

March 17, 2015 Leadership Council AGENDA

1.	Call Meeting to Order/Pledge of Allegiance	(5 mins)
II.	Approve recap of February 24 meeting	(5 mins)
III.	New Business:	
	a. Maximizing Impact: Sarah Combs, Chair	(20 mins)
	b. First 100 Days Report to BOCC	(10 mins)
IV.	Old Business:	
	a. Improving Neighborhoods Action Plan	(30 mins)
	b. Update: RFQ (Dan Jurman)	(5 mins)
	c. Update: Interlocal Agreement	(5 mins)
	(Orlando Perez & Brandon Wagner)	
	d. UNITY Convening: (Holly East)	(15 mins)
V.	Questions and Comments	(5 mins.)
VI.	Next Meeting:	
	April 14, 2015, 1:00 PM, County Center	
VII.	Adiourn	

Safe & Sound Hillsborough Collaborative Tuesday, February 24, 2015 County Center, 27th Floor Conference Room

Leadership Council Members Present

Kevin Beckner, Chair, BOCC
Chief Kenneth Albano, City of Temple Terrace
Julianne Holt, Public Defender
Michael Bridenback, Court Administrator
Michael Sinacore, State Atty's Office
Kelley Parris, Chair, Cultivating Community
Walter Niles, Florida Dept. of Health
Chakita Hargrove, Faith Based
Steve Hegerty, Hillsborough County Public Schools
Dan Jurman, Chair, RFQ Review Committee
Jamie Robe, Chair, Data Committee
Sunny Hall, Chair, Improving Neighborhoods
Robert Blount, Chair, Family Health/Wellbeing

Staff Present

Orlando Perez, County Attorney's Office Lynne Tierney, Division of Children's Services

Alternates Present

John Chaffin, HCSO
Kent O'Connor, Tampa Police Dept.
Michael Carr, City of Plant City
Nichole Hanscom, Public Defender's Office
Daragh Gibson, Florida Dept. of Health.
Lori Hudson, Communications Committee
Angela Smith, Court Administration
Marc Hutek, Vice Chair, Maximizing Impact

Others Present

Ruina He, USF Harrell Center Tonia Williams, The Children's Board Elissa-Beth Gross, The Art of Prevention Allie Maroon, Florida Dept. of Health Kelly Watts, More Health Carlene Lemaske, More Health Kim Williams, Framework

The meeting was called to order at 1:06 p.m. Commissioner Beckner led the group in the Pledge of Allegiance.

Safe & Sound Hillsborough received copies of the minutes from the January 15, 2015 meeting via email to allow the opportunity for review prior to this meeting. Ms. Holt made a motion to approve the minutes, seconded by Chief Albano. The minutes were approved unanimously.

The Chairman informed the group that he would be revising the Agenda, moving forward *Item IV. A. Action Plans*, under Old Business.

OLD BUSINESS:

Mr. Jurman informed the group that he met with Dr. Gordon to discuss next steps in moving forward with discussion and approval of the Safe & Sound Hillsborough Action Plans. He invited Mr. Niles to speak to the Action Plan developed by the Improving Neighborhoods Committee.

Mr. Niles distributed copies of the Improving Neighborhoods Action Plan, outlining the steps to achieve a countywide screening process for trauma victims and those impacted by violence utilizing a trauma informed approach. Mr. Niles was pleased to inform the group that the Improving Neighborhoods Committee has selected Ms. Sunny Hall of the Crisis Center as Chairman. He then introduced Ms. Gross of the Art of

Prevention to walk the group through the Action Plan and to introduce the effort to incorporate Certified Safe Zones as part of the Action Plan.

Ms. Gross introduced herself a member of the Improving Neighborhoods Committee and as the founder of The Art of Prevention, a Hillsborough County nonprofit agency. She reviewed the priorities of the Improving Neighborhoods Action Plan and detailed the concept of a Certified Safe Zone and how the recommendations can be managed using a violence prevention framework.

The recommendations of the Action Plan are as follows:

- Provide a screening method and service protocol to assist victims and perpetrators of crime;
- Promote mental health advocacy, and place mental health interventions in emergency room settings to include access to counseling;
- Measure and reduce the frequency and severity of harassment and violence;
- Offer programs and services focused on injury, fatality and psychological trauma, where prevention is the most common thread;
- Engage a broad base of stakeholders as architects and builders of violence prevention infrastructure through Memorandums of Understanding to result in the creation of safe zones;
- Identify safe places for after school care and help to facilitate their usefulness to families.

The presentation addressed many issues related to violence prevention:

- the need to build the infrastructure for violence prevention in order to accomplish Action Plan objectives.
- Congress appropriated \$75 million to fund a comprehensive school safety initiative, but to date there is no singular, commonly accepted school safety model.
- violence is a result of a recurring themes and a systematic approach to violence prevention recognizes that while we cannot arrest our way out of crime, we can work toward consolidating risk assessment, analyzing resources, and implementation of Action Plans concurrently.
- the importance of collaboration when working toward violence prevention, highlighting The Centers for Excellence, a consortium of universities producing groundbreaking research and development in support of Homeland Security, and the CDC's Division of Violence Prevention collaboration with universities.
- the importance of Safe & Sound Hillsborough's partnership with USF.

Ms. Gross strongly advocated training in Trauma Informed Care for police officers, social workers, and child safety investigators. She informed the group about a subscription service available, PeerPal Campus Violence Prevention. The system examines internal and external threats facing schools and includes both short and long term prevention goals to attain status as a Violence Free Zone.

Ms. East asked about the first step of the Action Plan to link all emergency room leaders with mental health systems. Mr. Niles clarified that often victims of violence come into the emergency room, are treated for their physical injuries and leave with only medical follow up. The action plan step is to involve provision of mental health services at that critical time. Ms. East asked if the Safe & Sound Coordinator would be the appropriate person to list as the Responsible Party to develop those relationships with the area emergency room administrators, rather than a task for the yet to be hired Outreach Coordinator. Mr. Niles responded that

developing those relationships with hospital administrators and developing these agreements will require system coordination/administrator responsibility.

Mr. Jurman cautioned the group to take a realistic look at how much is within our power in these action plans. For example, a successful outcome for this step would be in the hands of the hospital administrators and mental health professionals having the capacity and the willingness to cooperate, especially within the specific time frame. S&S doesn't want to be in the position of measuring an outcome over which we have no control. He recommended the group reconvene and consider a measureable indicator that could be broken out for that step.

Mr. Jurman added that this model sounds similar to a project for which he has previously written a grant, embedding behavioral health and mental health professionals into (in this case) an emergency room treatment to immediately assess and develop a treatment plan. A model is out there and at this point may have some evidenced based data.

Ms. Marino informed the group that St. Joseph's now has their own separate psychiatric behavioral health center under BayCare. She offered her assistance in reaching out to them. Also, Tampa General has their own mental health floor, which their ER physician is very vocal about. Ms. Marino offered to assist in reaching out to him so that we can work to create the paradigm that is lacking every day in his job, even though he has social workers on staff and a psychiatric facility. Florida Hospital has a relationship with Northside Mental Healthcare. Another potential partner is the Acute Care Advisory Board that meets on a monthly basis and all of the psychiatric ER and receiving facilities come together. She emphasized exploring what is already there and what the hospitals and ER physicians think they can benefit from. It could be a matter of getting them to talk among themselves.

Ms. Smith added a logical and measurable first step could be an inventory of current practices. Such an inventory may serve two purposes, emergency room administrators and physicians' responses may reveal what they would like to see in the future, as well as making them aware of the Safe & Sound Hillsborough Collaborative and the support we can provide. Ms. East added that a measurable outcome could be a list of who would be included the inventory, and suggested a reworking the Action Plan to include those steps and partners.

Mr. Jurman added that if these changes were made, it would be more reasonable to assign the tasks to the Safe & Sound Coordinator (i.e., coordinate and reach out to the Leadership Council for contacts and connection to appropriate parties). Asset mapping of the hospitals to find out what services they offer is something that could be accomplished within a few months with the help of Committee members. A possible challenge might be getting all the way to the top to find out what is in place or whether the administrator believes there is something in place but it is not working.

