contract with the Office of Disease Prevention and Health Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services (p. 11).





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Brainstorm:

Community Assets



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Work with your planning group to create a list of potential assets in your community. It's important to take stock of the strengths of your community, not just its needs. Community assets are important in three ways:

- As inputs and context for your public health intervention
- As factors related to successful implementation of your intervention
- As potential outputs, signaling the impact of your intervention

Use the list below to help guide your brainstorm of community strengths.

Individuals

- Skills, talents, and experience of community members
- Individual businesses
- Home-based enterprises
- Donations/financial sponsors

Organizations

- Associations of businesses
- Citizens' associations
- Cultural organizations
- Communications organizations
- Faith-based organizations

Private and Nonprofit Organizations

- Institutions of higher education
- Hospitals
- Social services agencies

Public Institutions and Services

- Public schools
- Police and fire departments
- Libraries
- Parks and recreation

Physical Resources

- Vacant land
- Commercial and industrial structures
- Housing
- Energy and waste resources
- Billboards and community bulletin boards
- Community meeting spaces

Informal Organizations and "Intangibles"

- Neighborhood associations and other social groups
- Community reputation
- Community pride
- Sense of history

Sources

Adapted from *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Developed by the Public Health Foundation, under contract with the Office of Disease Prevention and Health Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services (p. 71).

McKnight, J. L., Kretzmann, J. P. *Mapping Community Capacity*. The Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University, 1996.

Bartholomew, L. K., et al. *Intervention Mapping: Designing Theory and Evidence-Based Health Promotion Programs*. Mayfield Publishing Company, Mountain View, CA, 2001.





Exercise: Prioritizing Issues

Coalition members will likely have many issues they want to address. This exercise is designed to help the group decide which issue/s to focus on.

First, make a list of all the issues on the table. Then, working as a group, copy and complete this sheet for each issue you are considering. Use the information to help narrow down your target issue(s).

Issue _____

Prevalence/Frequency/Incidence _____

Population(s) affected _____

Seriousness/Urgency _____

Available data sources _____

Possible interventions (behavioral, environmental, legislative, etc.) _____

Likelihood of success/impact (taking into account available resources) _____

Current interventions addressing issue in community _____

Consequences if not addressed (personal, societal, economic) _____

Source:

Adapted from: *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Developed by the Public Health Foundation, under contract with the Office of Disease Prevention and Health

Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services
(p 74-75).



Defining Terms



Before beginning work on setting priorities, it's a good idea to develop a common understanding of terms. People often use the terms *vision*, *goals*, *objectives*, *strategy*, *baseline*, and *target* differently.

Vision

Examples:

- Create a society of healthy, caring adults.
- Ensure all children have access to health care.
- Create a community free from substance abuse.

Why is a plan being established?

(Broad and lofty statement of general purpose to guide planning around a health issue)

Tips

- To begin crafting a vision, ask “How would things look if the issue was perfectly addressed?”
- Consider drafting guiding principles to support your vision statement.
- Use the vision to guide choices in the planning process and to communicate priorities.
- State what you want, not how you plan to get there.

Goals

Examples:

- Increase regular exercise among older adults.
- Provide all community members with opportunities to safely participate in physical activity every day.
- Eliminate secondhand smoke in public places.

What do you want to happen?

(Describes what the plan is trying to accomplish)

Tips

- Ask yourself, “What would make this effort a success?”
- Use goals to clarify what is important within a priority area, before drafting objectives.
- Begin with action words such as *reduce*, *increase*, *eliminate*, *ensure*, *establish*, etc.
- Focus on the end result of the coalition’s work.
- Consider whether the goal is community-wide or specific to a particular population (by age, race, gender, ability, etc.).

