

“Be Bold!”

*Findings from Six CPPW Communities’ Efforts to
Improve Health Outcomes*

November 2012



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Colleen Gross Ebinger and Sarah Morris conducted the research for this project and wrote the report.

This report is based on the training and technical assistance provided to CPPW communities by Grassroots Solutions and Fourth Sector Consulting, on behalf of a Minnesota Department of Health Mentoring Grant. Team members taking a lead role in the design and conceptualization of the report included Colleen Ebinger, Katie Eukel, Paula Fynboh, Dana Montgomery and Sarah Morris.

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Executive Summary

Since 2010, the U.S. Department of Health and Human Services, through the Centers for Disease Control and Prevention (CDC), has provided around \$373 million in funds for the *Communities Putting Prevention to Work* program (CPPW). To date, 50 communities—including urban metros, rural counties, small towns, and tribal areas—have been selected to receive funds for Policy, Systems and Environmental Change (PSE) work on obesity prevention (\$230 million) and tobacco cessation and prevention (\$142.8 million).

Through a CPPW mentoring grant, a team from Grassroots Solutions and Fourth Sector Consulting worked directly with 15 CPPW communities to provide technical assistance on project sustainability. Six communities were selected for this report.

Two primary strategies emerged for building long-term sustainability: collaborative relationships and capacity building.

The communities we interviewed focused on building and maintaining relationships in four specific ways:

- Demonstrate authenticity and commitment to the project and to its partners.
- Embrace community engagement.
- Encourage and supporting staff in exercising leadership.
- Hold partners accountable.

These same communities also made use of the technical assistance they received in order to:

- Leverage volunteers.
- Build technical knowledge within communities.
- Cultivate ongoing funding and human resource capacity.

Finally, four reflections emerged as communities talked about the strengths and challenges of the entire CPPW program.

- Effective program officers make a difference.
- The two-year timeline carries advantages and disadvantages.
- Partners' scheduling requirements can present implementation challenges.
- Power and resource dynamics can shift within existing relationships.

We hope that this paper helps all CPPW communities, as well as public health funders, learn from the largest PSE funding attempt to date.

“Be Bold!”

Kelly Corbin, a project lead in Olmsted County, Minnesota, remembers the moment when it happened.

“Our ‘real’ project was establishing new farmers markets and getting EBT¹ accepted at farmers markets. One staff member started talking about getting fresh food from farmers to school, so the Food Policy Council evolved to work on this...but the scale for getting food to school was too large for a one-school/one-farmer relationship to handle.”

The group challenged itself, asking what they could do to make it happen. “We had achieved more momentum and more success with other projects than we had expected. It gave the group a feeling of, ‘What’s next? Be bold!’ There was a rallying cry and that helped us get public health management partners on board for the first conversation. Then for the second conversation, we invited community leaders, churches, etc.

“Our CPPW grant writers had focused on projects that were doable in the grant period: complete streets, signage, EBT, etc. The Food Policy Council developed around the 6-month mark and it will live on past the grant. We’ve found ways to put resources behind it—and we’re looking for additional resources to support it. It was hard for some in the group to wrap their heads around creating a group that would live past the life of the grant... but this will live on.”

¹ Electronic Benefit Transfer cards (EBT) serve as the federal government’s tool for disbursing public benefit payments. For more definitions of key terms throughout the report, please see **Appendix A** for a glossary.

Purpose and Background

Communities Putting Prevention to Work Program

The two leading preventable causes of death in the United States today are obesity and tobacco use. Since 2010, the U.S. Department of Health and Human Services, through the Centers for Disease Control and Prevention (CDC), has provided around \$373 million in funds for obesity and tobacco public health initiatives through the *Communities Putting Prevention to Work* Program (CPPW). To date, 50 communities—including urban metros, rural counties, small towns, and tribal areas—have been selected to receive funds for Policy, Systems and Environmental Change (PSE) work on obesity prevention (\$230 million) and tobacco cessation and prevention (\$142.8 million).

In the design of CPPW, the CDC emphasized five evidence-based strategies known as MAPPS—Media, Access, Point of decision information, Price, and Social/support services. Applicants determined which strategies from the MAPPS menu would be best in their community and included those strategies in their application. (See **Appendix B** for a full MAPPS menu of proven strategies provided by the CDC as part of the request for proposals.) Some examples of how communities are working on obesity factors of physical inactivity and poor nutrition include:

- Increase the availability of healthy food and beverages in schools.
- Support the development of sidewalks and bike lanes to facilitate active transportation.
- Encourage farmers markets to accept Supplemental Assistance Nutrition Program (SNAP) Electronic Benefits Transfer (EBT) cards, making fresh fruits and vegetables more accessible and affordable.
- Work with afterschool programs to implement minimum physical activity requirements.²

² Centers for Disease Control and Prevention. (2012). *Communities Putting Prevention to Work*. "Obesity." <http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/program/obesity.htm>.

Examples of communities' tobacco cessation and prevention strategies include:

- Encourage school districts to incorporate tobacco prevention education in student curriculum.
- Collaborate with restaurant and bar owners to limit patrons' exposure to secondhand smoke.
- Promote available tobacco cessation services.
- Work with retailers who sell tobacco products to limit point-of-purchase tobacco advertisements.³

Once a community was selected as a CPPW site, the grant funds (often millions of dollars) were to be used to implement all initiatives within two years. Team members had to work quickly and with a sense of urgency to meet their project goals within the timeframe of the grant. (See **Appendix C** for a full list of CPPW communities.)

Minnesota Department of Health Mentoring Grant

The Minnesota Department of Health was awarded a CPPW mentoring grant to provide technical assistance for communities. The team from Grassroots Solutions and Fourth Sector Consulting worked with 15 CPPW communities over the course of 18 months, helping communities meet their sustainability goals so that both the financial investment from taxpayers and the extraordinary efforts of so many people and organizations would live on and benefit communities for many years to come. The team's technical assistance was focused on three topics: Telling the Story, Building Volunteer Infrastructure, and Staff and Organizational Capacity Building.

- **Telling the Story.** This included working with CPPW communities to effectively communicate how their CPPW accomplishments helped transform the health of their communities and the daily lives of residents. This is important because effective story telling increases commitment among key stakeholders to continue the work, and can help attract additional funding. This report is one piece of the Telling Your Story strategy, in which our team helps communities share successes and learn from one another.

³ Centers for Disease Control and Prevention. (2012). *Communities Putting Prevention to Work*. "Tobacco." <http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/program/tobacco.htm>.

- **Building Volunteer Infrastructure.** This included working with CPPW communities to train and mentor community health advocates, helping those advocates build their skill base and take on leadership positions around community health improvement.
- **Staff and Organizational Capacity Building.** This included working with staff and board members in CPPW communities to identify goals, strategies and benchmarks for continued work towards PSE changes, as well as creating an organizational infrastructure to help sustain the work going forward.

Our approach was to build relationships with the leaders of these efforts and to tailor our technical assistance to fit the specific needs of each community. In so doing, we unearthed incredible stories of creativity and persistence, and we decided to dig deeper through a formal interview process. We are happy to be able to share insights gleaned from these conversations with a broader audience.