Ms. Marino will contact Dr. Jason Wilson of Tampa General to see if he knows if the hospitals meet with one another in a formal group, and if so, the names of that group(s).

Mr. Niles reviewed some additional Action Steps included on the Action Plan.

• <u>Develop policies that ensure victims and perpetrators receive services</u>. This is including mental health services. Those policies and systems could be suggested and implemented by the Leadership Council.

- <u>Identify safe places for after school</u>. There are agencies providing existing safe places in the community, many funded by The Children's Board and the school system, and this item may also require inventories to see what is already in place, and then focus the efforts on high risk areas.
- <u>Incorporate system to reduce the frequency and severity of harassment and violence</u>. This entails creating safe places. While law enforcement is listed as a potential partner, this item will also require dialogue with neighborhood leaders.
- Work collaboratively, engaging a broad base of stakeholders as architects and builders of violence prevention infrastructure. Mr. Jurman asked if this item was intended as crime prevention through environmental design. Mr. Niles concurred and Ms. Gross added that there are several risk assessments that create a 360° view in the system; crime prevention through environmental design is one of many tools, including OSHA, and the 3 T's, tools technology and training.

Mr. Jurman asked if there were questions regarding the concept of Certified Safe Zones. There were none.

Ms. East commented that it seems the Action Plan requires additional action steps, and that breaking the steps down would lead to more accurate time frames. Mr. Jurman agreed, adding that in terms of identifying best practices or other evidence based programs, additional steps might include reviewing multiple practices, narrowing them down to practices that have succeeded, and determining which ones may or may not be a good fit in different areas of the community.

Ms. Gibson asked about the listed goal, <u>Develop countywide screening process for trauma victims and those impacted by violence (trauma informed approach)</u>. To clarify the objective, it would need to have a timeframe included. Also, based upon the Action Steps, it would seem to be not just a goal to develop a screening process, but a system in general. She suggested either breaking the steps into separate Action Plans with very specific objectives, including all of the steps needed to get to the current steps, or including additional steps and change the objective to be broader and time based.

Ms. Gross responded that the focus is on traits that prevent violence, using a merit scale score. Each component has a return on investment, parameters and sites that have a number of co-efficients related to them that rate the urgency for that site, all tied to a NIMS system, which tie to short term and long term outcomes. These steps are very results oriented.

Mr. Niles acknowledged the action plan presented was lofty in its approach, and that the Committee will rework the plan, breaking the steps down and using data indicators in a systematic way.

Mr. Jurman commented that whenever one does a large systems implementation and group work, it is more comparable with turning a battleship than a speedboat. He added that the Committee may wish to utilize manageable and reportable indicators to reach this objective, such as evaluating multiple software systems that could impact all the different areas of the goal, and deciding what the appropriate recommendations would be for such a system.

Mr. Jurman moved to the next Action Plan ready for review. Ms. Gibson directed the Council to Action Plan, Goal 4: <u>Coordinating Efforts to Maximize Our Impact</u>. She announced Sarah Combs has been elected chair of Maximizing Impact Committee. The Strategy is to coordinate multi-sector initiatives, and in order to do that they decided a create a comprehensive guide map of programs and organizations related to violence prevention which could be distributed to the Leadership Council as well as community partners.

There are seven steps to the Action Plan, the first one is to review existing community resources for violence prevention related services and programs. Ms. Parris provided a comprehensive guide from the Children's Board and the Committee is using staff from the University Area CDC to compile the data into a MS Excel spreadsheet showing existing resources and organizations.

The plan is to build upon the initial comprehensive spreadsheet and eventually produce a final comprehensive document, which could be an Adobe Acrobat .pdf file, or perhaps an interactive map that is posted online.

Mr. Jurman asked if there were any questions or comments. Mr. Jurman added that the Community Foundation has just launched a new web portal, Connecting Tampa Bay, and any nonprofit that files its 990 Tax Return is automatically included in the web portal and mapped on a Google style map. It you look up a certain sector, the map will populate with pins for each nonprofit. It also has a Wikipedia feature, so each nonprofit needs to fill in details of their organization, but at the very least the map is populated with the name of the organization and its core mission. He invited the Committee to use Connecting Tampa Bay as one of their resources.

Ms. East asked that the Children's Board be identified as a potential partner in the first Action Step, since a comprehensive guide from it has been utilized by the Committee. Ms. Gibson concurred.

Action Step 2 would be to have the Leadership Council break into groups at their March 17th meeting and brainstorm main players and services related to violence prevention. Ms. Gibson is working on a short exercise for the session. The Committee Chair, Sarah Combs, will facilitate the brainstorming session. The Committee hopes to generate an additional list of programs and services, even programs that are indirectly related to violence prevention.

Action Step 3 would be to engage the identified programs and services.

Action Step 4 would be to actually create the comprehensive guide map in the preferred form. Then the guide map would be brought before the Leadership Council for comments and suggestions. The final two steps would be to create the finalized map, and distribute the map to the Safe & Sound Hillsborough members.

Ms. East inquired how much time the group would need for the brainstorming exercise, and Ms. Gibson estimated about 20 minutes.

Mr. Jurman recalled that during the Prevention Institute moderation sessions, there was an activity on asset mapping and asked if those notes could be redistributed in order to have an excellent starting point for the Committee's efforts. Ms. East will provide the notes to the committee once she retrieves them from archives.

Ms. Marino suggested asking the organizations to provide their affiliation to violence prevention. Mr. Jurman suggested a definition of the threshold of violence prevention, specific and differentiated from responding to violence, and how the Committee addressing that. Mr. Jurman asked who has the capacity to build an interactive map. Would it be Tampa Police Department? Ms. East suggested touching base with Mr. Robe to get direction. Mr. Hegarty offered some resources within the school district that could assist as well. Perhaps the Community Foundation interactive map may be able to be tweaked to provide a violence prevention map.

Ms. Holt made a motion to approve the Goal 4 – Maximize Impact Action Plan. The motion was seconded by Ms. Parris. Commissioner Beckner asked if there were any further comments or discussion. There was none, and the Leadership Council approved the motion unanimously.

Commissioner Beckner suggested revisiting the Action Plans presented at the January 15th meeting. Ms. Holt moved approval of Action Plan for Goal 2 – Cultivate Community. The motion was seconded by Mr. Harris. Commissioner Beckner asked if there were any further comments or discussion.

Ms. East asked for an update on how the Community Forums were progressing. Ms. Parris was pleased to report that the second forum was held in Town n Country in February. Some issues in common with the forum held in Ybor City are pedestrian safety, unsupervised youth, and unskilled caregivers. There were concerns about older siblings caring for younger ones and bringing them to parks where risky behavior was occurring. The community groups would like to see improvement in the areas of increased opportunities for youth, and after school and summer programs. Other subjects brought up at the Town n Country meeting were drugs, the need to clean up the playgrounds and parks and teen bullying. The last Town Hall meeting will be in December, at which time the Cultivating Community Committee is planning to collate the responses into a report in early 2016 and present to the Leadership Council. They will also meet with youth in a break out session at Grand Nation, a youth conference, and discuss issues that the youth are experiencing.

Commissioner Beckner asked for any other discussion on the motion. There was none and the motion carried.

Commissioner Beckner directed the Council to revisiting the Goal 1 – Family Health and Well Being Action Plan, presented at the January 15th meeting. Ms. Holt moved approval, seconded by Mr. Bridenback. Commissioner Beckner asked if there were any further comments or discussion. Ms. Holt asked if the group had set the date for the Business Round Table luncheon. The date of the luncheon has not been determined, and TBD was noted on the Action Plan. There were no further questions or discussion, and the motion passed unanimously.

Mr. Jurman then spoke to the group about the fifth item on the Safe & Sound Hillsborough First 100 Days checklist, *Plan a community forum to solicit input from the community-at-large on the draft plan; finalize, print & distribute.* Mr. Jurman emphasized the importance of having the Safe & Sound Coordinator hired and presenting the plan to the community. Ms. East concurred that the Safe & Sound Coordinator be leading the community interactions to, in effect, develop the brand of Safe & Sound Hillsborough. Commissioner Beckner clarified the recommendation to defer the roll out of the Strategic Plan and the community forum until hiring of the Safe & Sound Coordinator is completed. Mr. Jurman made the motion, seconded by Ms. Holt. There were no further comments or questions and the motion carried unanimously.

