



Leaders in Health Implementation Guide

This guide is designed to help public health organizations and universities strengthen the capacity of community nutrition and physical activity initiatives by implementing the Leaders in Health (LIH) curriculum, which provides introductory training in public health research and science for community health practitioners.



W.K. Kellogg Foundation Food & Community Partner

This project is funded, in part, by the Centers for Disease Control and Prevention under cooperative agreement number 1-U48-DP-001946



Table of Contents

Leaders in Health Overview	3
Preparing for a Successful Program	6
Application Process	9
Classes	11
Introduction to Public Health Principles and Practice	12
Community-Based Participatory Research and Health Equity	13
Basics of Nutrition and Food Systems	14
Basics of Physical Activity and Built Environment	15
Project Development, Implementation, and Evaluation I	16
Project Development, Implementation, and Evaluation II	17
Using Your Voice to Make a Positive Impact	18
Final Presentations	19
Program Evaluation	20
Appendices	21
Tasks Checklist	22
Application Process	23
Sample Emails	28
Assignments	31
Handouts	36
Evaluations	51
Focus Group Script	58
Acknowledgments	60

Leaders in Health Overview

What is Leaders in Health?

The goal of the Leaders in Health program is to build the capacity of community partners by providing participants with an introduction to the fundamentals of public health, community-based participatory research (CBPR), nutrition, physical activity, and obesity prevention among children, youth, and adults. Individuals who live or work in the community and are currently involved with a nutrition- or physical activity-related program or project are eligible to apply. During an 8-week course, participants attend weekly interactive training sessions, complete assignments, and receive support to create an action plan to enhance their current work.

Who founded Leaders in Health?

The [Harvard School of Public Health Prevention Research Center \(HPRC\)](#), the [Boston Collaborative for Food and Fitness \(BCFF\)](#), and [Harvard Catalyst's Community Engagement Program](#) piloted the first LIH program in spring 2011 and sponsored the second in spring 2012. All three organizations work with community partners who provide invaluable knowledge of local issues as well as communication and organizing skills essential to the implementation, effectiveness, reach, sustainability, and dissemination of public health work.

Why is Leaders in Health important?

In conversations with partners working to promote health in the community, organizations have identified a need for a program that will help them understand and use the public health approach, community-based participatory research methods, and the science underlying effective evidence-based prevention strategies. Leaders in Health serves as an excellent introductory course for folks who are considering a degree in public health. This training program benefits the work of researchers, community organizations, and individual participants. Researchers can gain perspective from participants on issues that are most salient to the local community, while participants can bring back a new public health skill set and framework to apply to their work. Through collaboration, Leaders in Health can have a more significant impact on improving population health and eliminating disparities.

The Harvard School of Public Health has developed this free step-by-step Implementation Guide for the training that other organizations and universities can use to strengthen the capacity of their community partners.

What topics does Leaders in Health cover?

Topics covered during the Leaders in Health Program include:

- Public Health Principles & Practice
- Community-Based Participatory Research
- Health Equity
- Nutrition & Food Systems
- Physical Activity & Built Environment
- Project Development, Implementation, & Evaluation
- Public Speaking & Policy Advocacy

During the first few weeks of the program, members identify a nutrition- or physical activity-related project that they are working on and think could be enhanced by LIH principles. Then, over the second half of the program, participants create action plans, construct logic models, and examine evaluation and implementation strategies to help translate their knowledge into practice.

What do past participants have to say about Leaders in Health?

~"The Leaders in Health Program allowed me to **understand the supporting factors that assist with creating a healthy individual, neighborhood and community**. Learning about environmental factors such as open space availability, access to reasonably priced healthy food and the importance of developing programming and policies through research that is informed by the community were instrumental in helping me to truly understanding health in a holistic manner."

~"My participation in Leaders in Health has helped to go beyond just teaching fitness by allowing me to better **understand the various components that lead to better health for a community at large**."

~"I actually felt powerful. **I felt more confident because I learned more skills and I felt like I, myself, could make a difference** as being one person to make that change with like, let's say the vending machines. I just went in there and I said I need these vending machines changed...I feel more confident to make any change."

~"The **CBPR** [helped], because now for monthly meetings **we focus more on what matters to the clients** and what they want to do during the meeting instead of us making the curriculum."

~"I think to have a bigger impact ***you have to sort of move up the socio-ecological model and have more of a population approach in programs.*** I think that was one clear message. That in some situations you have to have an individual approach, like in a clinical setting, but that we should try to move up and look at policy and programs...and think about impacting things in that way."

~"I was able to strengthen the skills that I currently was using in our health center...finding different and unique ways to reach out to our community...***learning from the other people that were in the group.***"

Preparing for a Successful Program

Who supports Leaders in Health?

The success of running a LIH program in your community relies on the cooperation of a few key individuals:

- Director – public health faculty member or research center director who supervises program coordinators, reviews applications, and oversees evaluation process
- Program coordinator(s) – research center employees or public health graduate students who book speakers and spaces, communicate with participants, print and prepare materials, and deliver some of the class sessions. Due to the amount of planning involved, it is a good idea to have two coordinators.
- Guest speakers – experts in the field who present material to participants during class sessions
- Community leaders – representatives from local or state organizations who help to set program priorities, establish community collaborations, and recruit participants

What needs to be done before the program begins and after it's over?

Below is a sample timeline that may assist you in planning the program and prioritizing tasks. Please see page 22 in the Appendix section for a Tasks Checklist. Classes are held over the course of eight weeks. It is recommended that you set aside approximately three months to prepare for the program and two months to complete post-program activities.

BEFORE THE PROGRAM BEGINS

DATE	TASK(S)	PEOPLE INVOLVED
Week 1	Update/revise application	Coordinators
Week 2	Finalize application & materials	Director Coordinators Community leaders
Weeks 3-6	Recruit participants	Coordinators Community leaders
Week 7	Applications due	Coordinators

Week 8	Review applications	Director Coordinators Community leaders
Week 9	Set time & book space(s); notify participants of acceptance; establish lunch vendors	Coordinators
Weeks 10-11	Book all guest speakers	Coordinators Community leaders
Week 12	Confirm with speakers & participants; prepared materials for sessions; order & confirm lunch	Coordinators

DURING THE PROGRAM

DATE	TASK(S)	WHO WILL COMPLETE
Weeks 1-8	Course dates	Coordinators Guest speakers
Weeks 7-8	Send invitations to the final class to community members; encourage participants to invite co-workers, family, & friends	Coordinators

AFTER THE PROGRAM ENDS

DATE	TASK(S)	WHO WILL COMPLETE
Week 1	Thank participants & speakers	Coordinators
Weeks 2-3	Compile all evaluations; process stipends	Coordinators
Weeks 4-5	Conduct focus groups and/or interviews with participants	Coordinators
Weeks 6-8	Write program recap, update web site, & write notes for next year	Coordinators

When are the classes held?

Classes are held once a week for two hours, over the course of eight weeks. The time of year, day of the week, and time of day can be chosen based upon what works best for participants and staff. Past participants have suggested that extending Leaders in Health to 10 weeks or lengthening the session may help participants apply the concept they learn more effectively. One successful

program held classes from April-June, on Thursdays from 12:00-2:00pm. This program included an availability grid in the application to assess participants' availability. In this case, a working lunch seemed to work best for those involved. See the next section ("Application Process") to view a sample of the availability grid.

Where are the classes held?

Classes should be held in a location within the community that is accessible to coordinators, guest speakers, and participants. Some factors to consider are public transportation and parking fees/availability. A larger space may be necessary for the final session, when participants are presenting their final project in front of community members, co-workers, family, and friends.

Where can I get additional materials that are not in this guide?

All links to required materials are available in this implementation guide. If you are looking for additional articles or resources that are cited but not included, please contact the Harvard School of Public Health Prevention Research Center at 617-432-3840 or hprc@hsph.harvard.edu.

Application Process

Application Components

The application should include an overview of the program, quotes from past participants (if possible), topics and timeline, benefits of participating, contact information, and a bulleted list of required application items. Please see page 23 in the Application Process appendix for a sample application. A typical application requires the following:

- Completed application form
- Résumé or work/volunteer history
- Statement of interest
- Letter of support from supervisor

If you would prefer to get participants' feedback about what day/time of day would work best for them, it is recommended that you provide an availability grid. An example is provided below.

What time(s) would you be able to attend training sessions? Check all the boxes that apply and write in times in the last column, if alternative times work for you.