Creating and Sharing a Collection of CPPW Best Practices and Lessons Learned

This report identifies some of the practices that individual communities have found to be most effective in achieving their goals, and then compares these practices across the six communities to identify common themes. Many conversations with communities centered on issues of sustainability, discussing strategies that have been undertaken to ensure that the work continues once CPPW grant funding ends. This was important both for maximizing the return on taxpayer investment in the CPPW program and for honoring the extraordinary efforts of so many people and organizations. The goal is to share stories and lessons learned in a way that benefits other communities around the country, while also providing the federal government with on-the-ground insights that may inform future funding efforts.

Methodology

Community Selection

All 15 communities that our technical assistance mentoring grant team assisted were undertaking incredible PSE work, so it was difficult to narrow the list for this report. We identified six communities that have established programming and partnerships that appear particularly well-positioned to continue forward once CPPW funding concludes at the end of 2012. These communities are thinking in innovative ways and integrating successful sustainability strategies. The six communities interviewed for this report are (listed alphabetically by state) Kauai, Hawaii; Olmsted County, Minnesota; Clark County, Nevada; Hamilton County, Ohio; Nashville and Davidson County, Tennessee; San Antonio, Texas.

Kauai, Hawaii – *Obesity prevention*

The Kauai District Health Office was awarded the CPPW grant that funded multiple community partners to implement the Kauai action plan. Specific accomplishments include passing a Complete Streets resolution and implementation plan, incorporating smart growth principles into a newly designed housing development, implementing a farm-to-preschool program, expanding Safe Routes to School efforts, and enabling use of EBT cards at farmers markets. A public awareness campaign, entitled Take the Leap, was promoted to educate the public about sugary drinks, healthy eating and physical activity. Project leaders include the Mayor's Office - County of Kauai, the Kauai County Agency for Elderly Affairs, Housing Department, Planning Department, the Hawaii State Department of Education - Kauai County, Hawaii State Department of Health, members of the Hawaii State Legislature and Kauai County Council, Get Fit Kauai, Kauai Community College, Kauai Path, and Malama Kauai. Our technical assistance team worked directly with the **Kauai County Nutrition and Physical Activity Coalition, Get Fit Kauai.**

Olmsted County, Minnesota – *Obesity prevention*

Olmsted County, which includes Rochester, home of the Mayo Clinic, continued and built upon its previous public health campaigns Active Living Rochester and Statewide Health Improvement Plan to promote wellness and reduce chronic disease risk. Specific accomplishments include securing the commitment of three county school districts to add a biking physical education curriculum, increasing the number of farmers markets from one to five, launching a healthy eating vending machine initiative on the university campus, drafting a Bicycle Master Plan to be incorporated into the long-term county transportation plan, increasing signage on trails throughout Rochester, and enabling use of EBT cards at

farmers markets. Project leaders include the Breastfeeding Coalition, Byron City Council, Byron Public Schools, Child Care Resource and Referral, City of Eyota, City of Stewartville, IBM, Mayo Clinic, Minnesota House of Representatives, Olmsted Board of Commissioners, Olmsted Community, Olmsted Medical Center, Public Health Services Advisory Board, Rochester Area Chamber of Commerce, Rochester City Council, Rochester Community and Technical College, Rochester Park and Recreation, Rochester Police Department, Rochester Public Works, Rochester School Board, Rochester-Olmsted Planning Department, United Way of Olmsted County, and University of Minnesota. Our technical assistance team worked directly with **Olmsted County Health Department**.

Clark County, Nevada – *Obesity prevention and tobacco cessation*

Clark County, which includes Las Vegas, created a county-wide program called Get Healthy Clark County to encourage exercise, healthy eating, safety, tobacco-free living, and knowledge of health risks. Specific accomplishments include creating a website to share best practices and resources, mapping and marking of a trails system through the Neon to Nature trail awareness campaign, celebrating Nevada Moves Day with Safe Routes to School, supporting a policy that allows sports leagues to use school district fields, helping City of North Las Vegas implement healthy policies for afterschool programs, promoting a public education campaign about secondhand smoke, and increasing call volume to a tobacco quitline. Project leaders include the Office of the Governor of Nevada, American Heart Association, American Lung Association of Nevada, Goshen Community Development Coalition, Nevada Office of the Attorney General, Nevada State Legislature, Nevada State Medical Association, Regional Transportation Commission of Southern Nevada, and Southern Nevada Health District. Our technical assistance team worked directly with the **Outside Las Vegas Foundation**.

Hamilton County, Ohio – *Obesity prevention*

Hamilton County, which includes Cincinnati, created a county-wide program called WeTHRIVE! to increase access to healthy foods and physical activity and to decrease tobacco usage and secondhand smoke. In order to increase grassroots engagement in healthy living PSE, the team created an Ambassadors Program to recruit and train healthy-living advocates. Specific accomplishments include creating a website to share best practices, increasing access to healthier food options in eight targeted school districts, increasing the number of community gardens, improving obesity-related healthcare and prevention for children, collaborating with 50 schools on the Safe Routes to School program, and collecting baseline data on county youth for the Youth Risk Behavior Survey. Project leaders include Cincinnati Children's Hospital Medical Center, Hamilton County Education Service Center, Hamilton County Public Health, Nutrition Council of Greater Cincinnati, the Center for Closing the Health Gap in Greater Cincinnati, University of

Cincinnati, and YMCA of Greater Cincinnati. Our technical assistance team worked directly with **Hamilton County Public Health**.

Nashville and Davidson County, Tennessee – *Obesity prevention*

Nashville and Davidson County created a county-wide program called NashVitality to encourage “the spirit of a healthy, active, green city.” Two websites (NashVitality and Healthy Nashville) provide resources for residents on healthy and active living. Specific accomplishments include formalizing a Complete Streets plan, launching a public education campaign, creating a School Nutrition Advisory Committee, airing an hour-long public television program about childhood obesity, and instituting a healthy corner stores initiative to provide fresh produce and meats in food deserts. Project leaders include the Office of the Mayor - Metropolitan Government of Nashville and Davidson County, Livability Committee, Meharry Medical College, Metro Board of Zoning Appeals, Metro Nashville Public Schools, Metropolitan Council, Nashville and Davidson County, Metropolitan Public Health Department, Nashville Chamber of Commerce Public Benefit Foundation, and Nashville Health Care Council. Our technical assistance team worked directly with the **Metropolitan Public Health Department**.