Commissioner Beckner asked Mr. Jurman to update the Leadership Council on the status of the RFQ. Mr. Jurman informed the group that there were no applicants, and that the RFQ Review Committee met and discussed issues that may have prevented qualified agencies from applying. Mr. Jurman talked to some possible candidates asking why they did not apply, and heard a combination of responses, including how much was on their plate already, concerns about infrastructure to carry out the mission and others thought larger entities were pursuing the RFQ. Mr. Jurman asked members to spread the word and stressed our need for an agency that can coordinate and improve existing violence prevention efforts in the community. The Leadership Council members should reach out to nonprofits in the area and let them know the opportunity is still available. Mr. Jurman noted that many nonprofits were interested in working specifically with children, but Safe & Sound requires an organization that can implement violence prevention for children and adult populations.

The RFQ can be advertised again for an additional two weeks, and Ms. East informed the group that she has added the RFQ to the Safe & Sound Hillsborough web page. She asked the members to send the link to

possible candidates. Mr. Jurman moved that the Council postpone the RFQ deadline for an additional two weeks, to March 23. Ms. Holt seconded the motion, which passed unanimously.

Commission Beckner moved to the next item on the Agenda, an update on the progress getting the Interlocal Agreement in place. Mr. Perez recapped the purpose of the agreement for the members, document the financial and in kind commitments of the various participants. A draft was sent out for comments from the participating agencies. Mr. Wagner received five of the ten signed responses. At that time, the State Attorney's Office noticed that its requested changes had not been included. That change, along with a similar change to the Public Defender's method of contribution, has now been incorporated into the documents and the Interlocal has been sent to both agencies for approval. Commissioner Beckner asked if everyone has had an opportunity to review the document so that any further changes should be submitted to Mr. Perez prior to the document being finalized. Mr. Perez clarified that the January 27th version of the Interlocal has been reviewed by all agencies, but the recent version, including changes from State Attorney and Public Defender, will need to be distributed again. Once Mr. Perez hears from the State Attorney's and Public Defender's offices, he will send the revised Interlocal out to the agencies for their second review within a couple of days. He will highlight what has been modified from the first version. Commissioner Beckner emphasized the importance of the Interlocal Agreement as the funding mechanism for the Safe & Sound Hillsborough effort. It is extraordinarily crucial to get the Interlocal Agreement signed and in place as soon as possible, so that funding is in place for the soon to be selected Coordinating Agency to manage. Commissioner Beckner asked that, if the Interlocal must be reviewed by a governing board, please let his office know when the approved signed document can be expected.

ANNOUNCEMENTS

Mr. Jurman updated the group about a recent addiction study that showed if caged rats have a choice between regular water and heroin laced water, they would choose only the heroin laced water until they died. However, the researchers then created a rat "amusement park" cage which had bright colors and lots of activities. The rats in the amusement park cage had an opportunity to be happy, active and engaged, and those the rats consistently chose the regular water and the fun activities over the heroin laced water. From a public health standpoint, improving our communities in ways that create fun and engaging after school activities and foster hope and happiness in the community can have tremendous impact on prevention efforts.

Mr. Jurman also informed the group that The Community Foundation has been focused on post-secondary opportunities and has successfully become one of the 75 cities selected The Lumina Foundation. Partners are USF, HCC, the school district and Helios. The goal of the group is to help individuals connect to some type of post-secondary education or training and their long term goal is to raise the numbers of working age adults with that additional education to 60% by 2025.

Planning phase goals are revealing the interface of the same young men and women who are falling through the gaps are the same young men and women interface for the work of the two groups setting out a different path that does not lead to violence. Commissioner Beckner recalled how the heat maps overlapped with the prison population.

NEW BUSINESS

Commissioner Beckner reviewed the status of the First 100 Days Plan, as follows:

Develop a communications plan for Youth Outreach Survey data and Strategic Plan; Completed

- Develop a budget that provides sustainable funding; secure financial and in- kind commitments from Collaborative partners; <u>Completed</u>
- Develop Hiring Committee to define staff positions, deliverables, salary ranges, hire lead; Completed
- Identify community partners to take responsibility for aspects of the plan; Completed
- Plan a community forum to solicit input from the community-at-large on the draft plan; finalize, print & distribute; <u>Deferred</u>
- Develop Business Committee; <u>Deferred</u>
- Develop a means for USF College of Public Health to evaluate data indicators and deliverables to measure progress; <u>In Process</u>
- Present Interlocal Agreement to Tampa, Temple Terrace and Plant City City Councils, Hillsborough County BOCC, School Board of Hillsborough County for approval. <u>In Process – Target Date to BOCC</u> 3/18/15

Commissioner Beckner thanked the group for its work on this plan and suggested that once infrastructure and agreements are in place, it will be important to circle back to plan community forums and develop a business committee, in addition to considering whether the timelines of the Action Plans are reasonable and appropriate.

Ms. East will be preparing a report to the BOCC using the First 100 Days plan to demonstrate the group's progress. She will provide the members with a draft of the First 100 Days report with the March meeting agenda. She is using the approved meeting minutes to demonstrate what we have done, what we have agreed to, and where we are in the process.

Ms. East recalled for the group that in the meeting packet she included a new distribution list reflecting the reorganization of the subcommittees based upon the Action Plan Committee members. She asked the group to review the list and contact her with any additions, deletions or changes. Also, please check alternates, phone numbers, email addresses, etc.

Commissioner Beckner took the opportunity to welcome the new Chair of the Maximizing Impact Committee, Ms. Sarah Combs and her Vice-Chairman, Mr. Marc Hutek. Mr. Hutek introduced himself to the group. He is currently the Director of Adult and Community Education for the School District of Hillsborough County. He frequently works with 60 sites and subsites throughout the community and works with community organizations, nonprofits and faith based organizations.

Commissioner Beckner then welcomed Ms. Sunny Hall, the new Vice-Chairman for Mr. Niles of the Improving Neighborhoods Committee. Ms. Hall introduced herself as Vice President of Client Services for The Crisis Center of Tampa Bay and believes the Crisis Center has much to offer this violence prevention initiative.

Commissioner Beckner then welcomed Ms. Nicole Hanscom as the new Vice Chairman for the Family Health and Well Being Committee.

Commissioner Beckner welcomed the new members. There were no further questions or comments and the meeting was adjourned at 2:25 p.m.

There is no financial impact to Hillsborough County BOCC as a result of this meeting.

The next scheduled meeting of the Safe & Sound Leadership Council will be:

Tuesday, March 17, 2015 – 1:00pm 24th Floor Conference Room

WHAT'S GOOD FOR HEALTH IS GOOD FOR BUSINESS:



Engaging the Business Community in Prevention Efforts



www.preventioninstitute.org

AUTHORS: Linda Shak, MSW Leslie Mikkelsen, MPH, RD Rachel Gratz- Lazarus, MPH Nicole Schneider, MPH, MCP



I. INTRODUCTION

Poor health is bad for business. The rising cost of health insurance and medical care for workers cuts into companies' ability to make a profit and stay competitive. Workplace productivity is reduced by lost workdays and decreased effectiveness among employees with chronic conditions such as heart disease, diabetes and some kinds of cancer. The exploding cost of caring for retirees and poor and disabled people through the Medicare and Medicaid systems is increasing the tax burden for business and individuals alike. Yet chronic diseases are often preventable, and businesses can help by creating workplace and community environments that encourage healthy behaviors. Across the country, businesses are becoming increasingly aware that improving the health of their employees, their families and their communities at large is good for their bottom line. Healthy workers and healthy communities provide businesses with a competitive edge. 3,4

At the same time, health departments and community-based organizations are working to improve the health of residents and reduce the burden of chronic disease by developing prevention initiatives that make health-promoting changes in the places where people live, learn, work, and play. Communities are taking action to support health through measures such as improving school meal quality, restricting smoking in multi-unit housing, and creating safe bike paths. These changes are essential in communities where residents are less likely to have access to health-promoting factors like grocery stores and safe parks, and more likely to be exposed to risk factors such as diesel truck pollution on heavily traveled streets and advertising for sweetened beverages – trends that are especially prevalent in communities of color and low-income communities.⁵⁻⁷

Businesses have a lot to contribute to prevention efforts. As employers, they have the authority to make changes to work environments that support the health of their employees. Retail establishments, food vendors and restaurants all help influence community norms and have the ability to provide healthier options for community members and customers. Businesses can help change the attitudes of workers and residents, as well as the practices of other business, including their competitors. "When businesses decide to make changes within their organizations, those changes have ripple effects that spread to other companies and institutions," said Mary Balluff of the Douglas County Health Department. Lastly, business leaders often have access to political leaders and other decision–makers and can help build support for community–wide change.