	11:00AM-1:00PM	12:00PM-2:00PM	4:00PM-6:00PM	5:00PM-7:00PM	Please suggest alternative times that work for you.
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

Selection Criteria

Community-based work is at its best when all members of the community are represented. LIH encourages applications from participants of all ages, education levels, races, ethnicities, and gender/sexual identities. Some questions to consider while reviewing the applicant pool are:

- Does the applicant live or work in the community you aim to support?
- Is the applicant's employment or volunteer work focused on nutrition and/or physical activity?

- Did the applicant describe a clear, actionable project?
- Does the applicant fit your target population, in terms of previous skills, training, and education?
- Will the applicant have a sustained impact on the community?
- Did the applicant supply strong references?

It is a good idea for the review team to create a spreadsheet with these questions and characteristics listed. Reviewers should assess the applicants independently and then discuss their impressions as a group.

Participant Incentives

Leaders in Health participants should be compensated for their time and should be rewarded for the important work they are doing. Incentives can provide a valuable motivator for attendance and full participation. One successful program requested a \$200 deposit from participants to secure their spot. Then, upon completion of at least seven out of the eight sessions, participants received their \$200 back, plus a \$400 stipend.

Classes

The class sessions are strategically ordered to best introduce participants to public health research and science. It is recommended that you maintain the order of classes, with the exception of Session 3 (Nutrition and Food Systems) and Session 4 (Physical Activity and Built Environment), which are interchangeable.

Before the first session, be sure to print any necessary class materials and email presenter(s) and participants. In the message, you will want to:

- Include detailed directions and public transit/parking information
- Attach article(s) you want participants to read before the first class
- Attach the assignment that should be completed by the first class

During the first class, provide each participant with a folder that contains the following:

- Leaders in Health guidelines and learning objectives
- Article(s) pertaining to the first class (digital copies of which should be emailed the week before)
- The assignment that will be due at the following session

Before each class, you will need to have hard copies of the following materials:

- Class roster (one copy, so you can take attendance)
- The article(s) pertaining to the next session (one copy for each participant)
- Evaluation forms, to be completed at the end of each class (one copy for each participant)
- The assignment that will be due at the following session (one copy for each participant)

Before the final class, you will want to invite community members, university professors, and people from your organization to attend the LIH presentations. It is recommended that you:

- Post flyers
- Send email invitations
- Hand out hard copies of the invitations so that participants can invite their co-workers, friends, and family members.

Be sure that you request RSVPs so that you know how many lunches to order.

1: Introduction to Public Health Principles & Practice

Objectives

1. Describe what the Leaders in Health program is about and our expectations for your participation.
2. Share the nutrition or physical activity project you are working on and learn about the other organizations and initiatives participants are involved in around the city.
3. Explain the key principles of a public health approach:
 - Population-level focus
 - Prevention focus
 - Community, environment, social, and legal frameworks
4. Describe each level of the social ecological model and give examples of activities at each level that are relevant to your project.

Required readings (to read before class)	N/A
Optional readings	N/A
Assignment	Assignment #1 is due at the beginning of class.
Handouts	<ul style="list-style-type: none">• Evaluation 1• Assignment #2• Next week's required reading

CLASS TIP! Try an icebreaker or sharing activity at the beginning of the first class. For instance, ask people to talk with each other for a few minutes then introduce one another to the class. In addition, have people share with the class a time that they received significant help from someone without asking for it or seeking it. This exercise helps to build trust and respect among the group.

2: Community-Based Participatory Research & Health Equity

Objectives

1. Define CBPR in your own words.
2. Give examples of what are and what are not CBPR projects.
3. Define health equity in your own words.
4. Understand the benefits of doing CBPR in your community (as either a researcher or participant), including how CBPR can be used to address health inequities.

Required readings (to read before class)	Minkler, M (2010). Linking science and policy through community-based participatory research to study and address health disparities . <i>American Journal of Public Health</i> . 100(Suppl 1): S81-87.
Optional readings	Silka L, Cleghorn G, Grullon M, Tellez T (2008). Creating community-based participatory research in a diverse community: A case study. <i>Journal of Empirical Research on Human Research Ethics</i> , 3(2), 5-16.
Assignment	Assignment #2 is due at the beginning of class.
Handouts	<ul style="list-style-type: none"> • Evaluation 2 • Assignment #3 • Next week's required reading • Presentation slides: "Creating CBPR in a Diverse Community" • Presentation slides: "Leaders in Health CBPR"

CLASS TIP! Present the characteristics of a traditional research approach and compare them to those of a CBPR approach. These approaches should be articulated not as dichotomous, but rather as part of a spectrum (from little community involvement to a lot of community involvement, for instance). Have participants identify and share where they think their project belongs along the spectrum.

3: Basics of Nutrition & Food Systems

Objectives

1. Provide a working definition and examples of “healthy” foods and beverages based on the latest science.
2. Describe the major components of the current industrial food system and the ways a more local, sustainable food system would differ.
3. Give examples of food system-related policy changes that would have a positive impact on health.
4. Give examples of potential areas of intervention in the food system using the social ecological model (relevant to your project).

Required readings (to read before class)	ADA, ANA, APA, APHA (June 2010). Principles of a healthy, sustainable food system .
Optional readings	<p>ICMA (2006). Community Health and Food Access: The Local Government Role.</p> <p>Story M, Kaphingst KM, Robinson-O'Brien R, Glanz K. (2008). Creating Healthy Food and Eating Environments: Policy and Environmental Approaches. <i>Annual Review of Public Health</i>. April 2008; 29:253–72.</p> <p>Tagtow A, Clancy K, Gussow J, Sanchez E, Story M, Wilkins J (2011). Food Policy, Systems, and Environment: Strategies for Making Healthful Food the Easiest Choice. <i>Childhood Obesity</i>. 7(2): 83-89.</p>
Assignment	Assignment #3 is due at the beginning of class.
Handouts	<ul style="list-style-type: none"> • Evaluation 3 • Assignment #4 • Next week’s required reading • Healthy Eating Plate vs. My Plate • Whole vs. refined grains

CLASS TIP! Lead a class discussion about foods and beverages that are considered “healthy” and those that aren’t. Is it easy to decipher what is and isn’t good for you? Do tools like the Healthy Eating Plate and My Plate help you make that distinction?

4: Basics of Physical Activity & Built Environment

Objectives

1. Provide examples of physical activity recommendations based on the latest science.
2. Describe the ways the built environment influences opportunities for physical activity.
3. Give examples of policy changes related to the built environment that would have a positive impact on health.
4. Give examples of potential areas of intervention in the built environment using the social ecological model (relevant to your project).

Required readings (to read before class)	Active Living Research (2007). Designing for active living among children . Robert Wood Johnson Foundations, Fall.
Optional readings	Physical Activity Guidelines for Americans (2008). Centers for Disease Control and Prevention (2009). Youth Physical Activity: The Role of Communities Centers for Disease Control and Prevention (2009). Youth Physical Activity: The Role of Families Centers for Disease Control and Prevention (2009). Youth Physical Activity: The Role of Schools
Assignment	Assignment #4 is due at the beginning of class.
Handouts	<ul style="list-style-type: none">• Evaluation 4• Assignment #5

CLASS TIP! Save about a half hour at the end of this class to conduct a "[walk audit](#)" outside of your building. Walk around the area and ask: Is there a varied mix of land use (live, work, shop, etc.)? Are there sidewalks, trails, and bike lanes? Is the area functional and inviting? Is the area safe and accessible for all ages and abilities? Have participants individually rate the area (1=poor built environment; 10=great built environment) and then discuss the results as a group.

5: Project Development, Implementation, & Evaluation I

Objectives

1. Apply the different components important to project development, implementation, and evaluation:
 - o Write specific aims
 - o Identify focus population
 - o Describe inputs, activities, and outputs
 - o Identify long term and short term outcomes
 - o Diagram relationships (logic models)
2. Make project-specific action steps:
 - o Discuss different types of change strategies
 - o Specify initiatives, key strategies, steps/actions, deadlines, status updates

Required readings (to read before class)	Kotter JP, Schlesinger LA (1979). Choosing Strategies for Change . <i>Harvard Business Review</i> . 57(2): 106-114.
Optional readings	N/A
Assignment	Assignment #5 is due at the beginning of class.
Handouts	<ul style="list-style-type: none">• Evaluation 5• Change Tool worksheet• Logic Model worksheet• Presentation slides: "Project Development, Implementation, and Evaluation I"

CLASS TIP! Allow at least a half hour for the class to work quietly on their logic models and change tools. Make sure one of the class coordinators checks in with each person. This one-on-one time is a chance for participants to get questions answered and for the teaching team to be sure that everyone is on the right track for their final projects.