San Antonio, Texas – *Obesity prevention*

The city of San Antonio launched a campaign called Find Your Balance “for your health, your family, your future.” In coordination with the Mayor’s Fitness Council, a website provides healthy living resources including events, customized strategies for schools and workplaces, and more. Specific accomplishments include implementing a Ride to Own program with 1216 bicycles, installing outdoor fitness equipment at 28 parks and five libraries, creating a community event called Síclovía to use streets for activities like biking and yoga, installing refrigerators and freezers in corner stores to increase access to fruits and vegetables, and installing salad bars in 108 schools. Project leaders included City of San Antonio Mayor’s Office, Baptist Health System, Bexar County Health Collaborative, Edgewood Family Network, Harlandale Independent School District, H-E-B Grocery Stores, Library Foundation, Northeast Independent School District, Office of Environmental Policy - City of San Antonio, Office of Parks and Recreation - City of San Antonio, Office of Planning - City of San Antonio, Office of Public Works - City of San Antonio, Pearl Institute, San Antonio Dietetic Association, San Antonio Express-News, San Antonio Food Bank, San Antonio Housing Authority, San Antonio Public Library, San Antonio Restaurant Association, St. Philip’s College, University Health System, University of Texas at San Antonio - Department of Health and Kinesiology, University of Texas Health Science Center at San Antonio, University of Texas School of Public Health, San Antonio Regional Campus, and YMCA of Greater San Antonio. Our technical assistance team worked directly with the **San Antonio Metropolitan Health Department**.

Research Process

Once communities were identified, team members conducted individual interviews with key leaders from each community. Interviews averaging one hour in length were conducted by telephone with one to three persons per community. Whenever possible, the team spoke with more than one person to ensure a variety of insights and perspectives, for a total of eleven interviews.

A standard set of questions was asked of each participant to guide the conversation and to ensure consistency as much as possible. However, given the distinctive approaches of the various communities, it was important to probe deeper on particular topics with follow-up questions. The team worked together to craft thoughtful questions that elicited useful information from interview participants. (See **Appendix D** for interview questions.)

Once interviews were complete, the team analyzed notes and recordings from each interview to identify larger themes and subthemes among communities. From seven larger themes, two key lessons emerged that can inform future work. (See **Appendix E** for themes.)

The CPPW sample community findings are being shared in the following ways:

- **Report:** Electronic copies of this report delivered to MDH and CDC and made available to all CPPW grantees.
- **Media Coverage:** We hope to repurpose parts of this report for an article in a national magazine.

Findings and Lessons Learned

Two Key Lessons Learned in Communities

Two key lessons emerged from conversations with project leaders. First, successful communities worked intentionally to build and maintain community **relationships**. Second, they focused intently during the grant timeline on building local **capacity** so that the PSE work would continue after the grant cycle ended.

Relationships

The communities in this study recognized that their success depended on a variety of relationships. To build project partnerships, leaders cultivated new relationships and leveraged existing ones. They drew from their personal networks and from their professional and institutional networks. Leaders built relationships and buy-in within the community, while cultivating empowered internal teams. Failure to deliver on CPPW commitments was not an option—even when challenges arose with partners. This sense of connectedness was the result of four priorities that were articulated by community leadership.

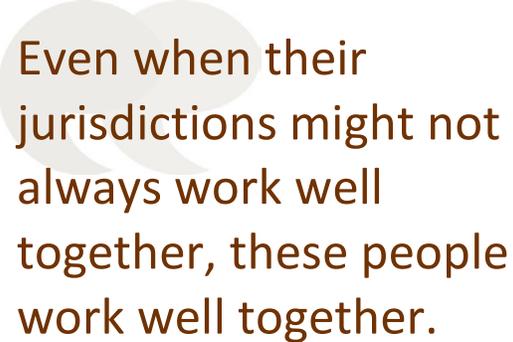
1. Demonstrate authenticity and commitment to the project and to its partners.

Leaders believed that building and maintaining relationships with partners in the CPPW project was essential and considered it more than just a part of their job. They also looked for this quality in their partners. Significant attention was given to identifying and breaking down silos and building connections between the communities' public agencies. Open, authentic, and trusting personal relationships between individuals—whether pre-existing or conscientiously cultivated during CPPW—enhanced the communities' formal CPPW partnerships.

In some communities, important partner relationships were already in place from prior health department work or from leaders' professional relationships. Kelly Corbin of Olmsted County noted, "We talked about this from the beginning of CPPW, and we're still talking about it. We had so much success with CPPW because our relationships were [already] built. And the strategies or interventions with CPPW where we had to start new, build new relationships, those are much harder. Those took a lot longer...It is hard to build that trust and build those relationships in a year so that you have a year to implement the actual project. [With] all of our other strategies, our partnerships had been developed.

Maybe Public Health hadn't been working with them [for] a year or two, but when we came knocking on the door saying we're from Olmsted County Public Health, they said, 'Ok.' There was some of that trust that was built. And so, we didn't have to do that pretty long period of 'Here's what we're about.'"

Outside Las Vegas Foundation Executive Director Mauricia Baca believes the success of Clark County, Nevada's CPPW work can be attributed to the relationships formed in 2008 when a working group came together to promote area trail usage. The working group has a chair and Ms. Baca acts as a facilitator, organizer, and neutral party. But, she said, the



Even when their jurisdictions might not always work well together, these people work well together.

members of the working group are partners and professionals whose work can transcend jurisdictions. "I am in awe, just constantly amazed and just really gratified that our meetings are just really good meetings. People engage; they converse; they share information. When the meeting ends, they don't just zip out of the room as fast as they possibly can. They actually stay in the room and keep talking to each other about things. And I think that that's a really special element of the whole process—the fact that these are professionals who have gotten used to really working well with one another. Even when their jurisdictions might not always work well together, these people work well together."

Another Clark County leader, Alan O'Neill, noted that, because the Health Department was part of the trails working group, the Neon to Nature campaign was included as a piece of Clark County's CPPW project. Because the working group functioned so well—as "friends" and with "camaraderie"—the Health Department never had any doubt that the team would perform and be successful.

In Kauai, Bev Brody shared her favorite quotation about her community: "Your success on Kauai is strongly dependent upon the quality of your relationships." She lives out that idea, sharing that she's known the mayor for 11 years—since he worked as Director of the Parks and Recreation Department—and "has a good relationship with almost everyone in the county."

Kauai also had its share of county department siloing. It is one example of a community where coalition members and leaders had to work hard to break down walls and build community connections in order to get CPPW work done.

Jodi Drisko, also of Kauai, explained how technical assistance providers who were not from the island helped break down walls between government agencies: "They really identified that multiple departments within the county were just totally working in silos and that they

had to communicate across departments and work together to do this kind of work...This kind of work—to do it—you have to talk to each other. Even though you work for the same employer, you still have to talk to each other.” After the first meeting, department heads from two agencies had already set up a regular informal meeting to coordinate efforts. By the consultant’s second visit, they had mapped out a plan for interagency communication.

San Antonio’s leaders also “spent a lot of time” working to create relationships with and between partners, leading Mary Thomas to describe the group as “like family” now. Maggie Thompson said, “***I don’t think the health department has ever worked with the planning department, public works, library, office of environmental policy.*** I don’t think we’ve ever done that, inviting them into the grant and asking them what they could use money for. That changed the whole look of the city...we all just play together so much better. It really has changed the city. It’s amazing...Everybody working toward the common goal, it’s just been really synergistic.”

2. Embrace community engagement.

From media campaigns to attendance at popular community-wide events, these CPPW teams engaged the public in multiple ways both before and throughout the project. While resource and time constraints limited their ability to formally solicit input from the community in the way that some teams had hoped to do, they were skilled at recognizing and responding to informal feedback received from community members.

