Arts Organizations & Public Health

Developing Relationships and Programs
to Address Local Health Priorities

Partners for Livable Communities

About Partners for Livable Communities

Partners for Livable Communities (Partners) works to improve the livability of communities by promoting quality of life, economic development, and social equity through technical assistance, leadership training, workshops, research, and publications. Using these tools, Partners helps communities and their many institutions envision bold futures and unleash vital new resources to build public-private coalitions that, in combination, strengthen communities, their economies, and their social capital.

Partners for Livable Communities has a long and distinguished history in the use of arts and culture, heritage, design, and the humanities to assist people in reclaiming their neighborhoods. Partners was founded as a direct outcome of a national conference on inner-city neighborhoods, hosted by the National Endowment for the Arts in New York City in 1975. Urged by then-NEA chair Nancy Hanks, a consortium of conferees concerned with livability and the built environment became incorporated in August 1977. Robert H. McNulty served as organizer-strategist in the creation of the organization, and continues as the President of Partners today.

Since its founding in 1977, Partners has employed a cultural community-building strategy by connecting the needs of neighborhoods more closely with libraries, schools, churches, parks, and community-based arts centers. These institutions and programs hold significant roles for addressing the needs of under-served communities. Partners views the arts and culture as key resources in the toolkit of community development leaders everywhere.

In 1993, Partners began the extensive developmental program *Culture Builds Community*, which aims to systematically place cultural assets within the portfolio of community development efforts. The program began in New York City under the sponsorship of The Citigroup Foundation with Citigroup organizations. It expanded to work with the Enterprise Foundation, the Neighborhood Reinvestment Corporation, the William Penn Foundation, the Ford Foundation, and others. Nationwide in scope, the program gave rise to the publication *Culture Builds Communities*.

The Ford Foundation engaged Partners in a new exploration of the role of arts and culture in community development to create the *Shifting Sands Initiative* in 2002, a program on the Arts, Culture, and Neighborhood Change. Partners has built its reputation on recognizing community trends and developing innovative strategies to take advantage of them. The opportunity to integrate knowledge of community development, and the arts and culture with the many issues found in transitioning (*Shifting Sands*) neighborhoods was ideal for the organization. Throughout Partners' involvement in this topic area, the organization has not only shared its experiences, contacts, and knowledge, but has expanded its expertise in new ways that the organization will continue through the *Culture Builds Community* portfolio. ■

Table of Contents

Above photos: (left) **Nuestras Raíces**: Youth planting in the community garden; (middle) **Mural Arts Program**: The Evolving Face of Nursing; (right) **Nuestras Raíces**. Teens evaluating project goals.
Cover photos: (left) **The National Museum of Mexican Art**: Día del Niño Festival; (middle) **The Queens Museum of Art**: Healthy dish from Heart of Corona Cookbook; (right) Picture provided by Partners for Livable Communities

Introduction

The fields of arts in education and arts in healthcare are vast and rich in data, reports, and guides. It has been made clear through numerous studies and daily practice that the arts are a valuable tool for educating, bringing people together, and healing. The arts can also play a valuable role in preventative care and wellness through public health campaigns carried out by arts organizations at the city and neighborhood levels.

Over the course of seven years, Partners for Livable Communities collaborated with the Ford Foundation on an initiative known as *Shifting Sands: Arts, Culture and Neighborhood Change*. The core of this initiative was a collective of nine community-based arts and cultural institutions working to become more integrated with the community development issues in their immediate neighborhoods.

As an integral part of working with their neighborhoods, each arts organization used community engagement to determine the most critical local issues, and how their arts resources could aid in addressing those issues. Serving as a demonstration of key issues, three of the nine organizations earmarked local health, nutrition, and foodways as points of intersection; two of the three organizations were traditionally rooted in the arts with no background in health. Each organization reached out to critical health and community partners to put together effective partnerships revolving around health outcomes in the community.

One organization, the Queens Museum of Art in New York, partnered with a local health center and provided health screenings at a series of outdoor neighborhood festivals. As a result, over 1400 documented—and undocumented—residents have received health screenings with follow-up referrals as necessary, with 1300 residents signed-up for low-cost or free health insurance. In addition, the Museum has organized an agenda focused on community-wide healthy eating around the production of a cookbook by involving local businesses and restaurants to help brand the neighborhood as a food destination.

The potential benefits of arts organizations forming partnerships with primary health causes are myriad for the community, the health partner, and the arts organization itself. The community benefits occur in the forms of better education with a focus on preventative healthcare and public health issues, and integration of new activities for leisure and recreation with important health messages, such as film screenings or healthy food potlucks that can lead to critical health-based outcomes.

For health partners who may struggle to find a point of intervention in a community, arts organizations can provide attractive festivals, events, and programs that may be more likely attended than other health-sponsored programming whose participants are often self-selected. The arts organization benefits from health-related programs through leverage as a more critical resource for the community: helping to attract money, resources, and new audiences. For both the health partner and arts organization, a partnership can open new doors for funding and serve as the basis for new coalitions equipped with greater power and access.