6: Project Development, Implementation, & Evaluation II

Objectives

1. Refine specific aims and revise logic models
2. Describe the different types of evaluation
 - o Formative, Process, Outcome
3. Identify the evaluation-related next steps for your project
4. Choose appropriate measures for project evaluation
 - o Long term vs. short term
 - o Observation vs. self-report vs. other
 - o Find reliable and valid measures in the literature
 - o Effectively form new questions if none exist
5. Understand how to present an evaluation plan in a funding proposal
6. Update project-specific action steps

Required readings (to read before class)	Rose, G (1985). Sick individuals and sick populations . International Journal of Epidemiology 14(1): 32-38.
Optional readings	Glasgow RE, Linnan L (2008). Evaluation of theory-based interventions. In: K Glanz, GK Rimer, K Viswanath (Eds). <i>Health behavior and health education</i> (4 th ed., pp. 487-506). San Francisco: Jossey-Bass.
Assignment	Continue to work on logic models and change tools.
Handouts	<ul style="list-style-type: none">• Evaluation 6• Grant Proposal worksheet• Presentation slides: "Project Development, Implementation, and Evaluation II"• LIH Final Session Invitations• Change Tool worksheet

CLASS TIP! Have class members imagine that they are applying for a grant to help fund their Leaders in Health final project. After answering the questions from the grant exercise, the class can break out into small groups and share their answers. Also, make sure to give participants at least 30 minutes to update their change tools.

7: Using Your Voice to Make a Positive Impact

Objectives

1. More effectively and confidently give oral presentations and facilitate meetings.
2. Identify next steps for your project of interest related to a) advocating for a policy change at an organizational, local, state, or national level, and b) organizing the involvement of people/organizations around a common goal.
3. Understand the different ways leadership can be defined and be able to envision yourselves as public health leaders in your community.

Required readings (to read before class)	Smith, H (2011). Tips for more effective public speaking.
Optional readings	<p>Boston Public Health Commission. Tips for meeting with your legislator and Tips for testifying at a public hearing.</p> <p>Cox, R. (2007). Transformational leadership report.</p> <p>Kaye, G. The six R's of participation.</p> <p>Lolly, E. (1996). Transformational leadership.</p> <p>Prevention Institute. Developing effective coalitions: An eight step guide.</p> <p>Western Organization of Resource Councils (2006). How to run good meetings.</p>
Assignment	Continue to work on project and presentation.
Handouts	<ul style="list-style-type: none"> • Evaluation 7 • LIH Résumé Tips • LIH Final Session Invitations • Leaders in Health presentation template • Guide to effectively educating state and local policymakers. • Good to great and other social sectors.

CLASS TIP! Dedicate 30-45 minutes of this session to preparing for final presentations. Review presentation format, schedule for the day, time limits, and public speaking tips.

8: Final Presentations

1. Explain how you incorporated new knowledge/skills/concepts from Leaders in Health into an action plan for your project.
2. Describe the next steps for implementing your project.

Required readings (to read before class)	N/A
Optional readings	N/A
Assignment	Final presentations. Please email a copy of your presentation to the coordinator.
Handouts	N/A

CLASS TIP! Introduce each speaker by name, organization, and project. Be firm with time limits so that each person gets the allotted amount of time. Don't forget to congratulate everyone and snap a group photo!

Program Evaluation

The evaluation process consists of the following:

- Class evaluations – completed by each participant in the last five minutes of class
- Summary of class evaluations (optional) – aggregate data that compiles all class evaluations into one document
- Focus groups and/or interviews – completed by an outside party after the program is complete (see Focus Group Script on p. 58)

The evaluation process is a very important component of the program. Evaluations allow the LIH team to receive feedback from participants, improve the program from year to year, and track progress over time. It is recommended that focus groups and interviews are conducted by an outside party, making it more likely that bias is avoided and that participants provide honest feedback.

Appendices

Appendix A: Tasks Checklist

BEFORE THE PROGRAM BEGINS

- Update and revise application (week 1)
- Finalize application and class materials (week 2)
- Recruit participants (weeks 3-6)
- Collect applications (due week 7)
- Review applications (week 8)
- Set time and book spaces (week 9)
- Notify participants (week 9)
- Book guest speakers (weeks 10-11)
- Establish lunch vendor (weeks 10-11)
- Confirm with speakers and participants (week 12)
- Prepare materials for sessions (week 12)

DURING THE PROGRAM

- Courses (weeks 1-8)
- Send invitations to the final class to community members; encourage participants to invite co-workers, family, and friends (weeks 7-8)

AFTER THE PROGRAM ENDS

- Thank participants and speakers (week 1)
- Compile all evaluations (weeks 2-3)
- Process stipends (weeks 2-3)
- Conduct focus groups and/or interviews with participants (weeks 4-5)
- Write program recap, update web site, and write notes for next year (weeks 6-8)

Appendix B: Application Process

Sample Application

Leaders in Health:

Strengthening community nutrition and physical activity initiatives through introductory training in public health research and science

Request for applications: DUE Friday, March 9, 2012

Overview: Leaders in Health is seeking applications from community members who are striving to improve nutrition and physical activity in Boston. Now in its 2nd year, the program's goal is to build the capacity of our community partners by providing participants with an introduction to the fundamentals of community-based participatory research (CBPR) and nutrition, physical activity, and obesity prevention among children and youth. Individuals who live or work in Boston and are currently involved with a nutrition- or physical activity-related program or project (on either a work or volunteer basis) are eligible to apply. Participants will attend interactive training sessions, complete assignments, and receive support to create an action plan to enhance their current work.

Why is this program important?

The Boston Collaborative for Food and Fitness (BCFF), the Harvard School of Public Health Prevention Research Center on Nutrition and Physical Activity (HPRC), and Harvard Catalyst co-sponsor the *Leaders in Health* program. All three organizations work with community partners who provide invaluable knowledge of local issues as well as communication and organizing skills essential to the implementation, effectiveness, reach, sustainability, and dissemination of nutrition & physical activity work.

Through our conversations with community partners working to improve nutrition and physical activity, many organizations have asked for a program that will help them understand and use a public health approach, community-based participatory research methods, and the science underlying effective evidence-based obesity prevention strategies. This program will benefit our work, the work of our organizational partners, and individual program participants. By working together, we can have a more significant impact on improving nutrition and physical activity and reducing overweight among Boston residents, particularly children and youth.

Past participants say...

~The Leaders in Health Program allowed me to understand the supporting factors that assist with creating a healthy individual, neighborhood and community. Learning about environmental factors such as open space availability, access to reasonably priced healthy food and the importance of developing programming and policies through research that is informed by the community were instrumental in helping me to truly understand health in a holistic manner.

~My participation in Leaders in Health has helped to go beyond just teaching fitness by allowing me to better understand the various components that lead to better health for a community at large.

What is community-based participatory research?

Community-based participatory research (CBPR) is a joint effort that involves researchers and community representatives in all phases of the research process. The joint effort engages community members, uses local knowledge to understand health problems and design interventions, and invests community members in the processes and products of research. In addition, the researchers and community representatives are committed to the dissemination and use of research findings to improve community health and reduce health disparities.

Who is eligible to participate?

If you live or work in Boston and are currently involved with a nutrition- or physical activity-related program or project (on either a work or volunteer basis) you are eligible to apply. The program will be limited to 12 participants. Community-based work is at its best when all members of the community are represented. *Leaders in Health* encourages applications from participants of all ages, education levels, races, ethnicities, and gender/sexual identities.

What are the benefits of participating?

Individual participants will benefit from:

- Professional development, in areas including public health research methods, how to application of evidence-based research, project planning, and leadership
- Networking opportunities with leaders in the public health profession
- Designing an action plan for improving a nutrition- or physical activity-related program or project you are currently working on
- Opportunity to present research and publicize your project
- Certificate of completion and help incorporating the program into your résumé
- Stipend upon completion (see below for more details)

Organizations that support an employee's participation will also benefit from the program. Participants' exposure to new research methods and skills will be directly applied to enhance organizations' current nutrition and physical activity projects.

Program Structure and Timeline

Eight sessions will be held weekly, on Thursdays from 12pm to 2pm, between late March and early June 2012. The sessions will be interactive and discussion-based to provide opportunities for two-way learning. Each session will include an overview of the topic, time for questions, and an opportunity for participants to discuss how they might apply the topic to their work. Participants will be expected to regularly complete small assignments applying new knowledge to a specific program or project of interest. The end products will be an action plan that will guide you in applying the knowledge and skills you gain from the program to enhance your current work and a short presentation summarizing your progress and plans for a broader audience. Sessions will be facilitated primarily by Harvard School of Public Health Prevention Research Center and Boston Collaborative for Food and Fitness staff.