Deal with the emotional side first.

In Kauai, Ms. Brody supported an unofficial policy of the mayor: “deal with the emotional side first” through community meetings and two-way discussions, then implement policies. She also co-hosts a local broadcast radio show to engage listeners in public health initiatives and provide a platform for community voices. Such an approach prioritizes community needs when developing new policies, helping them to be accepted and understood by those most affected before beginning the implementation process.

Jeremy Beer, a team member in San Antonio, attributes the runaway success of the Síclovía event to his team and partner nonprofits’ grassroots strategies. CPPW staff, alongside team members from the YMCA, knocked on many neighborhood doors in their efforts to raise awareness of the coming event that would close off the street to motorized vehicles and make it available all day for community-focused physical activities. The team also distributed fliers to neighbors with the direct phone number of their Physical Activity Liaison, in case the event caused them any problems.

In Clark County, trail usage has increased approximately 50 percent since CPPW work began. Ms. Baca credits this success to Health Department marketing efforts, including the Neon to Nature advertising campaign that included “gas topper” signs at gas stations, radio advertisements, and “way finder” directional signage on trails and at trailheads. She believes these strategies were able to break through the “supersaturated media outlets” of touristy Las Vegas to reach “everyday Clark County residents” with accessible healthy living messages in their daily lives.

In Ohio, Hamilton County Public Health developed new strategies in response to community feedback—shifting their CPPW focus mid-course from policy-making to community empowerment. The project’s original primary goal was to work with communities to adopt policies to encourage healthy living. As leaders talked with communities, a “then what” conversation started to happen. Community members—leaders in schools, churches, neighborhood groups, workplaces—were interested in the policy work but wanted to see the “fruit” that conveys why they enacted the policies. For project leader Tonya Key, this was “sort of an aha moment.” She realized that passing policies is important work, but it is just as important to engage people so that a policy will live on and be what they want—not just what decision-makers want for the communities.

Sometimes we may have thought we were engaging but others maybe didn’t perceive it as much as engagement as we may have.

In Nashville, Tennessee, leaders told stories of community meetings hosted by neighborhood associations located in food deserts that helped gather input for the CPPW Healthy Corner Stores initiative. Not every effort at community engagement went perfectly, however. Alisa Haushalter noted that the Nashville team made continuous engagement and communication with partners a priority, but acknowledged it could be a challenge from time to time. “The need to engage community throughout the process, I

think sometimes we did better than other times. Sometimes we may have thought we were engaging but others maybe didn’t perceive it as much as engagement as we may have. So, I think being very intentional about engagement, but also being diligent in communicating the level of engagement that is occurring and also giving feedback to the partners so that they are constantly aware and updated on what’s happening. As you know, CPPW has been fairly intense, so sometimes you can go weeks down the line and realize you haven’t updated people as much as they would have liked on the progress of things.”

3. Encourage and support staff in exercising leadership.

Project leaders encouraged team members at all levels to make meaningful changes and build relationships. They also supported their team members professionally and emotionally. In San Antonio, for example, Mr. Beer spoke with admiration and respect for his project leaders, earnestly and repeatedly calling them “great.”

Ms. Corbin said, “I think our leadership is very supportive and very encouraging...I think they’re really great at saying, ‘*We hired you. We understand that you know how to get things done,*’ and they give us some freedom to make that happen...So, when you say ‘I’m dressing up as a carrot and going to the Farmers Market for Kids’ Day,’ they kind of take a minute and hold their laughter and say, ‘Ok, I understand you are sustaining that partnership, and that you have to do a give-and-take with relationships.’”

Trying to sustain staff through something this intense, you almost have to have a sense of humor at some times, and a willingness to accept things not going exactly like you want them to go on a given day.

In Nashville, Ms. Haushalter gave a senior team leaders’ perspective, saying she worked hard to help her staff maintain their momentum and energy throughout the two-year project. “Trying to sustain staff through something this intense, you almost have to have a sense of humor at some times, and a willingness to accept things not going exactly like you want them to go on a given day...and we each had to kind of sustain each other through that...As the project director, and also as a bureau director, I feel that I have more responsibility for ensuring that staff are sustained through it and just trying to make sure that I was diligent about that.”

4. Hold partners accountable.

The leadership in these communities believed that challenges to the project implementation are just inconveniences, not roadblocks. Leaders expressed a can-do attitude, “We had challenges from time to time, but that is something that’s natural, it’s not unexpected.”

Several communities had to navigate relationships with project partners who were slow to get on board, didn’t meet deadlines, or caused other problems; leaders made extensive efforts to bring along crucial partners rather than allow them to slow down the work. In several cases, a challenging partner also carried a critical part of the overall project, so leaders had to be both vigilant and sensitive to ensure they had deliverables on time and maintained good relationships. These work-arounds, as one person put it, were “time

intensive solutions” that included making “behind the scenes” telephone calls, sending persistent emails, and making face-to-face visits to exert peer pressure. Causes of the problems varied for each community—from slowdowns due to cumbersome bureaucracy to individual interpersonal and interagency conflict. ***Several leaders said that, in the future, they would be much more discerning about which partners to collaborate with and the level of responsibility that these partners would be given for project deliverables.*** Regardless of the reason for the conflict, project leaders’ emphasis on maintaining productive relationships allowed them to ensure that the work was carried out in a timely way and that reputations remained intact.

Capacity

The second key lesson that emerged out of conversations with communities was that each went to great lengths to ensure that project activities strengthened the local public health capacity. These CPPW groups often brought in outside experts for technical expertise—technical assistance providers or temporary project staff—but they very intentionally used these opportunities to build up their own capacity so that they could continue to drive the PSE work locally once they no longer had access to that outside expertise. ***A critical question for each project was whether a specific role could be performed by volunteers or whether it required paid staff.*** The answer varied from community to community, depending on project initiatives and skill levels. Community leaders shared three specific tactics for building this capacity:

1. Leverage volunteers.

Project teams took steps to train local volunteers to help sustain the work of current staff. As CPPW funds come to an end, communities expect to lose some paid project staff, but volunteer labor can help ease that loss and maintain institutional memory. Importantly, creating volunteer opportunities is also an excellent way to increase public knowledge of the project and create champions for the work.

Hamilton County instituted an Ambassadors Program as part of their WeTHRIVE! initiative to engage volunteers in leadership positions working locally to build healthy communities. They define “community” broadly as a school, place of worship, business or geographic location, such as a city or neighborhood. Ambassadors serve as liaisons between their community and WeTHRIVE!; they recruit like-minded people or organizations to join the movement; and they develop and implement action plans to improve the health of their community by focusing on small, specific changes that will make a difference. The WeTHRIVE! staff guides Ambassadors in setting goals and developing strategies. Investing in a volunteer leadership structure will allow Hamilton County to do more and reach more people, and will help ensure that CPPW work continues after the grant period ends. As a

result, local communities are better equipped to continue to develop healthier practices and leverage their knowledge, experiences, skills, and leadership.