Objectives

Examples:

- By 2020, increase the use of safety belts and child restraints to at least 93 percent of motor vehicle occupants in Franklin County. (Baseline: 69 percent in 2007)
- By 2020, increase to at least 95 percent the proportion of people who have a specific source of ongoing primary care in Colorado. (Baseline: 84 percent of adults aged 18 years and over in 2004)
- By 2015, increase to 100 percent the proportion of health plans that offer treatment of nicotine addiction in Nebraska. (Potential data source: state managed care survey)

How will we know whether we reached the goal?

(Offers specific and measurable milestones, or targets; sets a deadline; narrows the goal by adding who, what, when, and where; clarifies by how much, how many, or how often)

Tips

- Consider a wide range of things that could indicate progress toward achieving health goals. Among these are individual behaviors, professional practices, service availability, community attitudes and intentions, insurance status, service enrollment, policy enactment, voluntary participation in employer programs, organizations that offer particular programs, policy compliance/enforcement findings, results of population screening or environmental testing, or the occurrence of events that suggest breakdowns in the public health system.
- Be specific. What is to be achieved? (What behavior or what outcome? Who is expected to change, by how much, and by when?)
- Be clear with numbers and percentages (i.e., know your denominator). There is a big difference in increasing enrollment by 20 percent, to 20 percent, or by 20 people.
- Make sure the objectives are relevant to the goal and vision. Do they show what the coalition hopes to accomplish and why? Are they challenging?



Strategy

Examples:

- Increase tax on cigarettes by at least 75 cents.
- Provide skills training to physicians on effective physical activity counseling.
- Enforce laws prohibiting tobacco sales to minors.

How will the objective be reached?

(Specifies the type of activities that must be planned, by whom, and for whom)

Tips

- Generate a list of strategies that gives various sectors a job to do (e.g., businesses, voluntary organizations, government, health care organizations, social services, faith communities, and citizens). Consider strategies that require sectors to work together.
- Choose strategies that are achievable.
- Ask whether the strategy addresses known risk factors and how it will reduce risk and/or increase health factors.
- Provide known effective (efficacious and possible) interventions and strategies.
- Seek individuals affected directly or indirectly by the health threat. Enlist their support in getting policy maker or partner support.
- Consider evidence-based strategies from the Guide to Community Preventive Services.

Baseline and Target

Examples:

- Baseline: 21.9 percent of adults performed muscle-strengthening activities on 2 or more days of the week in 2008.
- Target: 24.1 percent of adults performing muscle-strengthening activities on 2 or more days of the week by 2020.

Objectives need a target and a baseline.

- A **target** is the desired end point amount of change, reflected by a number or percentage.
- A **baseline** is where the community is now, or the first data point in the tracking continuum.
- Exceptions include policy or organizational objectives that can be measured simply by being established.



Source

Adapted from *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Developed by the Public Health Foundation, under contract with the Office of Disease Prevention and Health Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services (pp. 60–63).





Potential Health Measures



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This tool is intended to assist you in identifying different types of measures for your community plan. It is not meant to be a complete list, but provides types of measures many communities have used to develop and monitor health objectives.

Community Management

- Number of open city council meetings
- Number of coalition members represented in community groups
- Time it takes to respond to emergencies
- Percentage of community members who volunteer in the community
- Voter turnout rates

Demographics

- Rates of educational attainment
- Average household income
- Poverty rates
- Unemployment rates

Growth and Nutrition

- Percentage of new mothers breastfeeding for the first 6 months
- Percentage of children born with developmental disabilities
- Average daily fruit and vegetable consumption
- Enrollment rates in WIC (Women, Infants, and Children) program
- Average life expectancy

Health Behaviors

- Rates of older adults who participate in fitness programs
- Rates of overweight and obesity
- Percentage of adolescents reporting tobacco use
- Number of residents seeking substance abuse treatment
- Rates of recreation center use

Health Care Resources

- Rates of uninsured and under-insured
- Number of Medicaid/Medicare providers

Health Care Utilization

- Number of visits to the emergency department for non-urgent conditions
- Rate of preventable hospitalizations