Training sessions will be held at the Landmark Center in the Fenway/Kenmore neighborhood: 401 Park Drive, Boston, MA 02215. Please take travel to and from the Landmark Center into account when considering applying for the program.

Is there a cost to participate in the training program?

Participants are asked to pay a \$200 deposit to secure a place in the program. Upon completion of at least 7 out of 8 sessions in the program, participants will get their \$200 back *plus* a \$400 stipend. We do not want payment to be a barrier for any potential participants. If you have any concerns or questions about this payment or any other aspect of the program, please call or write to [name, email, and phone number].

Program Schedule *(subject to change)*

Session 1: An Introduction to Public Health Principles and Practice

- Public health approach
- Theoretical frameworks used in public health – social ecological model, theories of change

Session 2: Community-Based Participatory Research (CBPR) and Health Equity

- What is CBPR? What is the value of learning how to do it in my community?
- Learning how to read RFPs and critically review research proposals

Session 3: Basics of Nutrition and Obesity

- Latest science
- Practical applications (examples of interventions)

Session 4: Basics of Physical Activity and Obesity

- Latest science
- Practical applications (examples of interventions)

Sessions 5 and 6: Project Development, Implementation, and Monitoring & Evaluation

- Applying what you've learned to create a nutrition- or physical activity-related action plan

Session 7: How do you use your voice to make a positive impact?

- Presentation and facilitation skills
- Organizing and advocacy
- Leadership development

Session 8: Participant Presentations

Application Process

Please submit the following by email or fax:

1. Completed application form found on the next page
2. Résumé or work/volunteer history
3. A one-page statement of interest including the following:
 - a. Description of a nutrition- or physical activity-related project you're currently working on and how this program would benefit your project
 - b. Ways in which your participation in this program would be meaningful to your personal and professional development
4. A one-page letter of support from your supervisor including the following:
 - a. How would this training program benefit the needs and interests of your organization/community?
 - b. Given the research needs and interests of your organization/community, why is the applicant a good candidate for this training program?

(Note: if you're planning on applying the training to a community project you're working on with someone other than an employer, you can get a letter of support from someone in the community, instead).

Application Form

First Name: _____ Last Name: _____

Street Address (Home): _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Gender: _____ Age: _____ Ethnicity (optional): _____

Are you currently employed? YES NO

→ If YES

Name of Organization/Company _____

What is your position there? _____

How long have you worked there? _____

Work Phone #: _____ Work Email: _____

What is your supervisor's name? _____

Supervisor's Phone #: _____ Supervisor's Email: _____

→ If NO

Who will be writing your letter of support? _____

Where do they work? _____

What is their contact information?

Phone #: _____ Email: _____

Deadline is Friday, March 9, 2012.

Please e-mail or fax the entire application to:

[name, address, email, phone, fax]

Appendix C: Sample Emails

General Reminder Email Template

Hi everyone,

I am looking forward to seeing you all again on [day]. In the meantime, please find a few attachments to this email:

1. The reading for this week, [title/author]
2. The assignment for this week
3. Other [participant roster, directions, other info]

As a reminder, the Leaders in Health sessions will be held on [days] from [time - time] am/pm. We request that you arrive at [time; 15 minutes early] for lunch so that the entire two hours can be devoted to the day's topic. All sessions will be held at [location address].

Please let me know if you have any questions or concerns about LIH. Thank you for your participation in the program and see you on [day]!

Sincerely,

[Name]

[Title]

[Contact information]

Before the First Session

Dear Leaders in Health participants,

I'm excited for another year of Leaders in Health to begin next week! We anticipate great discussion and learning with our diverse and motivated group. You'll find three attachments in this email:

1. A short session one assignment to help get you thinking about some of the key concepts we'll be addressing in the course. Please complete all parts of the assignment before class and email me if you have any questions.
2. Session Guidelines and Learning Objectives for Leaders in Health [Year]
3. Information on parking and directions around [location].

As a reminder, the Leaders in Health sessions will be held on [days] from [time - time] am/pm. We request that you arrive at [time; 15 minutes early] for lunch so that the entire two hours can be devoted to the day's topic. All sessions will be held [location address].

Please bring a check made out to [LIH organization] for \$200 to the first session. The check is a good faith deposit to ensure your active participation in the program. It will not be cashed unless you miss the majority of classes. At the completion of the program, stipends will be granted to participants who have attended six or more sessions and completed the required assignments. Thank you for your interest in Leaders in Health. I look forward to meeting you all next week!

Sincerely,
[Name]
[Title]
[Contact information]

Before Sessions #2 through #7

Hello, all:

Hope everyone is having a nice start to the week! We're looking forward to seeing you all again on [day]. Please find a few attachments to this email:

1. The reading for this week (a hard copy of which we handed out last week)
2. The assignment for this week (also handed out last week)

As a reminder, the Leaders in Health sessions will be held on [days] from [time - time] am/pm. We request that you arrive at [time] for lunch so that the entire two hours can be devoted to the day's topic. All sessions will be held [location].

Please let me know if you have any questions or concerns about LIH. Thank you for your participation in the program and see you on [day]!

Sincerely,
[Name]
[Title]
[Contact information]

Before the Final Session

Hello, all:

We are very excited about your upcoming presentations! Here are a few reminders before the big day:

- Location information: The final session will be at [location]. Please plan to arrive by [time] as usual. [Insert directions.]
- You can either email your presentation to us before [day] OR bring it on a flash drive. Bringing a hard copy is always a good idea, too.
- Please RSVP to us by [day] if you have any guests coming. We want to make sure we have enough food for everyone.

Also, we are barraging you with attachments! We think these resources may come in handy as you continue doing the great work you do:

1. Eight steps to developing effective coalitions

2. How to run good meetings
3. How to work in coalitions
4. The six Rs of participation
5. Tips for meeting with your legislator
6. Tips for testifying at a public hearing

The handouts from today (public speaking tips and résumé tips) are attached as well.

Please let me know if you have any questions. Thank you so much for your active participation in the program and see we'll see you for the final hurrah on [day]!

Sincerely,
[Name]
[Title]
[Contact information]

After the Final Session

Dear LIH graduates,

We just wanted to thank you again for your enthusiastic participation in the program, and for an excellent and inspiring final session. You all did a wonderful job on the presentations and should be really proud of the work you continue to do! Your stipends are being processed, so those should be arriving soon if they haven't already.

Also, we wanted to let you know that you will be hearing from [name] in the next few weeks, requesting your participation in a focus group. This will give you an opportunity to provide honest feedback about the training program so that we can continue to improve it. You all know how important the evaluation process is! We'd really appreciate your participation. Just let me know if you have any questions about this.

Finally, we would like to update the LIH web site with our group photo and links to your presentations. If you have any concerns or don't want your information posted, please let me know by [day].

Sincerely,
[Name]
[Title]
[Contact information]

Appendix D: Assignments

Assignment 1

There are many different ways to contribute to our task together, which is to learn how to build health in communities. In preparation for our first session, we are asking you to explore three of them.

1. Self-reflection

Please think about, and be prepared to talk about, an incident in your life when, without asking for help or seeking it, you received significant help from someone.

2. Internet research

Please be prepared to tell your colleagues about John Snow.

3. Consultation with friends and colleagues

- a) Progress in public health: At least in part through conversation with colleagues and friends, please be prepared to describe:
 - i. Progress we have made in a particular area of public health primarily due to technological advances.
 - ii. Progress we have made in a different area of public health primarily due to policy changes.
 - iii. Progress we have made in a third area of public health primarily due to education.
- b) Lack of progress in public health: Please be prepared to name one area where we have NOT made progress in recent decades, and suggest why.