This resource guide is designed to support community prevention leaders as they develop coalitions and engage local businesses in prevention efforts to improve employee and resident access to healthy food, physical activity, and tobacco-free environments. Many prevention efforts have successfully included businesses as coalition members, partners, or leaders in creating change. This resource guide highlights examples of fruitful public health-business partnerships, explores the basis for their success, and provides insights on how to replicate these successes elsewhere. Through a series of interviews with health and business leaders in Columbus, Indiana (Bartholomew County), Nashville, Tennessee (Davidson County), and Omaha, Nebraska (Douglas County), Prevention Institute has identified promising practices and lessons learned that have been effective at engaging businesses. We hope this will provide other prevention leaders with strategies that can help them engage business partners in their own communities in successful prevention efforts.

II. ENGAGING WITH BUSINESSES IN YOUR COMMUNITY

This guide outlines some of the steps involved in forging successful community prevention partnerships with businesses. It is important to note, however, that partnership development is often not linear. It frequently involves an iterative process that leads partners back and forth through various steps as they discover new ways to build and solidify their alliance. To begin, we explore some of the factors that may motivate businesses to engage and what they might hope to accomplish by partnering with community prevention efforts.

Examine the business perspective, motivation and resources

It is important for community prevention leaders to understand the impact businesses hope for by engaging in community prevention efforts, the resources and commitment they can commit, and the benefits they hope to achieve. ¹¹ While businesses typically partner in community prevention efforts to advance a business goal, the specific motivations of any individual business may stem from a range of needs and circumstances that may or may not impact their bottom line directly.¹²

THE BUSINESS CASE FOR HEALTH

- ★ Employer health insurance claims for obesity and related chronic diseases are \$93 billion per year. 8
- ★ In the U.S., full-time employees with chronic disease miss an estimated 450 million additional work days per year compared to healthy employees, contributing to a cost of \$153 billion in lost productivity every year. 9
- ★ Productivity losses related to personal and family health problems cost U.S. employers \$1,685 per employee per year, or \$225.8 billion annually. 10

Potential motivations for businesses to become involved in community prevention efforts include:

- Increasing employee productivity and morale¹²
- Improving employee recruitment and retention¹²
- Enhancing standing as a community leader
- Creating economic development opportunities
- Elevating visibility with the public and political leaders
- Enhancing community relationships¹²
- Improving a community's ability to attract new business and develop a strong workforce

Since these motivations can change over time, it is important to continuously reexamine them and to maintain a process of ongoing dialogue with business partners.

Explore with businesses the ways they can get involved

There are many ways businesses can engage in prevention efforts. Start by having direct and honest conversations with potential business partners about the potential for mutual benefit. Be explicit about goals and expectations moving forward.¹²

A menu of clear, actionable options will allow businesses to choose avenues for engagement that fit their needs, mission, culture, internal ethics, and desired level of interaction with employees, customers, and the larger community. Options also give businesses the flexibility to determine the right level of involvement. Some businesses may want to limit their initial engagement to one particular project or to take part in a pilot program before deciding to deepen their level of involvement; others may be ready to invest larger amounts of time and money.

A MENU OF OPTIONS

Here are a few ways that businesses can support prevention efforts:

Implement health programs and policies that improve the health of employees:

Workplace health programs can have a significant impact on the health of employees, and can trigger profound changes in the culture and environment of businesses. Many adults spend a majority of their waking hours at work or traveling to and from work. Workplace health programs can benefit employees by making healthy changes to the workplace such as food procurement and healthy vending guidelines, lactation accommodation, tobacco-free policies, hosting mobile farmers' markets, creating incentives and building on-site infrastructure that supports workers to walk or bike to work, and providing opportunities for physical activity for workers.

It is important to ensure that worksite health initiatives benefit *all* employees, and not just white-collar workers. When structuring workplace health initiatives, it is critical that businesses understand that not all employees have same amount of disposable income or flexible work time. Successful prevention initiatives should be designed in a way that takes these differences amongst workers into account. Further, businesses should consider changes that make the workplace a healthier setting overall— healthy food in the cafeteria and at meetings, tobacco-free campus policies, and signage and other aesthetic changes to encourage stair use—that benefit all employees within an organization, not just a select few.

BENEFITS TO BUSINESS: Changes like the ones described above can help companies attract and retain qualified employees, reduce absenteeism and lower incidence of chronic disease and healthcare costs.

COMMUNITY EXAMPLE: The Metro Transit Council of Minneapolis worked with public health experts to promote a healthier workplace environment for employees, especially bus operators who tend to work non-traditional hours, take breaks at irregular times, and have sedentary jobs. As a result, many bus operators purchased their meals and snacks at the bus garage vending machines. To promote the sale of healthier options, the transit provider lowered prices of healthy items by 31 percent, while keeping other prices constant, and increased the proportion of healthy foods and beverages so they made up half of the items sold at four of the garages. These changes increased the sales of healthy items by 10 to 42 percent across the four garages. ¹³

Implement organizational practices that support the health of customers: Businesses may also consider adopting organizational practices that promote the health of their customers. These could include making establishments tobacco-free and friendly to breastfeeding mothers, creating healthy menu options at restaurants, healthy check-out aisles at grocery stores, and accessible bike parking. Additionally, establishments that sell foods such as restaurants, corner stores and grocery stores can encourage the consumption of healthier products through pricing and promotion strategies. These practice changes can be particularly effective in underserved areas, where low-income residents or people of color often have less access to healthy food and opportunities for physical activity. Working with businesses can also go hand-in-hand with economic development initiatives designed to improve the overall vitality of communities. One challenge is that businesses serving underserved communities may have a desire to make healthy changes but lack the capital and capacity to do so. For example, in order to begin offering produce for sale, a corner store owner will need skills in purchasing and handling produce as well as special storage equipment to display it. Public health agencies, local government entities or philanthropic institutions can provide financial resources, technical assistance and expertise to help these businesses make changes that will benefit the health of their customers, as well as help gather input from customers about health-promoting improvements they would like to see.

BENEFITS TO BUSINESS: Businesses that invest in these strategies enhance their visibility in the community, improve their reputations, and distinguish themselves from competitors.

COMMUNITY EXAMPLE: Nashville, Tennessee's Healthy Corner Store Initiative enabled five corner and convenience store owners to increase healthy food availability to 118,435 people in four neighborhoods that lack full-service grocery stores or reasonable transit access to nearby full-service markets. [26]. In partnership with the health department and the local community, participating



Nashville residents enjoy increased access to fruits and vegetables through the "So Fresh" campaign.

corner stores increased shelf and cooler space for healthy food including fresh produce, low-fat dairy and whole grain products. This initiative supports local residents to buy healthy food while also helping proprietors increase their sales of healthy products. While two of the stores closed during the implementation period for reasons unrelated to the initiative, the availability and variety of fruits and vegetables increased in the three remaining stores. On average, the three stores carried only three types of fruit and 10 kinds of vegetables prior to the initiative; afterwards, the now stores stock 15 varieties of fruit and 35 kinds of vegetables. The Healthy Corner Store Initiative also serves as a model for partnership between business owners and public health partners at a time when communities across the country are experimenting with different models to engage and sustain the involvement of local store owners. In Philadelphia, almost 500 corner stores participate in a similar initiative, while in Evansville, Illinois, a newly renovated corner store serves over 11,000 African-American residents with fresh healthy produce.¹⁴

Participate in broader community health

initiatives: Businesses may positively impact the health of their community — including their employees and customers — on a wider scale by participating in communitywide wellness and prevention efforts, and donating available time and resources. This might include establishing tobaccofree environments, setting up bike and walking paths, increasing neighborhood walkability and open space, or working with schools to establish nutritional standards and joint-use agreements allowing community use of school playgrounds and other facilities.¹⁵

BENEFITS TO BUSINESS: These types of investments help improve communities, making them more vibrant and attractive to a broader pool of potential employees, businesses and tourists. In this model, community development leads to economic development by making an area more diverse and economically dynamic.