Health of Employees

- Average number of sick days used
- Percentage of workers filing worker's compensation claims
- Number of worksite injuries and deaths

Health of Mothers and Children

- Availability of contraceptive services
- Rates of contraceptive use
- Percentage of all babies born with low birth weight
- Percentage of all births that are premature
- Percentage of women receiving recommended prenatal care
- Number of parenting teens

Morbidity

- Rates of dental caries among children
- Communicable disease rates
- Number of vaccine preventable diseases/deaths
- Percentage of population with mental illness

Mortality

- Infant mortality rates
- Leading causes of death in community
- Causes of mortality by demographic

Physical Environment

- Levels of toxins in water and air
- Number and type of environmental hazards
- Number of households with working smoke detectors
- Number of households on water and sewage treatment systems

- Number of households with fuel-efficient appliances
- Household recycling rates
- Number of households vulnerable to lead paint
- Miles of bike paths

Preventive Measures

- Rate of adults getting regular blood pressure screening
- Childhood immunization rates
- Percentage of adults getting recommended colon cancer screening
- Percentage of diabetics receiving recommended eye and foot exams
- Flu vaccination rates among older adults
- Percentage of women getting scheduled mammograms
- Rates of women getting regular Pap tests

Social Support Measures

- Number of child abuse investigations
- Availability of domestic violence services
- Rate of religious participation
- Number of law enforcement officials per household
- Number and geographic spread of Neighborhood Watch programs
- Availability of suicide prevention services
- Access to transportation services



Sources

Adapted from *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Developed by the Public Health Foundation, under contract with the Office of Disease Prevention and Health Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services (pp. 91–92).

Empowerment Zone/Enterprise Community Health Benchmarking Project. Public Health Foundation, 1998–1999.





Setting Targets for Objectives

The logo for Healthy People 2020, featuring the text "Healthy People 2020" inside a stylized, curved oval shape.

Many public health professionals struggle with setting achievable, realistic targets for outcome, performance, and process objectives. The tips below focus primarily on setting targets for health outcomes and performance.

Using Peer Communities

You can set targets by comparing your community with others like it. Age and poverty distribution and population size and diversity may define peer communities. The following may be used to describe one's peers: typical values for a specific objective, means or medians, or the variation among peers.

Visit the Public Health Foundation Web site for more information on the Community Health Status Indicators Project, which is using this strategy: <http://www.phf.org/chsi/index.htm>.

Setting Targets for Process Objectives

Setting measurable targets for process objectives requires judgment and is not an exact science. To set process targets, planners should consider the current status (baseline), seek stakeholder input on the desired level of improvement, and make a realistic assessment of what can be accomplished.

Using Performance Measures

Performance measurement responds to the need to ensure efficient and effective use of resources, particularly financial resources (*Prevention Report*, Winter 1997). It links the use of resources with health improvements and the accountability of individual partners. Performance measures can be incorporated within or based on Healthy People objectives. Please see the following pages for a detailed description of setting performance measures.



Setting Performance Measures Step by Step

These examples are from the state of Maryland's Healthy Maryland 2000.

Step	Example	Ask
1. Relate the performance measure to an important national, state, or local health priority area.	Maryland has undertaken work related to the national health objective to reduce coronary heart disease deaths to no more than 100 per 100,000 people.	What national, state, or local health priority will our plan address?
2. Measure a result that can be achieved in 5 years or less.	Maryland has identified an achievable result that is linked scientifically to the Healthy People 2000 Heart Disease and Stroke priority area: Increase the proportion of people who engage in light to moderate physical activity to at least 30 percent of the population.	How will we measure our progress? Can a change be measured in 5 years or less?
3. Ensure that the result is meaningful to a wide audience of partners.	Target partners are essentially all Marylanders, with an emphasis on school-aged children and people at high risk for diseases and medical conditions associated with physical inactivity (for example, persons with hypertension and high cholesterol). Partners include principals, teachers, students, parent-teacher associations, the state education department, state and local health and recreational agencies, public health and medical professionals, and others.	Who are all the potential partners that have a stake in this health issue?