Assignment 2

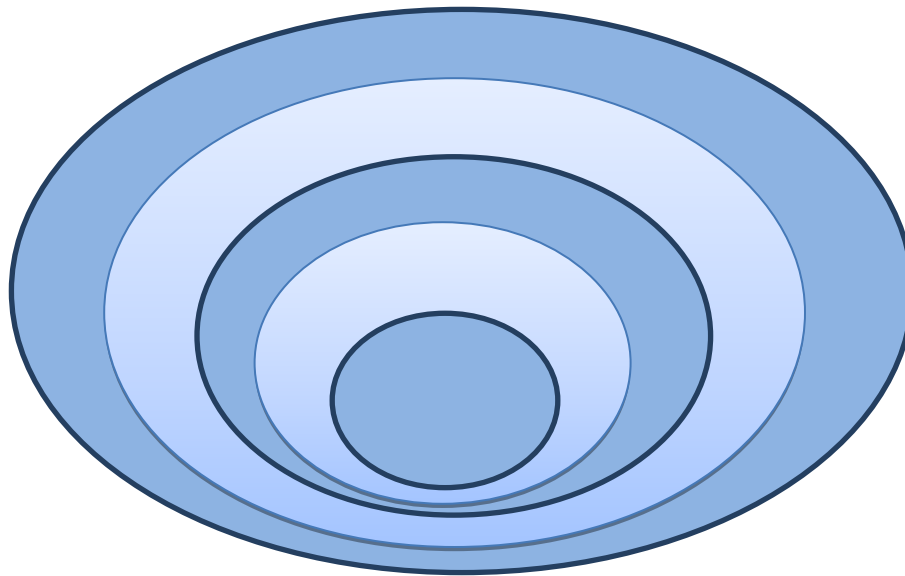
1. Application

In the first session, we reviewed some key principles of public health, including its focus on prevention and the population-level approach. Think about the project that you'll be working on that will be enhanced by your Leaders in Health experience.

Does your project focus more on the population level or the individual level? Please explain.

Does your project target prevention of disease (e.g., by encouraging healthy food availability in the community) or treatment of disease (e.g., by implementing a weight loss program), or both? Please explain.

In the first session, we also discussed the social ecological model. Use the model below to think about the work you do and fill in the appropriate levels. For instance, the innermost ring may be the specific people you aim to work with (such as kids or parents), one of the middle rings may be your organization, and the outer ring may be the broader community you serve.



2. Preparation

After reading Minkler's paper, please think about and be prepared to talk about a project that you've worked on (or are working on) and whether it contains any of the principles of CBPR.

Assignment 3

1. Application

In the second session, we reviewed the key principles of CBPR. Think about the project that you'll be working on that will be enhanced by your Leaders in Health experience.

Is your project a CBPR project? What are some of the benefits of doing CBPR in your community?

Does your project address health equity? Please explain.

2. Internet Research

Defining what is and isn't "healthy" is a difficult task. Visit three sites that you think provide reliable nutrition information. Compare and contrast the messages and advice given on each of the sites. Are the messages consistent? Do you notice any differences among them? Do you have a favorite?

3. Preparation

After reading Story's 2008 article, please think about and be prepared to talk about how eating and food environments influence you on a daily basis.

Assignment 4

1. Application

In the third session, we reviewed the basics of nutrition and food systems. Did anything surprise you? What is one new thing that you learned? What is one thing that you already knew, but was reinforced in the session?

2. Your Built Environment

Think about where you live and how you interact with your surroundings. Is your environment conducive to physical activity? What are some characteristics of your neighborhood? What are some ways that policy changes in your area could have a positive impact on your health?

3. Preparation

After reading the “Active Living among Children” article, please think about and be prepared to talk about how the built environment influences opportunities for physical activity.

Assignment 5

1. Application

In the last two sessions, we covered the basics of nutrition and physical activity. What are three messages, ideas, or concepts that you learned in those sessions and will be able to apply to your project?

-
-
-

2. Preparation

Please think about and be prepared to talk about the specific aims of your project and the population it addresses.

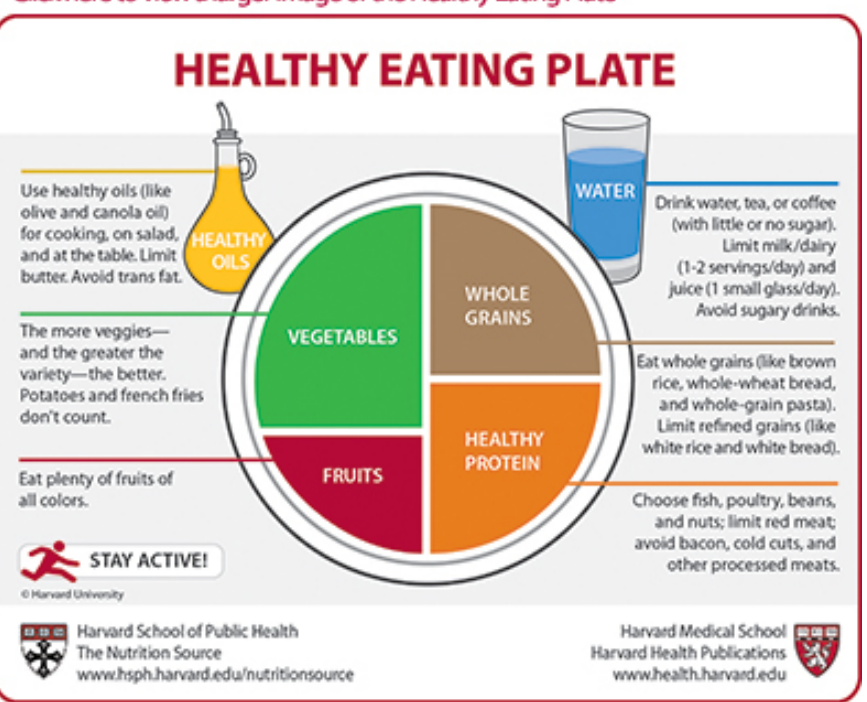
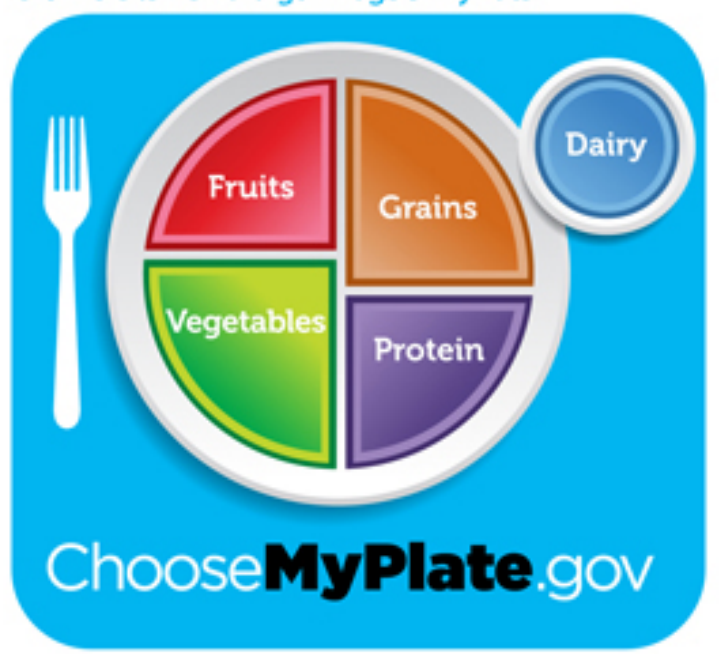
- Target population: the group of people that your project seeks to impact (be specific—age, gender, neighborhood, etc.)

- Aims: the long-term goals of your project

Appendix E: Handouts

The Healthy Eating Plate vs. My Plate

The Healthy Eating Plate, created by experts at Harvard School of Public Health and Harvard Medical School, points consumers to the healthiest choices in the major food groups. The U.S. Department of Agriculture's MyPlate, in contrast, fails to give people some of the basic nutrition advice they need to choose a healthy diet. The Healthy Eating Plate is based exclusively on the best available science and was not subjected to political and commercial pressures from food industry lobbyists. Here's a table showing how the Healthy Eating Plate compares to the USDA's MyPlate, section by section.