COMMUNITY EXAMPLE: Bird Rock, a community in San Diego, California, brought together community residents and local businesses to improve their business district. Organizers held a series of community meetings involving all stakeholders and examined the walking patterns and needs of residents. This process led to a decision to install new roundabouts and safety features, creating a more walkable community for residents and employees. According to the National Complete Streets Coalition, "a survey of tax receipts among 95 businesses along the corridor reflected a 20 percent boost in sales after these new features were implemented." 16

Play a leadership role in community prevention groups or partnerships:

Businesses can take part in health and prevention partnerships that involve representatives from public health agencies and community organizations by contributing their expertise and leadership skills to help shape the vision, direction and priorities of the effort. Examples of coalitions include food policy councils, healthy business coalitions, and chronic disease–prevention collaboratives. By participating in this way, businesses can catalyze wider support for healthy

initiatives in the business community. The changes made by one business may create models that other businesses can follow. When considering which businesses to include in the decision-making body of a coalition, it is critical to select businesses with values that align with those of the coalition. Businesses that have a vested financial interest in products or services that are harmful to health may not be well suited for a direct leadership role or as a formal member of a coalition.

BENEFITS TO BUSINESS: By serving as a coalition member, businesses can demonstrate their leadership within the community, expand their connections, generate favorable publicity for their business and the coalition and improve their image and standing in the community.

COMMUNITY EXAMPLE: Columbus, Indiana, home to 44,000 residents and two Fortune 500 companies, has a long history of bringing together stakeholders to solve complex issues. The Columbus Area Regional Hospital's Reach Healthy Communities initiative (Reach) and the Chamber of Commerce built on this history by developing a partnership that addressed community health concerns related to chronic disease. "Stakeholder involvement is in the DNA of the community, so it was easy to plug right in (to existing prevention efforts)," says Jack Hess, president of the Chamber of Commerce in Bartholomew County. [22] Together, Reach

and the Chamber recognized that most Chamber members were small businesses with fewer than 10 employees and weren't providing their employees with workplace wellness programs, healthy meals or exercise facilities comparable to those offered by larger businesses. Reach and the Chamber brought small businesses to the table and raised framed the issue as a fun and engaging challenge to small businesses. To provide incentives for participation, Reach and the Chamber launched the Kenko (meaning "health" in Japanese) Challenge, a 12-



In Bartholomew County, Indiana, bike with the CEO events encourage workplaces to support physical activity and team spirit.

week team-based contest aimed at starting wellness programs that would create healthy changes in the workplace. Now an annual event, the Kenko Challenge uses friendly competition to encourage businesses to institute changes that increase personal health awareness, improve nutrition, increase physical activity, and create a healthy work environment.

III. DETERMINING WHO TO ENGAGE WITHIN THE BUSINESS COMMUNITY

Community prevention leaders can collaborate with a wide range of business operations including small locally owned businesses, non-profit employers, and larger Fortune 500 firms (see text box on page 6). Leaders can also engage with businesses indirectly through local business groups or associations, such as the Chamber of Commerce¹¹, and other business-oriented, ethnic organizations that reflect community diversity, such as the Hispanic Chamber of Commerce, Black Chamber of Commerce, or Korean

Grocers Association. Decisions about which organizations to engage and how best to engage them may be influenced by the "size, structure and function" of the business, all of which impact the ways that business may contribute to the coalition partnership, and what that business gains from its involvement. Additionally, community prevention leaders should consider which types of businesses have an influential role in their community and are trusted among community residents. Partnerships with small, locally-owned businesses may center on local or regional community health initiatives, while larger

BUSINESSES AND EMPLOYERS TO CONSIDER INVOLVING IN COMMUNITY PREVENTION INITIATIVES:

- Chambers of commerce
- Grocery stores or corner stores
- Restaurants
- Health insurance companies
- Retail stores
- Banks
- Bicycle and other sports stores
- Hotels
- School systems and universities
- Hospitals and healthcare providers
- Local and state government
- Convention centers

business partners may leverage their resources and relationships to support broader regional or statewide health changes.¹¹

Before reaching out to potential business partners, organizations engaged in community prevention efforts should clarify their own internal priorities, assets and unmet needs to determine how the participation of a business might best assist community prevention efforts and which business partners would be most helpful.¹¹ It is also important to reflect on the values of the organization or coalition and those of the potential business partners, to be certain they are broadly aligned. One way to frame thinking in this area is to assess a business according to the Triple Bottom Line of profits, treatment of people, and impact on the planet. An additional, fourth element should be included as well: the potential impact of a particular partnership on the overall reputation of the community prevention effort.

The concept of a Triple Bottom Line approach expands the traditional bottom line of **profits** and losses by adding two additional "P's," **People**, or the business' social responsibility, and **Planet**, or environmental responsibility (See chart on page 7).

Community prevention leaders can begin to answer these questions by talking with their network of colleagues or friends who may be familiar with the potential business partner, reading its website, or scanning newspaper archives for mentions of the business. Based on this initial research, prevention leaders may decide to meet with potential business partners to learn more about their values and to determine whether a partnership is likely to be mutually beneficial.

IV. BUILDING RELATIONSHIPS AND RECRUITING BUSINESSES

Effective health-business partnerships are built on strong, trusting and mutually beneficial relationships. ^{12,18} After assessing internal needs and identifying potential business partners, community prevention leaders can begin reaching out to businesses by leveraging existing relationships, identifying motivated leaders in the business community, and initiating partnerships early to increase business investment in health initiatives.

Consider a Broad Range of Stakeholders

Inviting a broad range of business partners to the table can significantly strengthen the foundation of community prevention efforts, as long as the coalition members agree broadly about values and strategies. In Douglas County, Nebraska, the board of directors of *Live Well Omaha* includes leaders from several non-health businesses including Valmont Industries, (a company that develops infrastructure products) the Chamber of Commerce, Union Pacific Railroad and an accounting firm.

Leverage existing relationships

Existing partners can examine their networks to identify potential business partners. In some communities, collaborative efforts between public health and business are built on a history of local public-private partnerships. In Bartholomew County, Indiana, and Omaha, Nebraska, community prevention leaders found it was easy to engage businesses in their efforts because there was a long history of public-private collaboration in economic and community development.

CONSIDERING THE TRIPLE BOTTOM LINE

PROFITS: Consider the products, services, and activities from which the business derives its profits.

Determine if the major profits of a business are the *direct or indirect* result of products, services, or activities that are harmful to the health, equity, safety and wellbeing of the public. Analyzing the *activities* a business partner engages in to maintain profits and market share is also of great importance.

- From what products, services, and activities does the business derive its profits?
- Do the products, services, and activities of the business have a beneficial, harmful or neutral impact on community health, equity or safety?
- Does the business specifically target certain populations with their unhealthy products (e.g. children, low-income people, communities of color, the elderly, immigrants and/or LGBT communities)?

PEOPLE: Consider how and what the business does to invest in the health, safety and wellbeing of its own workforce and that of surrounding communities.

Consider if and how a business contributes to building social capital through its internal and external practices by investing in the physical, mental, social and financial health of its workforce and the surrounding community.

- What are the business' labor practices, including: provision of living wages, health coverage, safe working conditions, non-discriminatory hiring practices, unions?
- How does the business engage in the active recruitment and engagement of different groups, including women, people of color, people with disabilities, and LGBT workers?
- How does the business emphasize prevention for its employees including workplace wellness policies and ergonomic working conditions?

PLANET: Consider the overall environmental impact of the business.

Explore whether the business protects or depletes the natural environment and by extension, community health.

- What are the environmental impacts of the business from its facilities, energy use, supply chain, and manufacturing?
- · What is the business doing to mitigate or repair any harm it may cause to the natural environment?
- Does the business follow the same environmental standards domestically and internationally?

REPUTATION: Consider the impact a partnership may have on your coalition's reputation and standing.