Clark County has been creating a volunteer trail maintenance team to ensure that trails are in proper shape for hiking, a model that Mr. O'Neill says has been successful in nearby areas like Lake Mead and Henderson. This volunteer labor can supplement the work of paid staff while also increasing positive public engagement with the trail system. Ms. Baca noted that, while volunteer management does take significant resources, a volunteer program would ensure that the work continues once funding is no longer available for all of the project staff and contractors.

2. Build technical knowledge within communities.

Project teams used CPPW-funded technical assistance to expand capacity in local government and community groups.

One thing that helped us tremendously...was that we received a ton of technical assistance.

Outside technical assistance providers helped Kauai understand concepts like engineering for Complete Streets projects. Ms. Drisko said, "One thing that helped us tremendously...was that we received a ton of technical assistance. We had numerous people out here around Complete Streets, and that would not have been possible without CPPW...They really helped Public Works and Planning understand the concepts around Complete Streets. The engineers and Public Works had to hear specific things from other engineers, so it was really nuts-and-bolts, concrete stuff."

When the CPPW program began, Clark County's Outside Las Vegas Foundation (OLVF) had little infrastructure in place to engage its membership, volunteers, supporters and community members in its work promoting trail usage. After months of ongoing technical assistance and training, the organization revamped its website, developed a list of 1,000+ members, secured a contact management system and developed a long-term plan to further engage its membership through a newsletter and social media. As a result of customized trainings, board members better understand the new direction and OLVF's efforts to increase access to healthy activities (eating fresh produce, exercising). Volunteers are equipped to help promote these activities through storytelling, one-on-one networking, and group social events.

Hamilton County used some of its technical assistance to develop the WeTHRIVE! Ambassador program concept and a training workshop format, with technical assistance

providers then offering “train the trainer” sessions to ensure that the Health Department could conduct the trainings itself in the future and continue the program with local leaders.

3. Cultivate ongoing funding and human resource capacity.

While volunteers can help institutionalize the work, their capacity will generally be limited, and there is nearly always a vital role for paid staff. To ensure that public health work would continue, these project leaders involved other government departments and university partners beginning early in the timeline. Keeping in mind the two-year CPPW commitment, they focused efforts on securing more grant funding, institutionalizing new tax revenue streams, or embedding job descriptions in existing roles in other organizations or departments.

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and hand it over to them to continue it.**

Ms. Thompson from San Antonio’s Public Health Department said of their work, ***“I actually see it being sustained by some of our partners...Our model was to find a partner to do the project with us, and then hand it over to them to sustain it. Síclovia...the YMCA did that with us, and now they are sustaining it and have found funding for it to keep it going, and the city has endorsed it. We also did another initiative called Fitness in the Park—outdoor exercise classes all throughout the parks. So, the Parks Department has taken that over and now the city has given them funding for that...We’re closing shop pretty soon...Everything we did had a sustainability component, so Complete Streets is still a part of the Planning Department. They now have the ability to utilize a checklist when they plan...and they have an ordinance surrounding it. So things like that go forward on their own and I just feel like we have sustainability in so many of the items that they won’t need us as much...Most everything is either a permanent fixture or structure or somebody else has taken it on...It was our model to find a partner to do it with us and hand it over to them to continue it...They have sought out funding from other sources to continue, but they were aware that they were going to need funding ahead of time when they agreed to do it with us.”***

In Olmsted County, the Food Policy Council (developed with CPPW funding) is now part of a University of Minnesota Extension position job description. The Council will live on, embedded within this position as one of its job functions. “With CPPW, we were able to put that [talk of a Food Policy Council] into action, bring people around the table, have a consultant from the region hired to help really move things forward and bring in the agriculture and hunger communities. Because we have the health community pretty well covered,” Ms. Corbin said.

She continued, “We have such dedicated partners who were really impressed with the amount of funding and effort that Public Health put forward with CPPW to the Food Policy Council that one of our partners who works with the University of Minnesota Extension, her supervisors have dedicated part of her FTE and it is now part of her job duties to support or lead the Food Policy Council, ***so that’s how we know it’s going to be sustainable—because it’s become part of someone’s job duties.*** It’s going to be around for quite some time.”

Reflections on CPPW Program Strengths and Challenges

As CPPW community leaders reflected on project successes and challenges in the interviews, ideas also emerged that could inform the work of other communities implementing PSE work, as well as funders who support it. Four reflections and considerations emerged:

1 Effective program officers make a difference.

Project leaders were quite positive about their relationship and level of contact with their CPPW program officers. In San Antonio, Ms. Thompson said her program officer was incredibly supportive, encouraging, and communicative, which made her team's implementation work move more quickly and smoothly. "My project officer is just the most supportive person in the world, and when I needed to get something through the CDC, oh my gosh, he just was so helpful and ran things all the way up to HHS.⁴ And he was just awesome. ***That support from above was just humongous. He just was so supportive and positive*** and came down a couple of times to visit and, you know, gave us lots of pats on the back. You know—motivation. That kind of motivates me a bit and feels good. It was very helpful in getting stuff done."

Susan Schaefer said that Hamilton County's CDC officer provided crucial guidance and support. They used technical assistance from technical assistance providers, she said, but the CDC program officer made the most impact for their team.

Ms. Haushalter said Nashville had a slightly different experience, one that demonstrates ***the importance of consistent program officer support***. "We did have a change of officers—several times. I don't think that that really harmed the projects themselves, but I think we have commented that we would have preferred that the CDC staff were in it for the length of time we were in it...Each program officer is a little different, they focus on things a little bit differently. How they support you or work with you is a little bit different, and we are now on our fourth program officer... They have been exceptionally supportive and helpful, it's just that they've all been a little different."

⁴ U.S. Department of Health and Human Services

2 The two-year timeline carries advantages and disadvantages.

There were mixed feelings about the two-year grant timeline.

The downside: Many acknowledged the challenge of accomplishing such sweeping change in a very short period of time and the timeline, indeed, had negative ramifications on human resources capacity. Staff transitions and terminations often occurred as funding wound down because, some said, there had been insufficient time to create a long-term staffing plan.

In some communities, the Health Department planned for the post-CPPW downsizing by embedding programs into other city/county departments or handing them off to nonprofit partners. Other agencies had less well-developed human resources sustainability plans and described how this project was similar to other public health grant experiences. Agencies often bring on new staff members for each project, many of whom are straight from college with little experience and few community relationships. Just as they begin building up their skill set and cultivating strong community relationships, funding evaporates and staff members move on and out of the Health Department. This cycle is inefficient and challenging for agencies, and it keeps PSE work from being as effective as it could be.

The upside: Still, a few people noted that the abbreviated timeline motivated the team to take swift, decisive action that resulted in unparalleled accomplishments in such a short period of time. Ms. Schaefer in Hamilton County noted, ***“Expectations were high.”***

Many communities expressed a sense of awe about the amount of work that had been completed and the progress they had made in creating greater opportunities for community residents to make healthier lifestyle choices. In Nashville, Ms. Haushalter said, “It did bring a spotlight to the issue [of healthy living] because there was this intensity [in realizing that] this is two years and only two years, and it’s not going to be recurring funds. There’s this drive to get things done in a short period of time that you couldn’t have done otherwise.”