Step	Example	Ask
<p>4. Define the strategy that will be used to reach a result.</p>	<p>The state of Maryland has selected four strategies:</p> <ol style="list-style-type: none"> 1. Implement a combination of strategies that include consumer education and skills development, health assessment, professional training, and environmental changes. 2. Reinforce risk reduction messages and promote programs and policies in schools, worksites, faith communities, and other settings. 3. Focus on youth and families so that healthy habits are started early and nurtured in the family. 4. Use a health promotion approach tailored to reach diverse ethnic and socioeconomic groups. 	<p>What strategies will be effective for addressing this health issue?</p> <p>Do we have the resources to implement these strategies?</p>



Step	Example	Ask
<p>5. Define the accountable entities.</p>	<p>The accountable entities depend on the strategies selected and the way in which a particular community is organized. For Maryland's strategy 2, these entities include schools, worksites, and community centers. For example, the Cecil County Public Schools have agreed to be accountable for specific tasks related to strategy 2 and are working in partnership with the Cecil County Health Department to offer healthy lifestyle programs to elementary school children. The programs, such as the Heart Challenge Course, bring teachers and food service workers together to promote healthy eating habits and physical fitness through educational games, classroom projects, and other activities that appeal to children.</p>	<p>Who is responsible for implementing the different activities in each strategy?</p>
<p>6. Draft measures that meet statistical requirements for validity and reliability and have an existing source of data.</p>	<p>In consultation with biostatisticians and epidemiologists, organizations can draft measures that are statistically sound. One of Maryland's performance measures might be "Increase to 30 percent the proportion of students in each Cecil County elementary school who engage in light to moderate physical activity for 30 minutes or longer every school day by participating in school physical fitness activities."</p>	<p>What is our objective? Is it specific, measurable, achievable, realistic, and time-phased (SMART)?</p> <p>Is there an existing data source for our measure?</p>



Sources

Adapted from *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Developed by the Public Health Foundation, under contract with the Office of Disease Prevention and Health Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services (pp. 93–98).

U.S. Department of Health and Human Services. Improving the Nation's Health With Performance Measurement. *Prevention Report*, 12(1): 1–5, 1997.
<http://odphp.osophs.dhhs.gov/pubs/prevrpt/archives/97winfoc.HTM>.





Communication Plan Template

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2020

Use this template to create a communication plan for your Healthy People initiative. Identify your audience and message(s) ahead of time. Be as specific as possible. Then make sure community partners and coalition members have a copy of your plan—this will help everyone stay on message.

1. **Whom do you want to reach with your message?** (*Be specific: age, race/ethnicity, gender, sexual orientation, location, employment status, limited-English proficiency*)

2. **What do you want your audience to do?** (*Example: walk to work or school on Mondays for the month of May*)

3. **What is the benefit of doing this action?** (*Example: cardiovascular health, obesity prevention, fewer cars on the road . . .*)

4. **Why might it be hard for people to do it?** (*Example: they have to plan ahead*)



5. **What is the single, key message you want to get across?** (*Example: Start your week off with physical activity—together, we can take care of our health and our community!*)

6. **What type(s) of media will you use to reach your target audience?** (*Example: radio, Internet, print, point-of-purchase, word of mouth*) **What is the benefit of each?** (*Example: low-cost, frequent use by audience*)

Source

Adapted from *Making Health Communication Programs Work* (The Pink Book). Developed by the National Cancer Institute (p. 179), 2001.





Coalition Self-Assessment



Once your coalition is up and running, it's a good idea to check back in with coalition members to make sure everyone is comfortable with the process. This survey will help you assess what's working and what needs improving. Distribute copies of this survey at your next coalition meeting and encourage all members, staff, and leaders to complete the survey.