Investigate the overall reputation that a particular business partner may hold within the broader community and consider the potential impact on your organization's reputation and credibility. Simply put, would the involvement of a particular business elevate your coalition's standing in the community or is there a conflict of interest between your coalition's mission and the activities and products of the business?

- Would a partnership with this business in any way compromise the credibility of your coalition and/ or broader health and safety goals?
- Would a partnership advance the credibility of your community prevention efforts?

Framework adapted from: Prevention Institute's Working Document Think it Through: Considerations for navigating partnership and funding offers from for-profit businesses

Identify appropriate contacts within each business

Begin by identifying the most appropriate contact person within a business. 11 The local Chamber of Commerce may be able to help you identify the best contacts at a particular business, and may also help promote your effort to build an alliance. Start by reaching out to a company's wellness director, head of the human resources department, or public relations representative. For larger chains, inquiries are typically initiated at the corporate headquarters, while smaller, locally-owned businesses usually have more flexibility. Working with small businesses may require community prevention leaders to connect directly with business owners. Having a mutual contact make introductions to business leaders is often the most effective way to initiate business partnerships. It is important to be tenacious and patient in approaching potential business partners, as many businesses need to juggle complex priorities and are accountable to the needs of multiple stakeholders. Business owners and executives may also be concerned about their reputation or unfamiliar with the business value of prevention. 11,12,18 It may take time to build trust and for business to integrate new prevention strategies into existing business priorities.

Initiate business partnerships early in the formation of prevention efforts to increase investment

Early involvement allows business partners to participate in the learning process, to help develop the goals and vision of a coalition or initiative, and to invest in appropriate and realistic prevention solutions. Too often, community health initiatives do not involve businesses at all or only invite participation after an effort has been launched and businesses may be reluctant to participate if they have not been a part of shaping the initiative from the early stages. Engaging businesses during the initial assessment of community health problems may also encourage them to apply their understanding of prevention to a local scenario and contribute their creative expertise in generating solutions.

V. MAKING THE CASE TO BUSINESSES

There is a powerful case to be made about the important role businesses can play in improving community health *and* their own reputation, standing and bottom line by partnering in prevention efforts. When businesses actively participate in prevention efforts, important benefits can flow to the community and to businesses, their customers and employees. Making the most effective case to businesses requires carefully crafting your messages, finding the right messenger, and considering the timing and context of messages.

Framing the Business Case

Some business will immediately understand the benefits of participating in prevention efforts or instituting workplace health initiatives; others will need more persuasion in the form of well-crafted, convincing messages that appeal to the interests of the business.

Since business leaders may have limited time, energy and resources to dedicate to new projects, it is imperative that prevention leaders make a strong case for how involvement will benefit the business or employer. Businesses tend to be more responsive when they can identify tangible benefits such as productivity gains, decreased health care costs, increased product consumption, new opportunities for economic development, and improved public perception. On the next page, we provide talking points that community prevention leaders can use as they make the case to business partners. In addition to the suggested talking points, specific local data can help make the case to business. A business partner may be interested to learn about national statistics, but the message will have even greater relevance if community prevention leaders can demonstrate directly how the issue is impacting the local community, business, employees and industry.

- *Chronic diseases related to unhealthy food options, tobacco products and lack of physical activity are one of the biggest drains on our nation's economy. Businesses often pay the price for poor health:
 - In the U.S., full-time employees with chronic disease miss an estimated 450 million additional work days per year compared to healthy employees, contributing to a cost of \$153 billion in lost productivity every year.⁹
 - Sick days and lost productivity cost US businesses \$344 billion every year, and these costs are continuing to rise.²
 - Small businesses are projected to lose \$52.1 billion in profits, \$834 million in wages, and 178,000 jobs over the next ten years due to health care costs.

* Prevention saves money and lives:

- Every dollar invested in building healthy communities reduces the burden and demand on our health care system, and ensures that more people will be healthier and productive for longer periods of their lives.
- Seven of ten deaths among Americans each year are caused by chronic diseases such as heart disease, cancer, stroke and diabetes—diseases that could be prevented.²⁰ These same chronic diseases account for more than 75 percent of our nation's health care spending.²⁰
- Community prevention dollars are working right now to alleviate some of these soaring costs—and are improving health at the same time. A five percent reduction—just in diabetes and high blood pressure rates—would save our country as much as \$24.7 billion a year.²¹

* The same community changes that benefit our health also benefit our businesses and the local economy:

 Bike paths, pedestrian walkways and smart public transit make it easier and faster for people to frequent local businesses, and can help attract new customers. Businesses in the Bird Rock neighborhood of San Diego, California, partnered with community "The two biggest costs grabbers for any business today are both health related—and that's health insurance increases, but also the loss in productivity based on the treatment of health-related disease, such as employee absenteeism. The bottom line is this: a healthy community is one in which companies want to locate, businesses want to grow and expand, and the best workforce in the world wants to live."

Jack Hess Columbus Area Chamber of Commerce President Columbus, Indiana

residents to improve their business district. New roundabouts and safety features made the community more walkable for residents and increased local business revenue by 20 percent.¹⁶

- Healthier corner store initiatives provide direct resources to local business owners to assist with equipment upgrades and publicity for their stores and products, helping to attract new customers.
- Farm-to-school programs ensure that our kids are eating local foods, from local farmers, prepared right where we live. Instead of shipping food in from out-of-state or out of the country, our local farmers and the local economy benefit.

* Worksite health initiatives reduce treatment costs and improve health:

- Medical costs fall by about \$3.27 for every dollar spent on worksite wellness initiatives; absenteeism costs fall by approximately \$2.73 for every dollar spent.⁴
- A University of Michigan study demonstrated that workplace wellness programs have longterm health and cost-saving benefits, saving one company \$4.8 million in employee health



Employees at UNO Environmental Services in Omaha, Nebraska take a walking break during the work day.

and lost work time costs over nine years. ²² Many companies (such as Caterpillar, 3M, Dell, and Home Depot) have instituted multifaceted programs to improve the health of their employees and have shown savings — both in terms of health care costs and worker productivity.

It may also be helpful to emphasize additional community or business priorities and values that may not be directly related to health. Jack Hess, president of the Chamber of Commerce in Bartholomew County, Indiana, called the business community to action by emphasizing the importance of local efforts. "While the structure of healthcare may be determined at the federal level, the spirit of healthcare is determined at the local level," he said. "It's up to us to figure it out, to get the spirit right." Lead agencies will need to determine individually which messages will be most effective in reaching potential business partners.

Find the Right Messenger

Be strategic in identifying from among your allies the people who can most effectively reach out to a particular business, or to the business community at large. In some cases, businesses may be more receptive to message and messengers from outside the health sector. Business leaders are often very effective at recruiting participation from others in the business community, while elected officials can lend credibility to prevention work and pave the way for more effective partnerships. In Nashville, for instance, the Healthy Nashville

Leadership Council used the mayor as the primary spokesperson for its community health efforts. In Omaha, the executive director of the Chamber of Commerce has been the "master of ceremonies" for each celebration of the local Live Well Omaha initiative and has been an effective voice for linking health efforts to the economic development of the community.

Consider the timing and political context of messages

The political, economic, and social climate may bolster or detract from a particular community prevention effort's messaging campaign, making businesses more or less receptive to participating. Successful community prevention efforts consider this context, and are able to strategically position their health initiatives in response to social events or legislation. Some use these events to emphasize the time-sensitive nature of participation in community prevention initiatives, conveying to businesses that *now* is the best time to support needed health changes. In Nashville, for example, the NashVitality initiative's "Breastfeeding Welcomed Here" campaign was coupled with a change in state legislation in 2011 that strengthened the State's law regarding breastfeeding in public. This shift in the political climate increased the receptivity of local businesses and institutions to participate in the campaign.