This is two years and only two years, and it’s not going to be recurring funds. There’s this drive to get things done in a short period of time that you couldn’t have done otherwise.

3 Partners' scheduling requirements can present implementation challenges.

Some communities expressed frustration with the timing of the CPPW grant cycle, particularly the fact that it crossed three academic years but only included one full school year. This made it challenging for those communities partnering with school districts, as schools often prefer to undertake a partnership only if it will extend throughout an entire school year. The practical result was that some communities did not get as much benefit out of the project as they might have.

Ms. Thompson indicated that San Antonio's experience was bogged down by delays related to the novelty of its CPPW work. She highlighted local government roadblocks around procurement: "The red tape of city management created major time delays, so those were our biggest hurdles—dealing with logistics. ...For instance, we put in over 100 salad bars in schools, so the Health Department has never purchased salad bars before, ... so it created a time delay of probably about 6 months. ...They have all these rules about you can't just buy it from just anybody. You have to set it out to bid, and just oh my gosh, it's crazy."

Having the flexibility to revise our budget and revise our timeline—that was key in being successful because we had the flexibility to reallocate dollars to different projects.

Ms. Thompson shared that San Antonio valued the CDC's flexibility about delays: "Having the flexibility to revise our budget and revise our timeline—that was key in being successful because we had the flexibility to reallocate dollars to different projects. It just took time to get people hired and get contracts in place and things purchased and then the dollars weren't spent because of that for like 6 or 8 months. But then once all that stuff was in place, it got spent. The flexibility of the CDC to redesign timelines and reallocate dollars really made a huge difference."

4 Power and resource dynamics can shift within existing relationships.

In a few communities, the influx of CPPW funds changed the nature of their relationships with long-time partners. Ms. Haushalter noted that the CPPW money elevated Nashville's Health Department to a position of supervision, where before they had been equals with their partners. "*Because the Health Department received millions of dollars and we have*

not had that much money before, and because we were in a position then to contract with others, the power differentials have shifted in relationships... We really are now a contractor and you're our vendor, whereas before we may have been at the table together without any resources. All of a sudden, there are objectives that have to be met, and I have to be sure you meet them."

Ms. Key experienced the opposite shift in Hamilton County. "The Health Department has experienced challenges with being perceived as a 'partner' and the reality of contractor/subcontractor relationships." Through CPPW, her team began to enable individual communities to directly implement health strategies, which created the opportunity for the Health Department itself to take a leadership role in communities where previously sub-contractors had had that role. The Health Department is continuing to build its partner network, which they see as an evolving process. They believe that the more successful the Health Department is in bringing partners together, the more successful their work will be to improve health in the community. Ms. Key even imagined a future scenario in which communities could be the direct recipients of external funding for healthy living, now that they are taking on ownership over health initiatives.

Looking Ahead

Back in Olmsted County, Kelly Corbin remembers that pivotal moment when the idea of the Food Policy Council first emerged and her group's decision to "Be bold!" She looks back at what has been achieved in the interim and the recent decision to incorporate the duties of the Council into the job description of a staff person at the University of Minnesota Extension. "We are just thrilled because we know that's going to keep the Food Policy Council going forward and this was *a good investment of time and money and partnerships*, so we're pretty excited that that's happened."

Policy, systems and environmental change is a relatively new approach to public health and harder to implement than traditional strategies focused on individual behavior change. As the biggest PSE funding attempt to date, the CPPW grants provided communities with large injections of resources in an effort to catalyze large-scale systems change within a very short period of time. Challenges and unanticipated delays were inevitable, but they also offer important learning opportunities that can inform the entire field of public health. Similarly, the project successes—both anticipated and unanticipated—offer important case studies that can inform future work. There is so much we all can learn from one another.

Appendices

Appendix A. Glossary of Key Terms

Term or Abbreviation	Full Term Name	Relevant Communities	Description
Ambassadors Program		Hamilton County, Ohio	CPPW-funded volunteer leadership program for Hamilton County community members who work to build healthy schools, places of worship, businesses or geographic locations, by serving as a liaison between the community and WeTHRIVE!. Responsibilities include recruiting like-minded people or organizations to join and developing and implementing an action plan to improve the health of the community.
CDC	Centers for Disease Control and Prevention		Federal agency that oversees the CPPW program under the supervision of HHS. Mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health—through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. CDC works with partners throughout the nation and the world to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, provide leadership and training.
Complete Streets		Kauai, Hawaii (and others)	Policy that ensures that transportation planners and engineers consistently design and operate the entire roadway with the safety and presence of all types of users in mind—including bicyclists,

			public transportation vehicles and riders, and pedestrians of all ages and abilities.
CPPW	Communities Putting Prevention to Work		Locally-driven public health initiative funded by the American Reinvestment and Recovery Act with \$373 million. Supports 50 communities' efforts to tackle obesity and tobacco use—two leading preventable causes of death and disability in the United States. More than 50 million people—or one in six Americans—live in a city, town, county, or tribal community touched by CPPW.
EBT	Electronic Benefit Transfer		Electronic system that allows a recipient of government benefits to authorize transfer of funds from a federal account to a retailer account to pay for products like food. EBT has been implemented in all States since June of 2004.
Fitness in the Park		San Antonio, Texas	CPPW-funded program that provides free group exercise sessions open to all residents in San Antonio parks.
Food Policy Council		Olmsted County, Minnesota (and others)	CPPW-funded coalition that convenes residents and government officials for the purpose of providing a comprehensive examination of the regional food system. Brings together a diverse array of food system stakeholders to develop food and agriculture policy recommendations.
Gas Topper		Clark County, Nevada	Hybrid form of place-based and outdoor advertising posted above gas pumps, targeted to reach specific geographic or demographic areas. Delivers uninterrupted messaging to customers for one to five minutes.
Get Fit Kauai		Kauai, Hawaii	The Kauai County Nutrition and Physical Activity Coalition, which focuses on policy, systems and environmental change to increase physical activity and improve nutrition. There are four task forces: Access to Healthy Food, Built

			Environment, Safe Routes to School and Worksite Wellness.
HHS	U.S. Department of Health and Human Services		United States government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS represents almost a quarter of all federal outlays, and it administers more grant dollars than all other federal agencies combined. CDC is a subunit of HHS, and CPPW funds come through HHS.
MAPPS	Media, Access, Point of decision information, Price, and Social support/services		Five evidence-based strategies drawn from peer-reviewed literature and expert opinion. CPPW awardees were expected to use the list to design a set of strategies to produce the desired outcomes for their communities' initiatives.
Mayor’s Fitness Council		San Antonio, Texas	Coalition appointed by San Antonio Mayor in May 2010 to transform San Antonio into a healthier and more active community in coordination with the CPPW initiative. The MFC is taking action to develop a Student Ambassador Program for youth, conduct Healthy Schools Summits to discuss health and wellness policies in schools, share best practices, and report on progress of health initiatives, offer free group exercise classes through Fitness in the Parks, train San Antonio residents to lead Neighborhood Walking Groups. The MFC is being established within a non-profit structure supporting the SA2020 bold vision for making San Antonio’s residents among the healthiest in the nation by the year 2020.