The Healthy Eating Plate	MyPlate
<p>HEALTHY EATING PLATE</p>  <p>HEALTHY OILS Use healthy oils (like olive and canola oil) for cooking, on salad, and at the table. Limit butter. Avoid trans fat.</p> <p>WATER Drink water, tea, or coffee (with little or no sugar). Limit milk/dairy (1-2 servings/day) and juice (1 small glass/day). Avoid sugary drinks.</p> <p>VEGETABLES The more veggies—and the greater the variety—the better. Potatoes and french fries don't count.</p> <p>WHOLE GRAINS Eat whole grains (like brown rice, whole-wheat bread, and whole-grain pasta). Limit refined grains (like white rice and white bread).</p> <p>FRUITS Eat plenty of fruits of all colors.</p> <p>HEALTHY PROTEIN Choose fish, poultry, beans, and nuts; limit red meat; avoid bacon, cold cuts, and other processed meats.</p> <p>STAY ACTIVE!</p> <p>© Harvard University</p> <p>Harvard School of Public Health The Nutrition Source www.hsph.harvard.edu/nutritionsource</p> <p>Harvard Medical School Harvard Health Publications www.health.harvard.edu</p>	<p>MyPlate</p> <p>Click here to view a larger image of MyPlate</p>  <p>Dairy</p> <p>Fruits</p> <p>Grains</p> <p>Vegetables</p> <p>Protein</p> <p>Choose MyPlate.gov</p>

<p>Whole Grains</p>	<p>Grains</p>
<p>The Healthy Eating Plate encourages consumers to choose whole grains and limit refined grains, since whole grains are much better for health. In the body, refined grains like white bread and white rice act just like sugar. Over time, eating too much of these refined-grain foods can make it harder to control weight and can raise the risk of heart disease and diabetes. Read more about the health benefits of whole grains.</p>	<p>MyPlate does not tell consumers that whole grains are better for health.</p>
<p>Healthy Protein</p>	<p>Protein</p>
<p>The Healthy Eating Plate encourages consumers to choose fish, poultry, beans or nuts, protein sources that contain other healthful nutrients. It encourages them to limit red meat and avoid processed meat, since eating even small quantities of these foods on a regular basis raises the risk of heart disease, diabetes, colon cancer, and weight gain. Read more about the benefits of choosing healthy protein.</p>	<p>MyPlate’s protein section could be filled by a hamburger or hot dog; it offers no indication that some high-protein foods are healthier than others, or that red and processed meat are especially harmful to health.</p>
<p>Vegetables</p>	<p>Vegetables</p>
<p>The Healthy Eating Plate encourages an abundant variety of vegetables, since Americans are particularly deficient in their vegetable consumption—except for potatoes and French fries. Potatoes are chock full of rapidly digested starch, and they have the same effect on blood sugar as refined grains and sweets, so limited consumption is recommended. Read more about the benefits of vegetables.</p>	<p>MyPlate does not distinguish between potatoes and other vegetables.</p>

<p>Fruits</p>	<p>Fruits</p>
<p>The Healthy Eating Plate recommends eating a colorful variety of fruits. Read more about the benefits of fruits.</p>	<p>MyPlate also recommends eating fruits.</p>
<p>Healthy Oils</p>	<p>(Not included in MyPlate)</p>
<p>The Healthy Eating Plate depicts a bottle of healthy oil, and it encourages consumers to use olive, canola, and other plant oils in cooking, on salads, and at the table. These healthy fats reduce harmful cholesterol and are good for the heart, and Americans don't consume enough of them each day. It also recommends limiting butter and avoiding trans fat. Read more about the benefits of healthy fats and oils.</p>	<p>MyPlate is silent on fat, which could steer consumers toward the type of low-fat, high-carbohydrate diet that makes it harder to control weight and worsens blood cholesterol profiles.</p>
<p>Water</p>	<p>Dairy</p>
<p>The Healthy Eating Plate encourages consumers to drink water, since it's naturally calorie free, or to try coffee and tea (with little or no sugar), which are also great calorie-free alternatives. (Questions about caffeine and kids? Read more.) It advises consumers to avoid sugary drinks, since these are major contributors to the obesity and diabetes epidemics. It recommends limiting milk and dairy to one to two servings per day, since high intakes are associated with increased risk of prostate cancer and possibly ovarian cancer; it recommends limiting juice, even 100% fruit juice, to just a small glass a day, because juice contains as much sugar and as many calories as sugary soda. Read more about healthy drinks and read more about calcium, milk and health.</p>	<p>MyPlate recommends dairy at every meal, even though there is little if any evidence that high dairy intakes protect against osteoporosis, and there is considerable evidence that too-high intakes can be harmful. MyPlate says nothing about sugary drinks or juice.</p>

Stay Active	(Not included in MyPlate)
<p>The figure scampering across the bottom of the Healthy Eating Plate’s placemat is a reminder that staying active is half of the secret to weight control. The other half is eating a healthy diet with modest portions that meet your calorie needs. Read more about the benefits of staying active.</p>	<p>There is no activity message on MyPlate.</p>

Source:

<http://www.hsph.harvard.edu/nutritionsource/healthy-eating-plate/healthy-eating-plate-vs-usda-myplate/index.html>

WHOLE VS. REFINED GRAINS

What Are Whole Grains?

The term “whole grain” means it’s the complete grain that contains its original structure, which includes germ, bran, and endosperm. The health benefits of whole grain come from all three components working together in their natural form. All grains are grown this way.

1. **Germ** – nutrient packed inner layer that contains antioxidants, B vitamins, vitamin E, and healthy fats.
2. **Endosperm** – the starchy middle layer that is also plant’s source of energy and growth.
3. **Bran** – fiber and protein rich outer layer that protects the seed.



What Are Refined Grains?

Refined grains have been milled, a process that removes the bran and germ. The starchy endosperm is all that remains. This is done to give grains a finer texture and extend their shelf life, but it also removes dietary fiber, iron and many B vitamins.

You may think refined grains are limited to white flour, white bread and white rice, but it’s not true. Most bread labels contain refined ingredients, or refined grains mixed with a few grams of “whole grain.” Marketers are quick to emphasize the benefits of their “whole grain” bread or cereal – which would be like emphasizing the benefits of vitamins that have been added to a can of soda.

Whole Truth?

1. Most refined grains are enriched, which means certain B vitamins — thiamin, riboflavin, niacin, folic acid — and iron are added back after processing. The word “enriched” sounds like a good word, and I think it misleads people in thinking they are eating an enhanced product—something better than how it was grown.
2. Fiber is not usually added back in.
3. Some companies will add bran back in, which provides fiber.

Adding these parts of grains back in this manner doesn’t mean the grains are “whole grain.” The sums of these parts cannot be compared to the nutritional benefits of the unprocessed grain.

Change Tool

An essential element of leadership and managerial skill is the ability to get things done, successfully and on time. This Change Tool has been shown to be an effective tool to facilitate this accomplishment through the identification and utilization of effective strategies coupled with an accountability mechanism to ensure that the process stays on track. *Writing down* your goals helps to clarify them and commit you to them.

Many people have difficulty with this task, perhaps because it seems too simple and easy. Just the contrary is true. We suggest following the directions, not overthinking it, and giving it a try for several iterations. A former student called this task “rather irritating, but in retrospect very worthwhile”.

Instructions:

This Change Tool builds on the strategic thinking outlined in Kotter and Schlesinger’s *Strategies for Change*. It also utilizes the concept of SMART goals. Start on the left side of the grid by enumerating 1-3 organization change initiatives that you wish to pursue. Then fill in the key strategy or strategies that will most likely help you succeed. Think of these from an overarching perspective. Analyze your situational factors and determine the optimal speed for the change you have in mind. For example, will you need to educate people, get them involved through hands-on participation, or just plain ask people to commit to it or leave? As a reminder, the six Kotter and Schlesinger strategies are: education & communication, participation & involvement, facilitation & support, negotiation & agreement, command & enlist, and explicit & implicit coercion.

Next, break the initiatives down into more manageable action steps. The essence of SMART goals is that they are specific, measurable, attainable, realistic, and timely. Set deadlines for accomplishing each specific action and keep track of your progress weekly. Be sure to pick steps/actions that you have control over, not that require someone else to comply. It’s ok to adjust course midstream.

Good luck!