VI. GETTING DOWN TO BUSINESS: WORKING IN PARTNERSHIP WITH BUSINESS STAKEHOLDERS

Business leaders and those working to advance community prevention often share many goals, such as a thriving economy, or a vibrant community character. Finding common approaches to advance community prevention and business objectives simultaneously requires honest and open conversation from the start. It is important for partners to be transparent about their intentions, and to anticipate and manage differing perspectives. While business, health and public health sectors often bring unique assets to these partnerships, they may also have differing understandings of how prevention work should be approached and varying definitions of success. It is

critical to understand the interests, commitment, and perspectives of each party in the coalition, and to set realistic expectations for participation. To be effective, partners must begin by articulating a shared mission and common goals. ^{10,12}

Define roles and expectations for all partners

Successful partnerships or coalitions require explicit conversations and agreements about what the partnership will look like and the roles and expectations of each partner. 11,12 When beginning a new partnership, it is critical to clearly frame the project, ensure that the needs of all partners are met, and outline the commitments of each partner (financially and otherwise) in order to increase the likelihood of success. This stage is particularly important since businesses and public health professionals may be working on different timelines. Businesses tend to measure results in quarterly reports, while the long-term goals of community prevention efforts can take years to accomplish. To clarify roles and expectations, community prevention and business leaders may want to formalize their partnership through a memorandum of understanding.

Examining differences and understanding shared values

While collaboration can be fruitful, they also pose challenges. Businesses and health organizations may differ in their goals, language, culture, values and decision-making processes. ^{11,12} Some potential differences include:

- Businesses typically aim to further a bottom line while community prevention efforts work to advance an established mission.¹¹
- Businesses typically value "efficiency and streamlined processes" while community prevention coalition values often lean toward collective decision-making and consensus processes.^{11,12}
- Business leaders may have reservations about a coalition's capacity to meet established deliverables and may perceive coalition partnership as a business risk. Lead agencies in community prevention efforts

- may be concerned about the motivations of businesses, and may see business involvement as a largely symbolic gesture to earn positive public attention.¹²
- Businesses, city agencies and community groups may have very different organizational cultures and values. To community prevention leaders, business language may sound direct and abrupt.¹¹ Community prevention lead agencies may carry anti-business sentiments which will need to be recognized, and will need to learn the language of business.¹² Additionally, the same word or acronym may have completely different meanings for business and health stakeholders. For instance, a business stakeholder may use the term "CDC" to refer to community development corporations while health stakeholders tend to think of CDC as the Centers for Disease Control and Prevention, a national government public health agency. Given the range of potential differences, it is important for community prevention leaders and business partners to understand their differences, and identify their shared values. In many cases, this mutual understanding of priorities can become a partnership's greatest asset. Additionally, communication is critical for a strong partnership; it is important to be explicit with language and avoid jargon.

Use Public Recognition to Encourage Businesses to Participate

For businesses, public recognition can be a significant incentive to take part in community prevention efforts. In Omaha, for example, the *Live Well Omaha* coalition placed an ad in the local newspaper recognizing the 400 business partners that made changes in the workplace to promote employee wellness. The advertisement attracted 30 additional businesses to contact *Live Well Omaha* to find out how they could get involved. Other forms of recognition include positive healthreport cards, business awards, being honored at a public event, or promotional decals to display. Branding campaigns that use high-visibility print ads, billboards, websites or television spots can also encourage businesses to participate. In Nashville,



In Omaha, stakeholders across sectors gather for the Partners for a Healthy City Rally to celebrate their shared commitment to implement at least one organizational change to support physical activity or improved access to healthier food and beverage choices.

the Mayor's "NashVitality," branding campaign catalyzed citywide participation in prevention efforts to expand opportunities for physical activity and nutrition. As a result, local corners stores are highly active in Healthy Corner Store initiatives, proudly displaying their hard-earned NashVitality logo in store windows, while increasing access to nutritious food in low-income neighborhoods throughout the city.

Encourage businesses to engage employees, patrons and community members in shaping successful health initiatives

Business leaders can partner with employees to create culturally relevant and engaging workplace wellness programs and policies. Retail establishments and other businesses that serve the community can communicate with local residents to learn about their priorities for products and services. For example, a business in an urban industrial setting might engage local residents in public art activities, tree-planting or improved street-lighting projects in order to revitalize economic activity, enhance safety, and promote walkability. Corner stores in low-income neighborhoods might increase healthy food access by working with residents to identify affordable, nutritious and culturally-appropriate produce they could sell. Community prevention leaders can help businesses set health initiatives up for success by continually posing the question: "What would residents like to see?"

Encourage business creativity in generating innovative solutions to promote health

Many businesses are proud to be innovators and value ingenuity. Community prevention efforts can help to encourage and foster these values in businesses that want to "do good" and give back, either within their own workplace or within the broader community. In Omaha, businesses played a huge role in transforming the riverfront to become "the front door of Omaha." In the 1990s, when city leaders were trying to enhance the city's image, businesses contributed financially and provided the political will to make change happen. "We realized if we were going to make a change that impacted the health of the community, we needed business at the table," said Mary Balluff of the Douglas County Health Department.

Address cultural differences, tensions and distrust

Business and public health partners can minimize and resolve conflict that may arise in the partnering process by maintaining and prioritizing open, honest and respectful dialogue. Ongoing direct communication and transparency among partners can enhance trust and support strong working relationships. The lead agency of any community prevention initiative should be sure to follow through on all correspondence and tasks to help secure trust and demonstrate credibility and reliability.¹⁸

Provide technical assistance and support to businesses as they make health a priority

Businesses may require assistance in getting started with prevention work, and public health professionals can provide technical support to businesses as they develop new practices and policies. In Nashville, for instance, the health department supported businesses engaged in the Healthy Corner Store Initiative by educating store owners about local health disparities and increasing awareness about the connection between business practices and food access. They also worked with store owners to identify which products could be considered "healthy," and increased the availability of those products to local consumers.

VII. SUSTAINING BUSINESS INVOLVEMENT

Regardless of a partnership's length, effective crosssector collaboration requires consistent effort to sustain the involvement of all partners over time. The following steps may help the partnership endure.

Share successes and ensure they're made visible

Early success suggests forward movement and can inspire deepened and ongoing business involvement. They should be highlighted through a range of media outlets and communitywide events, and may even encourage new business partners, as well as other sectors, to participate.

Establish a range of short and long-term goals

Health statistics do not change overnight, though businesses may want to see significant changes within short timelines in order to justify their investment and maximize their return. 12 To increase success in meeting the goals of all coalition partners, define short-term and intermediate outcomes, in addition to more long-term projects. Absenteeism reductions, morale improvements, productivity gains, and culture changes at the worksite can all be seen in relatively short order as a result of workplace health programs. These outcomes can help sustain investment until longer-term healthcare cost changes can be measured.

Help businesses succeed at prevention

Community prevention leaders can develop a toolkit of health resources to support businesses in implementing their own healthy community initiatives, as well as provide training and technical support to build the capacity of business partners to advance prevention efforts in the future.

Encourage business partners to institutionalize their changes

Success breeds success—and makes people want to sustain it. When community prevention efforts bear fruit and businesses see their employees become healthier, it may encourage them to make permanent changes or to take health initiatives used in one workplace and bring it to others. Community prevention leaders can support businesses in this process by helping to design initiatives that can be sustained over time, as well as providing technical assistance, mentoring, or resource development. 13 Institutionalizing business involvement was at the forefront for Bartholomew County's Reach initiative. "As we were looking at sustainability, we had had great involvement and response from businesses, yet no one 'owned' the work in a way that it could continue to support business," said Beth Morris of Columbus Regional Hospital in Columbus, Indiana. Eventually, the local Chamber of Commerce agreed to provide continued leadership on a workplace-wellness business initiative and to continue to engage businesses in worksite wellness activities.

VIII. CONCLUSION

The business community can play an important role as a partner in health initiatives aimed at changing community environments by reducing exposure to tobacco smoke, promoting physical activity, and increasing the availability of healthy foods and beverages. Community prevention initiatives have already demonstrated that health and business partners can work hand-in-hand to promote healthy communities, advancing both public health and business objectives at the same time. Now is the time for prevention leaders to intensify this effort and deepen their partnerships with business. The reward will be a more vibrant economy, a thriving workforce and a truly healthy nation.