NashVitality		Nashville and Davidson County, Tennessee	Campaign name for Nashville's CPPW initiative that celebrates the spirit creating healthy, active and green communities. Led by Metropolitan Public Health Department and Mayor Dean's Healthy Nashville Leadership Council.
Neon to Nature		Clark County, Nevada	Online component of Get Healthy Clark County, the Clark County CPPW initiative that aims to encourage physical activity by showcasing trail information and a detailed map description of trail location, length, and various amenities.
Outside Las Vegas Foundation		Clark County, Nevada	Nonprofit partner in Clark County's CPPW initiative that works to connect the community to Southern Nevada's special outdoor places and to create a community that enjoys, values, and protects these places.
PSE	Policy, Systems, Environmental Change		Way of modifying the environment to make healthy choices practical and available to all community members, used as the foundation for the CPPW approach. By changing laws and shaping physical landscapes, a big impact can be made with little time and resources. By changing policies, systems and/or environments, communities can help tackle health issues like obesity, diabetes, cancer and other chronic diseases.
Safe Routes to School		Kauai, Hawaii; Clark County, Nevada; Hamilton County, Ohio (and others)	CPPW-funded program that enables and encourages children to walk and bicycle to school by making it safe and appealing for pedestrians and bikers. Collaboration with schools to assess current practices, evaluate safety, and establish plans. Includes various strategies in different communities, including teaching biking skills in Physical Education classes, establishing Walking School Buses, and implementing traffic calming initiatives.

Síclovíá		San Antonio, Texas	CPPW-funded free event that turns major city streets into a safe place for people to exercise and play in San Antonio. The streets become temporarily car-free for about six hours on Sundays for families to run, ride bikes, take exercise classes and enjoy their city streets. Modeled on an event that originated in Bogotá, Columbia, 30 years ago.
SNAP	Supplemental Nutrition Assistance Program		Foundational benefit program of America's national nutrition safety net since the mid-twentieth century. It is the nation's first line of defense against hunger and offers a powerful tool to improve nutrition among low-income people. In fiscal year 2011, SNAP served nearly 45 million people, about one in seven Americans. SNAP benefits, provided monthly via an EBT card, are available to most households with gross income less than 130 percent of the Federal poverty guidelines.
Wayfinder Signs		Clark County, Nevada (and others)	Directional signage used to point out trails, farmers markets, and other points of interest in the CPPW interventions
WeTHRIVE!		Hamilton County, Ohio	Campaign name for the Hamilton County initiative to make healthy living easier. This effort focuses on increasing access to healthy eating and physical activity, while decreasing tobacco use and exposure to secondhand smoke. WeTHRIVE! works with community partners, schools, businesses, churches, elected officials and residents throughout the county to address obesity and chronic disease.

Appendix B. MAPPS Interventions for Communities Putting Prevention to Work

Five evidence-based MAPPs strategies, when combined, can have a profound influence on improving health behaviors by changing community environments: Media, Access, Point of decision information, Price, and Social support/services. The evidence-based interventions below are drawn from the peer-reviewed literature as well as expert syntheses from the community guide and other peer-reviewed sources, cited below. Communities and states have found these interventions to be successful in practice. Awardees are expected to use this list of evidence-based strategies to design a comprehensive and robust set of strategies to produce the desired outcomes for the initiative. The chart below was included in the CPPW program’s RFP.

	Nutrition	Physical Activity
Media	<ul style="list-style-type: none"> • Media and advertising restrictions consistent with federal law • Promote healthy food/drink choices • Counter -advertising for unhealthy choices 	<ul style="list-style-type: none"> • Promote increased activity • Promote use of public transit • Promote active transportation (bicycling and walking) • Counter -advertising for screen time
Access	<ul style="list-style-type: none"> • Increase healthy food/drink availability (e.g., incentives to for food retailers to locate/offer healthier choices in underserved areas, healthier choices in child care, schools, worksites) • Limit unhealthy food/drink availability (whole milk, sugar sweetened beverages, high-fat snacks) • Reduce density of fast food establishments 	<ul style="list-style-type: none"> • Create safe, attractive accessible places for activity (e.g. provide access to outdoor recreation facilities, enhance bicycling and walking infrastructure, place schools within residential areas, increase access to and coverage area of public transportation, mixed use development, reduce community designs that lead to injuries). • City planning, zoning and

	<ul style="list-style-type: none"> • Eliminate trans-fat through purchasing actions, labeling initiatives, restaurant standards • Reduce sodium through purchasing actions, labeling initiatives, restaurant standards • Procurement policies and practices • Farm to institution, including schools, worksites, hospitals and other community institutions 	<p>transportation (e.g., planning to include the provision of sidewalks, mixed use, parks with adequate crime prevention measures, and Health Impact Assessments)</p> <ul style="list-style-type: none"> • Require daily quality PE in schools • Require daily physical activity in afterschool/childcare settings • Restrict screen time (afterschool, daycare)
Point of Purchase/ Promotion	<ul style="list-style-type: none"> • Signage for healthy vs. less healthy items • Product placement & attractiveness • Menu labeling 	<ul style="list-style-type: none"> • Signage for neighborhood destinations in walkable/mixed-use areas • Signage for public transportation, bike lanes/boulevards.
Price	<ul style="list-style-type: none"> • Changing relative prices of healthy vs. unhealthy items (e.g., through bulk purchase/procurement and /competitive pricing). 	<ul style="list-style-type: none"> • Reduced price for park/facility use • Incentives for active transit • Subsidized memberships to recreational facilities
Social Support & Services	<ul style="list-style-type: none"> • Support breastfeeding through policy change and maternity care practices 	<ul style="list-style-type: none"> • Safe routes to school • Workplace, faith, park, neighborhood activity groups (e.g., walking, hiking, biking)

Source: CDC CPPW guidelines:

[http://www.cdc.gov/chronicdisease/recovery/PDF/MAPPS Intervention Table.pdf](http://www.cdc.gov/chronicdisease/recovery/PDF/MAPPS_Intervention_Table.pdf), 2009.