This survey is anonymous. Please do not put your name on the document. Please select the option that best describes you:

- I attend all coalition meetings
- I attend some coalition meetings
- I attend most coalition meetings
- I rarely attend coalition meetings

Staff (Director and Other Paid Staff)	Always	Some-times	Rarely	NA	Don't Know
Have knowledge of coalition-building process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promote equal status and collaboration among member organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize members for their contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are committed to the coalition's vision/mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are able to get needed resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work within influential political and community networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage collaboration and negotiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate effectively with members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are effective in managing meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Leaders (Subcommittee Chairs and Others)	Always	Some-times	Rarely	NA	Don't Know
Are committed to the coalition's mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide leadership and guidance in the maintenance of the coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have appropriate time to complete tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan effectively and efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have knowledge in the content area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have good organizational and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are competent in negotiation, problem-solving, and conflict resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize members for their contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promote equal status and collaboration among member organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Members	Always	Some-times	Rarely	NA	Don't Know
Are committed to the coalition's mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a variety of resources and skills to offer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively plan, implement, and evaluate activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assume lead responsibility for tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share the workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are regularly involved in meetings and/or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate well with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Overall Coalition Characteristics	Yes	Some-what	No	NA	Don't Know
Has vision/mission statement in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has goals and objectives in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides regular, structured meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has processes for decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has mechanisms for evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a mechanism for new member orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Membership is broad-based (includes community leaders, professionals, grass-roots community organizers who represent the target population, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducts regular needs assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a strategic plan for implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies are implemented as planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies are revised as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial and material resources are secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coalition is accessible to the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accomplishments are shared with members and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term funding is regularly sought and/or obtained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coalition is included in other collaborative efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coalition is broadly recognized as an authority on the issues it addresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Comments

Source

Adapted from the Coalition Self-Assessment Tool by the Office of National Drug Control Policy, Drug Free Communities, Grantee Training 2009. Retrieved on 7/1/2010 from http://www.oncdp.gov/dfc/files/09_training_materials/self_assessment_tool.pdf.





Measuring Progress

It is important to be able to show whether your programs are effective in achieving your target. Follow these basic formulas to calculate baseline, target, and achieved rates for the selected health outcome.

Annual Percentage Change

This measure can be used to track whether progress is on course and determine whether the Healthy People 2020 objectives will be reached. It provides the amount of decline each year that is needed to reach the target.

Formula

$$\{(Target\ rate + Baseline\ rate)^{[1/(Target\ year - Baseline\ year)]} - 1\} \times 100 = Annual\ Percent\ Change$$

Example Data Showing Percentage Change Needed to Reach Healthy People Goal

	Year	Rate
Target	2020	7/1,000
Baseline	2010	10/1,000

Calculations

$$(Target\ rate + Baseline\ rate) = 7/1,000 + 10/1,000 = 0.700$$

$$[1/(Target\ year - Baseline\ year)] = 1/(2010 - 2000) = 1/10 = 0.100$$

$$(Target\ rate + Baseline\ rate)^{[1/(Target\ year - Baseline\ year)]} = 0.70^{0.10} = 0.965$$

$$\{(Target\ rate + Baseline\ rate)^{[1/(Target\ year - Baseline\ year)]} - 1\} = 0.965 - 1 = -0.035$$

$$\{(Target\ rate + Baseline\ rate)^{[1/(Target\ year - Baseline\ year)]} - 1\} \times 100 = 0.035 \times 100 = -3.5\%$$

A decline of 3.5 percent per year between year 2010 and 2020 is needed to reach the target.



Measuring Progress

This equation is used in measuring progress for each objective:

$$\frac{(\text{Current Status} - \text{Baseline})}{(\text{Year 2020 Target} - \text{Baseline})} \times 100 = \text{Percentage of Target Achieved}$$

Source

Adapted from *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Developed by the Public Health Foundation, under contract with the Office of Disease Prevention and Health Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services (p. 97).