Logic Model

Name: _____

Organization: _____

Project: _____

Aims – the long term goals and expected outcomes of your project

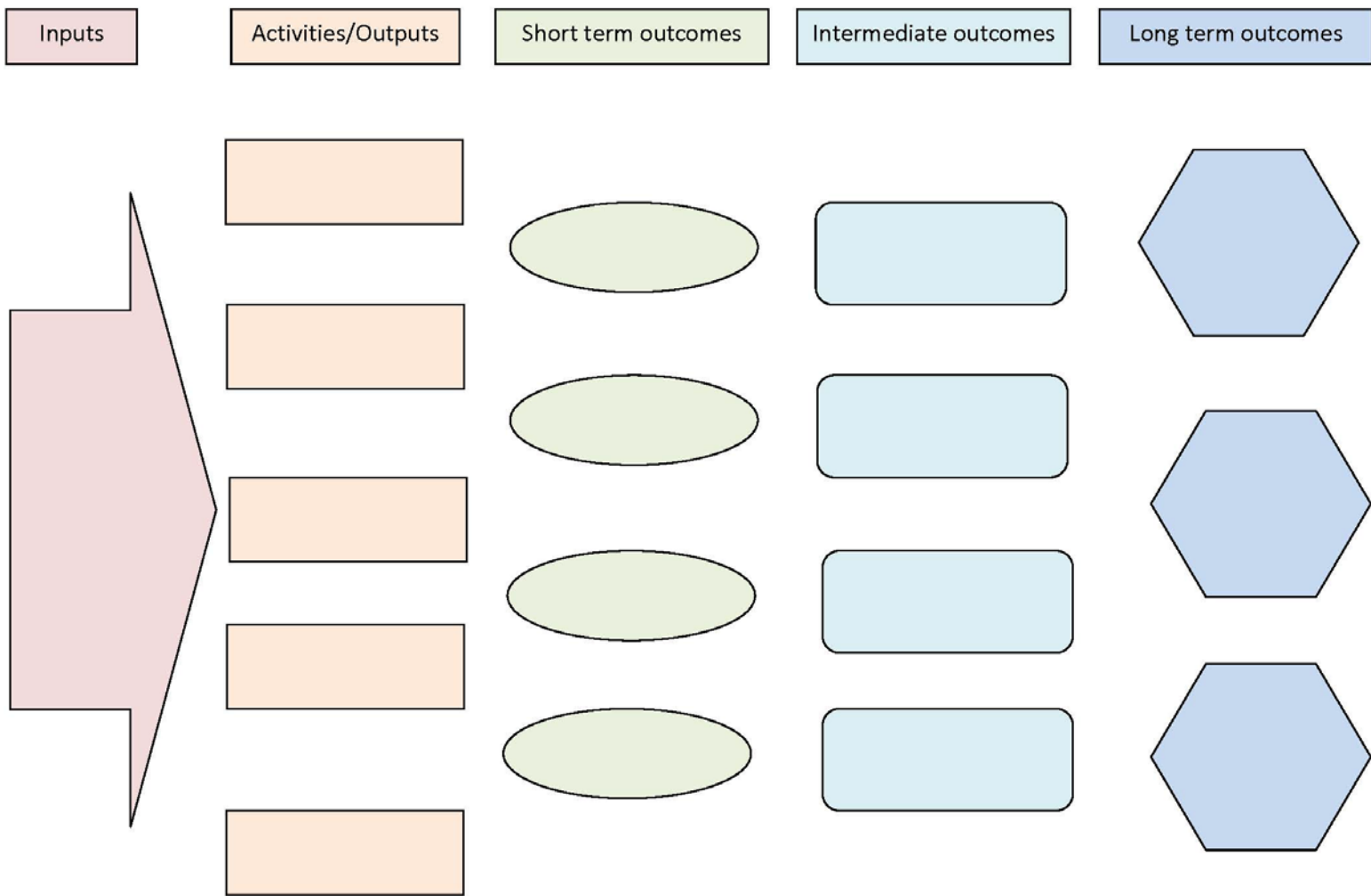
Aim #1: _____

Aim #2: _____

Aim #3: _____

Target population – the group of people that your project seeks to ultimately impact

Be specific: age, gender, neighborhood, high risk vs. general population



Grant Exercise

Imagine that you saw a grant to help fund your project from Leaders in Health. Answer the questions you see below, taken directly from a United Way grant application, based on what you've learned about evaluation today. The italicized text is intended to help you get started with each question.

Which United Way Impact Areas (see next page) does this program address?

This is where you tie your big picture program aims to the goals of the funding organization

What are the specific outcomes or results of this program? (How are lives improved?)

This is where you list the short, intermediate, and long term outcomes of your project. You might also name your immediate outputs if you will conduct a process evaluation. It is good to mention all that you hope to achieve and then focus on describing the outcomes that you see as most important and feasible to measure in detail.

How do you measure these results? Please attach survey results and any outcomes measurement tools and findings you have.

This is where you search, when at all possible, for previously validated measures that you can use or adapt. There is no need to reinvent the wheel unless you have a very specific and unique outcome of interest. Describe whether you'll collect qualitative or quantitative data and think about data you already collect. Try to find out as much as you can about the strengths and weaknesses of the measure(s) you choose.

How are your programs assessed for effectiveness, for meeting your goals or objectives?

Here is where describe the study design: explain who you'll collect data from, how you will collect it, when you will collect it (once or over time), whether you have a comparison group etc.

EDUCATION GOAL: Prepare 50% more students to succeed in education after high school.

- **Parents and Mentors:** Students have support and encouragement for educational success from parents/advocates, and mentors.
- **Early Childhood:** Ensure that pre-school children across the region have access to high quality, early learning programs.
- **English Language Learning:** Students have access to developmentally appropriate English-language learning programs.
- **Afterschool & Summer:** Students have access to high quality, enriching out-of-school programs which are aligned with school day curriculum.
- **Math & Science:** Students have access to age-appropriate math and science education.
- **College and Career Preparation:** Students access age appropriate college and career preparation.

INCOME GOAL: Move 250,000 more individuals out of poverty permanently.

- **Access to Jobs:** Collaborate and leverage relationships with employers, public sector organizations, and the broader business community to help provide low-income individuals access to jobs.
- **Job Skills Training:** Ensure that individuals have the skills to be hired.
- **Financial Education:** Ensure that low-to-moderate income individuals participate in financial education programs to achieve increased assets and decreased liabilities.

HEALTH GOAL: Improve health and quality of life across the region.

- **Expanded Access:** Expanded access to care:
 - Increase the number of individuals insured and the number of children enrolled in CHIP & Medicaid;
 - Increase access to physical, mental, vision, dental and non-emergency care
- **Preventive Care:** Focus on prevention and early intervention through screening and monitoring:
 - Increase the percentage of children that have well-child visits in the 3rd, 4th, 5th and 6th years of life;
 - Increase the percentage of mothers that begin prenatal care in the 1st trimester
- **Healthy Behaviors:** Promote healthy lifestyles through health information, education and programming:
 - Decrease the percentage of individuals that are overweight (BMI between 25 and 29.9) and medically obese (BMI >30)
 - Decrease the percentage of individuals that have used illicit drugs and alcohol within the past month
 - Decrease the incidents of family violence, child abuse and elder abuse

Leaders in Health Résumé Tips

- Since Leaders in Health is a new program, don't assume that people will recognize it by name alone. Include enough information to give someone a good idea of where the program was held, what the program covered, and what skills you gained from it.
- If you are including supervisors in your résumé, don't hesitate to list [program coordinators] and feel free to use us as references. Here's our contact information:

- Include only the topics and skills that are most relevant for the position for which you are applying and use action-oriented words as much as possible (e.g. **develop, create, implement, plan, improve**). Only include topics that you are comfortable discussing further/explaining in a cover letter or interview. Below are a list of possible topics you might include:
 - Public health approach/theories (Social Ecological Theory, population versus high risk approach)
 - Community-based participatory research
 - Health equity and/or social determinants of health
 - Science-based physical activity recommendations
 - Built environment (systems or policy changes)
 - Science-based nutrition recommendations
 - Food systems (community vs. industrial, policy changes)
 - Project planning/creating an action plan
 - Writing specific aims, identifying focus population, describing inputs, activities, and outputs, identifying short and long term outcomes)
 - Project organization including new initiatives, key strategies, action steps, deadlines, status updates
 - Logic models
 - Formative, process, and outcome evaluation (including choosing appropriate measures for evaluation)
 - Public speaking
 - Policy advocacy
 - Transformative leadership
- Examples of suggested language:
 - *Earned Certificate of Completion in the Harvard School of Public Health Prevention Research Center's Leaders in Health Program, Spring 2011*
 - *Participated in training(s) on _____, _____, and _____*
(choose topics from above list)
 - *Applied skills gained to **[action word]** your project/component of project to/by what you did for organization you work(ed)/volunteer(ed) for.*
 - *E.g. Applied skills gained to develop an action plan for a new youth-based community garden project for Boston Garden Network.*
 - *E.g. Applied skills gained to improve the effectiveness of the Nutrition Project curriculum by incorporating more science-based nutrition recommendations.*
 - *E.g. Applied skills gained to create an evaluation plan to assess effectiveness of a walking program for Boston Moves.*

THURSDAY, JUNE 7TH

12:00 - 2:00 PM

Leaders in Health

*** Project Presentations ***

JOIN US to celebrate the accomplishments of the 2nd Leaders in Health cohort and hear about participants' current and future initiatives to improve nutrition and physical activity among Boston residents.