Appendix C. CPPW Communities

Tobacco Prevention and Cessation

Austin/Travis County, Texas
Florence County, South Carolina
Great Lakes Inter-Tribal Council, Inc.,
Wisconsin
Horry County, South Carolina
Linn County, Iowa
Mobile County, Alabama
Orange County, Florida
Providence, Rhode Island
Ringgold County, Iowa
St. Louis County, Missouri
Washington, DC

Both

Boston, Massachusetts
The Cherokee Nation
Chicago, Illinois
Clark County, Nevada
DeKalb County, Georgia
Jefferson County, Alabama
King County, Washington
Los Angeles County, California
New York, New York
Philadelphia, Pennsylvania
Santa Clara County, California

Obesity Prevention

Adams, Arapahoe, and Douglas Counties,
Colorado
Minneapolis, Minnesota
Appalachian District of North Carolina
Multnomah County, Oregon
Bartholomew County, Indiana
Nashville and Davidson County,
Tennessee
Suburban Cook County, Illinois
North Little Rock, Arkansas
Douglas County, Nebraska
Olmsted County, Minnesota
Kauai, Hawaii
Pima County, Arizona
Hamilton County, Ohio
Pinellas County, Florida
Healthy Lakes Region, Maine
Pitt County, North Carolina
Independence County, Arkansas
Portland, Maine
La Crosse County, Wisconsin
Pueblo of Jemez, New Mexico
Louisville, Kentucky
County of San Diego, California
Maui County, Hawaii
San Antonio, Texas
Miami-Dade County, Florida
Vanderburgh County, Indiana
Mid-Ohio Valley, West Virginia
Wood County, Wisconsin

Appendix D. Questions for community leader interviews

Main Questions:

1. When thinking about your work, what gives you hope it will live on?
2. What's something you've done in this project that was entirely unexpected to you, to your partners or to the community?
3. Share about a time when the project shifted. When something happened and changed?
4. Tell me about the hardest thing the project has faced. How did you respond?
5. What were some of the disruptions in the community? How did they impact the project?
6. What was unique/important about the types of relationships you had in the community that contributed to the success of the work?
7. What did funding allow you to do that you couldn't have otherwise? What did you have to do whether there was funding or not?
8. What do you long for in this project that hasn't happened yet? What could help you get there?
9. What do you still need to learn/understand about making sustainable change in the community? What do you still not know or want to know?

Additional Questions (if relevant and if time allows):

10. Was there a time when you really noticed how important the community piece of your work was?
11. What is it that you're learning from your work that you'd like to share?

Appendix E. Themes and Subthemes

From the interviews, subthemes were identified and grouped into seven larger themes:

- **Partners/People:** includes subthemes about the project team, coalition, partners, or team-member dynamics
- **CPPW Impact:** includes subthemes about the CPPW grant impact on project/community with regard to both finances and capacity building
- **Funding:** includes subthemes about general funding factors
- **Future:** includes subthemes about the community's future plans or concerns for the project and public health work after CPPW finishes
- **General Public:** includes subthemes about project or coalition/team interactions with the general public in the community; includes media, marketing and communications efforts
- **Government:** includes subthemes about government agency dynamics affecting the project or revealed by the project
- **Project:** includes subthemes about internal dynamics of the project implementation

Subthemes shared by three or more communities are considered here. Some subthemes are duplicated within two larger themes. These ideas are meant to help communities—current and future CPPW grant recipients—as well as grantors understand some observations from the grassroots perspective. What, according to the project leaders, contributed to or hindered their success? Subthemes are grouped below larger themes.

Partners/People:

- One “champion” or team member was crucial to the project's success
- Pre-existing relationships with partners were crucial to the project's success
- One slow/difficult partner that couldn't be avoided in the work caused challenges to implementation
- Forming a coalition and/or settling on a common goal were important to the project's success
- Members of the coalition and its partners spread the word to other networks and facilitated information sharing with the community
- CPPW-funded agency had to build partner relationships from scratch
- Local university was a strong partner or is perceived as a strong future partner
- An agreement signed by project partners contributed to the project's success
- A variety of government agencies were involved with the project team
- The short CPPW implementation timeline was daunting to project partners
- The CPPW grant brought together new agency partners

- CPPW project officer was encouraging, helpful, communicative
- Aligning the CPPW with the mayor's office (or other elected officials') priorities contributed to the project's success

CPPW Impact:

- Technical assistance provided by outside consultants was crucial to success
- Project initiatives that predated the CPPW funding would still be in place had the community not received the CPPW grant
- The CPPW implementation process revealed silos in government agency communications that the project team overcame
- CPPW funds created opportunities and morale boosts within the community's public health industry
- CPPW made public health projects successful on a larger scale than they would have been without funding
- The community leveraged CPPW funds with other grant funds, partner organizations' funds, and/or corporate sponsorships
- The community used CPPW funds to hire staff
- CPPW brought together new agency partners within the community
- CPPW created collaborations and partnerships that will live on past the grant cycle
- The CPPW project officer was encouraging, helpful, communicative
- CPPW funding allowed the project team to buy physical equipment
- CPPW funding sparked need and desire to create a Food Policy Council in the community
- CPPW funding supplemented or replaced diminishing local funds resulting from local/state government budget cuts
- The project team felt that their work effected a paradigm shift or attitude change in their community

Funding:

- The community leveraged CPPW fund with other grant funds, partner organizations' funds, and/or corporate sponsorships
- CPPW funding supplemented or replaced diminishing local funds resulting from local/state government budget cuts
- The project team hopes their work will continue because they know some funding will continue
- The project team feels they need more funding to continue some pieces of project, or that there is more work left to do

Future:

- The project team is writing a paper or report about project
- The project team hopes their work will continue because they know some funding will continue
- The project team feels they need more funding to continue some pieces of project, or that there is more work left to do
- Local university was a strong partner or is perceived as a strong future partner
- CPPW created collaborations and partnerships that will live on past the grant cycle
- The project helped implement new legislation/policy/ordinances/strategic plans that will ensure project sustainability

General Public:

- Volunteers are needed to continue project after the CPPW grant cycle
- Participating in events and making presentations were helpful in raising awareness of project initiatives
- Members of the project team felt they needed to be sensitive to the community's various cultures and ideologies
- The project team believed that their work effected a paradigm shift or attitude change in their community
- Grassroots marketing and conversations with community members were successful in raising awareness of project initiatives
- Community members feel comfortable contacting government agencies now
- Branding the campaign helped increase its visibility and success
- Having adequate signage to make people aware of new initiatives is perceived as important to the project's success
- The depressed economy contributed to project success—for example, community members had less money to spend, were impacted by higher gas prices and state/local budget cuts, so they utilized project services

Government:

- Bureaucratic "hitches" or "red tape" in the project caused problems
- Aligning the CPPW with the mayor's office (or other elected officials') priorities contributed to the project's success
- The project helped implement new legislation/policy/ordinances/strategic plans that will ensure project sustainability
- An agreement signed by project partners contributed to the project's success
- A variety of government agencies were involved with the project team

- The CPPW implementation process revealed silos in government agency communications that the project team overcame
- Community members feel comfortable contacting government agencies now

Project:

- Laying the groundwork to start project implementation took longer than the team anticipated
- Pre-existing relationships with partners was crucial to the project's success
- The project involves initiatives based on replicating models from other communities
- The depressed economy contributed to project success—for example, community members had less money to spend, were impacted by higher gas prices and state/local budget cuts, so they utilized project services
- The results and accomplishments of the CPPW project exceeded leaders' expectations
- The short CPPW timeline created positive pressure among partners to succeed
- The short CPPW implementation timeline was daunting to project partners
- The community used CPPW funds to hire staff
- Leaders believe there is more work to be done
- Volunteers are needed to continue project after the CPPW grant cycle