ACKNOWLEDGEMENTS

This tool was developed with support from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Prevention Institute would like to acknowledge the commitment and leadership of the dedicated community health coalition and business leaders who contributed their experience and insight to the development of this resource guide:

MARY BALLUFF Douglas County Health Department Omaha, Nebraska

JACK HESS

President, Columbus Area Chamber of Commerce in Columbus Bartholomew County, Indiana

ELIZABETH MORRIS Columbus Regional Hospital in Columbus Bartholomew County, Indiana

TRACY BUCK Metro Public Health Department Nashville, Tennessee

PHOTO CREDITS Cover: Far left photo-Reach Healthy Communities, Page 4: Nash Vitality Campaign, Page 5: Reach Healthy Communities, Pages 10 and 12: Douglas County Putting Prevention to Work

DISCLAIMER Users of this document should be aware that every funding source has different requirements governing the appropriate use of those funds. Under U.S. law, no Federal funds are permitted to be used for lobbying or to influence, directly or indirectly, specific pieces of pending or proposed legislation at the federal, state, or local levels. Organizations should consult appropriate legal counsel to ensure compliance with all rules, regulations, and restriction of any funding sources.

PREVENTION INSTITUTE is a non-profit, national center dedicated to improving community health and wellbeing by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development. This and other Prevention Institute documents are available at no cost on our website.

RESOURCES

<u>CDC's Workplace Health Promotion website</u> provides information, tools, resources, and guidance to practitioners interested in establishing or enhancing workplace health and safety programs.

Partners for a Healthy Community is a website developed by Live Well Omaha and provides a range of resources developed for businesses to use as they make changes to the workplace setting.

Developing Effective Coalitions: The Eight-Step Guide takes advocates and practitioners through the process of building, nurturing, sustaining and evaluating coalitions.

<u>Collaboration Multiplier</u> responds to the unique needs of multi-disciplinary collaborations; this tool provides organizations from diverse disciplines with a framework for understanding each other's perspectives and delineating strengths and gaps in their partnership.

<u>The Tension of Turf: Making it Work for the Coalition</u> moves beyond the coalition start-up process to provide techniques for dealing with a phenomenon commonly witnessed within coalitions: turf struggle-and provides a set of recommendations for limiting the negative aspects of turf.

<u>Community Health Partnerships: Tools and Information for Development and Support</u> provides guidelines and lessons learned for public health professionals and businesses interested in working in partnership. Developed by the National Business Coalition on Health and the Community Coalitions Health Institute. <u>Healthy Corner Stores Network</u> supports efforts to increase the availability and sales of healthy, affordable foods through small-scale stores in underserved communities.

<u>www.Jointuse.org</u> provides resources for those working to create safe places for community residents to play and be physically active. By working together and forging joint solutions, physical activity, parks and recreation, transportation, business, and education advocates can transform neighborhoods and improve physical activity environments for children and adults.

<u>CDC's Community Transformation Grants</u> supports state and local government agencies, tribes and territories, nonprofit organizations, and communities across the country. Awardees are engaging partners from multiple sectors, such as education, transportation, and business, as well as faith-based organizations to improve the health of their communities' approximately 120 million residents.

<u>CDC's Division of Community Health</u> is one of nine divisions within the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). DCH is committed to strengthening community-level health efforts throughout the nation and helping communities prevent disease and promote healthy living. The Division's efforts place special emphasis on reaching people who experience the greatest burden of death, disability, and suffering from chronic diseases and other chronic conditions.

<u>CDC's National Healthy Worksite Program</u> is designed to assist employers in implementing science and practice-based prevention and wellness strategies that will lead to specific, measureable health outcomes to reduce chronic disease rates.

REFERENCES

- 1. Partnership to Fight Chronic Disease. The burden of chronic disease on business and U.S. competitiveness. 2009 Almanac of Chronic Disease 2009.
- 2. Integrated Benefits Institute. Poor Health Costs U.S. Economy \$576 Billion According to the Integrated Benefits Institute. 2012; http://www.ibiweb.org/UserFiles/File/Poor%20Health%20Costs%20US%20Economy%20576%20Billion.pdf. Accessed February 1, 2013.
- 3. Simon PA, Fielding JE. Public health and business: a partnership that makes cents. Health Affairs. 2006;25(4):1029-1039.
- 4. Baicker K, Cutler D, Song Z. Workplace wellness programs can generate savings. Health Affairs. 2010;29(2):304–311.
- 5. Bell J, Lee M. Why Place and Race Matter. 2001. http://www.policylink.org/atf/cf/%7B97c6d565-bb43-406d-a6d5-eca3bbf35af0%7D/WPRM%20FULL%20REPORT%20%28LORES%29.PDF. Accessed January 10, 2013.
- 6. Yale Rudd Center for Food Policy & Obesity. Sugary Drink F.A.C.T.S. (Food Advertising to Children and Teens Score). 2011.
- 7. Powell LM, Slater S, Chaloupka FJ. The relationship between community physical activity settings and race, ethnicity, and socioeconomic status. Evidence-Based Preventive Medicine. 2004;1(2):10.
- 8. Centers for Disease Control and Prevention. Worker Productivity. 2011; http://www.cdc.gov/workplacehealthpromotion/businesscase/reasons/productivity.html. Accessed October 18, 2012.

- Witters D, Agrawal S. Unhealthy U.S. Workers' Absenteeism Costs \$153 Billion. 2011; http://www.gallup.com/poll/150026/unhealthy-workers-absenteeism-costs-153-billion.aspx, Accessed October 18, 2012.
- 10. Stewart WF, Ricci JA, Chee E, Morganstein D. Lost productive work time costs from health conditions in the United States: results from the American Productivity Audit. Journal of Occupational and Environmental Medicine. 2003;45(12):1234–1246.
- C-Change. Engaging businesses in comprehensive cancer control coalitions: The value proposition for comprehensive cancer control. 2001.
 http://c-changetogether.org/Websites/cchange/images/CCC%20Toolkit%20Page/Toolkit_Final_for_Website.pdf. Accessed October, 15, 2012.
- 12. Rosenblum E.The art of effective business & non-profit partnerships: finding the intersection of business need and social good. 2005. http://www.cvworkingfamilies.org/system/files/ArtofEffectivePartnerships.pdf. Accessed October 15, 2012.
- 13. French SA, Hannan PJ, Harnack LJ, Mitchell NR, Toomey TL, Gerlach A. Pricing and availability intervention in vending machines at four bus garages. Journal of occupational and environmental medicine/American College of Occupational and Environmental Medicine. 2010;52(Suppl 1):S29.
- 14. Trust for America's Health. CPPW success stories by state. 2012. http://healthyamericans.org/health-issues/wp-content/uploads/2012/01/CPPW-Success-Stories-1-20-12.pdf. Accessed October 15, 2012.
- 15. Webber A. Businesses as partners to improve community health. American Journal of Preventive Medicine. 2011;40(1):8.
- National Complete Streets Coalition. It's a safe decision: complete streets in California. 2012. http://www.smartgrowthamerica.org/documents/cs/resources/cs-in-california.pdf. Accessed October 12, 2012.
- 17. Finkelstein EA, Burgess SM, Hale BC. The costs of obesity in the workplace. Journal of Occupational and Environmental Medicine. 2010;52(10):971.
- 18. National Business Coalition on Health and the Community Coalitions Health Institute. Community health partnerships: Tools and information for development and support. http://www.nbch.org/NBCH/files/ccLibraryFiles/Filename/00000000353/Community_Health_Partnerships_tools.pdf. Accessed October 15, 2012.
- 19. Small Business Majority. The Economic Empact of Healthcare Reform on Small Business. 2009. http://www.nbch.org/NBCH/files/ccLibraryFiles/Filename/00000000353/Community_Health_Partnerships_tools.pdf. Accessed February 1, 2013.
- National Center for Chronic Disease Prevention and Health Promotion. Chronic Diseases: The Power to Prevent, the Call to Control. 2009. http://www.cdc.gov/chronicdisease/resources/publications/AAG/pdf/chronic.pdf. Accessed February 2, 2013.
- 21. Ormond BA, Spillman BC, Waidmann TA, Caswell KJ, Tereshchenko B. Potential National and State Medical Care Savings From Primary Disease Prevention. American Journal of Public Health. 2011;101(1):8.
- University of Michigan. Workplace wellness plan saves money over the long-term, new study shows. ScienceDaily. 2010. http://www.sciencedaily.com/releases/2010/08/100818151824.htm. Accessed February 1, 2013.