REFRESHMENTS will be provided

KRESGE BUILDING, Room 502

**677 Huntington Avenue
Boston, MA 02115**

RSVP to Bekka Lee:

617-384-5457

rlee@hsph.harvard.edu

ABOUT LEADERS IN HEALTH

Leaders in Health aims to build participants' capacity to improve nutrition and physical activity by introducing them to the public health approach, community-based participatory research methods, and the science underlying effective evidence-based obesity prevention strategies. Participants attend interactive training sessions and receive support to create an action plan to enhance their current work.

Leaders in Health is sponsored by:



W.K. Kellogg Foundation Food & Community Partner

Appendix F: Evaluations

Class Evaluations

Session 1

For each of the statements below, circle the response that best matches how you feel.

1. The pace of this session was right for me.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. I had an opportunity to ask questions and/or voice my opinions.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. After this session, I can describe the objectives and expectations of the Leaders in Health program.

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. After this session, I can explain some key principles of a public health approach, including its focus on prevention and population-level change.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. After this session, I can describe each level of the social ecological model and give examples of activities at each level that are relevant to my project.

Strongly Agree Agree Neutral Disagree Strongly Disagree

What is the specific project you are currently working on that you think will be enhanced by your participation in Leaders in Health?

What did you enjoy most about this session?

What about this session could be improved?

Other comments (please write on the back if you need additional room)

Session 2

For each of the statements below, circle the response that best matches how you feel.

1. The pace of this session was right for me.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. I had an opportunity to ask questions and/or voice my opinions.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. After this session, I can define CBPR in my own words.

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. After this session, I can give examples of what are and what are not CBPR projects.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. After this session, I can define health equity in my own words.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. After this session, I understand the benefits of doing CBPR in my community and understand how CBPR can be used to address health inequities.

Strongly Agree Agree Neutral Disagree Strongly Disagree

What is the specific project you are currently working on that you think will be enhanced by your participation in Leaders in Health?

What did you enjoy most about this session?

What about this session could be improved?

Other comments (please write on the back if you need additional room):

Session 3

For each of the statements below, circle the response that best matches how you feel.

1. The pace of this session was right for me.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. I had an opportunity to ask questions and/or voice my opinions.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. After this session, I can provide a working definition and examples of “healthy” food and beverages.

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. After this session, I can compare and contrast the major components of the current industrial food system and those of a local, sustainable food system.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. After this session, I can give examples of food system-related policy changes that would have a positive impact on health.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. After this session, I can provide examples of potential areas of intervention in the food system using the social ecological model.

Strongly Agree Agree Neutral Disagree Strongly Disagree

What did you enjoy most about this session?

What about this session could be improved?

Other comments (please write on the back if you need additional room)

Session 4

For each of the statements below, circle the response that best matches how you feel.

1. The pace of this session was right for me.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. I had an opportunity to ask questions and/or voice my opinions.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. After this session, I can provide examples of physical activity recommendations based upon the latest science.

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. After this session, I can describe the ways the built environment influences opportunities for physical activity.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. After this session, I can give examples of policy changes related to the built environment that would have a positive impact on health.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. After this session, I can give examples of potential areas of intervention in the built environment using the social ecological model (relevant to my project).

Strongly Agree Agree Neutral Disagree Strongly Disagree

What did you enjoy most about this session?

What about this session could be improved?

Other comments (please write on the back if you need additional room)

Session 5

For each of the statements below, circle the response that best matches how you feel.

1. The pace of this session was right for me.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. I had an opportunity to ask questions and/or voice my opinions.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. After this session, I can write specific aims for my project.

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. After this session, I can identify my focus population.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. After this session, I can describe inputs, activities, and outputs.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. After this session, I can identify long- and short-term outcomes.

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. After this session, I can construct a logic model.

Strongly Agree Agree Neutral Disagree Strongly Disagree

8. After this session, I can identify different types of strategies for change.

Strongly Agree Agree Neutral Disagree Strongly Disagree

What did you enjoy most about this session?

What about this session could be improved?

Other comments (please write on the back if you need additional room)

Session 6

For each of the statements below, circle the response that best matches how you feel.

1. The pace of this session was right for me.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. I had an opportunity to ask questions and/or voice my opinions.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. After this session, I can describe the different types of evaluation.

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. After this session, I can identify the evaluation-related next steps for my project.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. After this session, I know how to choose appropriate measures for evaluation.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. After this session, I understand how to present an evaluation plan in a funding proposal.

Strongly Agree Agree Neutral Disagree Strongly Disagree

What did you enjoy most about this session?

What about this session could be improved?

Other comments (please write on the back if you need additional room)

Session 7

For each of the statements below, circle the response that best matches how you feel.

1. The pace of this session was right for me.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. I had an opportunity to ask questions and/or voice my opinions.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. After this session, I am more confident about giving oral presentations.

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. After this session, I can identify the next steps for my project that are related to organizing the involvement of people/organizations around a common goal.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. After this session, I can identify the next steps for my project that are related to advocating for policy change.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. After this session, I understand the different ways leadership can be defined and can envision myself as a leader in my community.

Strongly Agree Agree Neutral Disagree Strongly Disagree

What did you enjoy most about this session?

What about this session could be improved?

Other comments (please write on the back if you need additional room)

Appendix G: Focus Group Script

Introduction

- Purpose of focus group: to get your impressions of LIH program, you are the experts; we want your opinions, both good and bad. There are no right or wrong answers: everyone's experiences and opinions are important. Please be honest.
- Confidentiality: what is said in this room stays here
- Recording: we are recording to capture everything you have to say, but we will not use names in publications, etc. You will remain anonymous.
- If uncomfortable saying something in the group, can speak with me individually at another time.

1. What were your expectations going into Leaders in Health?

PROMPTS

1. how did you hear about it?
2. what were you told about it?
3. why did you decide to participate?
4. how did you feel when you were accepted?

2. What were you hoping to gain by taking the training?

PROMPTS

1. what new skills were you hoping to learn?
2. what connections were you hoping to make (i.e. with other participants, with the instructors, with folks at Harvard)?
3. anything else you were hoping to gain?

3. Now that you've taken the training, how was the training similar to what you expected? How was it different?

4. a. What topics or sessions did you find most helpful/valuable? (be specific) What did you enjoy the most in the training?

PROMPTS

If can't remember the topics:

- learning about public health (individual vs. population approach)
- learning about CBPR
- learning about physical activity and the built environment
- learning about nutrition and food system policy
- learning about program planning: writing inputs/activities/output, long and short term outcomes, logic models
- learning about evaluation
- learning to communicate/give presentations

b. what parts of the training didn't work for you/ did you find confusing/unhelpful?

5. What did you learn overall? What message was LIH trying to impart to you and your classmates? What was the big picture message? (KEY QUESTION)

6. What did you learn that was brand new to you? Was there anything that you already knew, but learning about it a different way gave you new insights?
7. How effective were...what are your thoughts about...?
 1. the presentations
 2. the handouts and articles
 3. the homework assignments
 4. the instructors
8. Now that you've taken the training, what will you do differently when developing/planning a program? How has this training impacted the project that you are working on in your community agency? (KEY QUESTION)
9. Comment on the feedback and attention you received from the instructors. Was it enough? Was it not enough? Was it useful? Not useful?
10. If you were to give a suggestion for a way to change the program the next time it is offered, what would you suggest? (KEY QUESTION)
PROMPTS
 - time
 - location
 - content
 - skills taught
 - topics missing that you wish had been included?
 - length of training?
11. What ways would you like to get support going forward to sustain the work you've started as part of LIH?
12. Describe how LIH has helped you meet any of your own personal or professional development goals.
13. Any additional comments? Anything we left out?

Acknowledgments

The Harvard School of Public Health Prevention Research Center (HPRC), Boston Collaborative for Food and Fitness, and Harvard Catalyst would like to acknowledge the partners and colleagues who have helped make Leaders in Health a success. The Leaders in Health program is currently led by Rebekka Lee, Lizzie Barnett, Karen Spiller, and Charles Deutsch. We'd like to thank the people responsible for conceptualizing Leaders in Health, particularly the [HPRC Community Committee](#), Sylvia Stevens-Edward, and Julie Thayer. We'd also like to thank the guest presenters who have made Leaders in Health such a dynamic experience for participants: Jocelyn Chu and Shalini Ahuja from the Institute for Community Health, Molly Anderson, and Mark Fenton. Thanks, also, for support from Adena Cohen-Bearak, Jennifer Opp, and Angie Cradock. Finally, we'd like to thank our past participants who are inspirational leaders helping to improve nutrition and physical activity in the city of Boston.