While the benefits of such a partnership are clear, the methods are not. Arts organizations and health groups have different means of following-up with the community, and

often need to make compromises in working together. Questions around the definition of a good partner, who is a necessary partner, how the impacts are evaluated, how to follow up, and the logical roles for the arts organization, can be critical to forming a successful arts-health partnership.

Partners for Livable Communities has worked with resources from the Society for Arts in Healthcare, with grantee organizations, and with past experiences in communities around the country to produce this primer that is designed for arts organizations interested in pursuing a partnership with health interests, but unsure of how to begin. ■

A Note on How to Use This Report

This primer was designed for the arts organization that wishes to initiate programming focused on local health issues, or create partnerships with health groups in order to best meet the needs of the community. The following includes the methodology and essential steps of defining this process as stated by Partners for Livable Communities and esteemed partners whose good word and input helped to define this publication.

Arts Organizations and Public Health identifies best practices of diverse arts organizations from around the United States to inform this work. The best practices can be used as references, and are cited throughout the publication to correlate with text. Further information for all of the organizations mentioned can be found at the end of the publication.

The Queens Museum of Art: Members of the community outside of the Corona National Community Center participating in a fundraising event for *The Heart of Corona Initiative*. Image courtesy of The Queens Museum of Art.

Shifting Sands: A Quick Overview

America's neighborhoods are changing rapidly; the phenomenon can be observed in virtually every city and town across the country. One of the greatest national indicators as predicted by the U.S. Census Bureau is the population change—a national tip from majority white to minority white will occur by the year 2042, eight years sooner than the previous projection of 2050. And there is other evidence of change seen across the country: economic revitalization plans changing the face of low-income neighborhoods, a population growing ever older while becoming more diverse, with differences of language, culture and vision.

The *Shifting Sands Initiative* was developed by Partners for Livable Communities and the Ford Foundation to utilize community change as an opportunity to build common vision, create tolerance and respect, and improve economic prospects for those who need a boost. *Shifting Sands* embraces all members of the neighborhood to include diversity in age, cultural or economic background, and those most often left-out of the civic process.

Arts and cultural organizations were selected as the catalysts to capture the opportunities inherent in change. Arts organizations are often vital non-governmental resources available in challenged neighborhoods; they may be non-threatening, safe places to exchange views and ideas, and have the ability to build bridges among all community members through the expression of art. The idea was to spotlight initiatives in assorted settings, with diverse participants and programs, where the hope was not to produce a cookie-cutter model, but instead to support a concept of working for greater social equity. The initiative wanted to inspire more arts and cultural groups to get involved in neighborhood revitalization; it also wanted traditional community development groups to recognize and value the special contribution these new allies can make to their field.

By definition, most community-based arts organizations function within and for the neighborhoods in which they are located. Many of these organizations serve the needs of specialized populations in their neighborhoods through outreach programming such as youth after school programs, and older adult service programs which are often vital programs to neighborhoods.

The *Shifting Sands Initiative* asks arts and cultural organizations to add another dimension to that work. *Shifting Sands* organizations were invited to consider the entire neighborhood as the canvass rather than viewing themselves as a single constituency within that geography. What could arts organizations do in partnership with others in the neighborhood to work for change where "all boats rise," where tensions lead to mutual understanding and respect, and where all voices are heard?

This was a tall order for arts organizations, many of which did not have the language or tools to work in a community development context. Thus, it was important that the laboratory organizations involved had a mission that embraced this type of work, leadership that was nimble, supportive trustees, and staff eager to learn new processes. The organizations involved in the initiative have those qualities—and more.

The initiative lasted for seven years. There were early tensions as organizations and individuals struggled to find a common language and an expedient process for working together. Every organization was made aware before taking part that *Shifting Sands* projects were not "business as usual," and that each organization and its neighborhood would be a pilot laboratory where trial and error could play out. Transparency and honesty among all concerned were key—no one would characterize this time as easy, but eventually the trials led to more successes than errors as project planning proceeded. From this period of adjustment and reflection came the foundation for the steps to follow.

The early experimental phase morphed into a phase of equilibrium when all parties involved had the opportunity to refine and implement an effective *Shifting Sands* project. The investigational time was completed, but the learning among all parties continued. What is the most effective way to engage a community whose residents speak more than ten foreign languages? Who are the best partners for joining an arts-health initiative? How can a project be brought to the attention of the city council?

During this time period, the projects grew in effectiveness to become success stories told today. Such new projects began a breakdown of cultural and language barriers, and provided community services beyond traditional arts, but using the arts and culture as a foundation to build such programs as technical assistance for non-native speakers, English as a second language classes, community outreach and cultural inclusion services for immigrant communities, and much more.

Please visit www.livable.org to read more about the *Shifting Sands Initiative*. ■

There are four **essential steps** to forging a successful arts-health project in any community:

1 Assessing the Community

2 Creating a Team

3 Crafting a Plan and Getting to Work

4 Building Organizational Capacity

STEP 1

Assessing the Community

Harnessing National Resources

In 1979, the U.S. Surgeon General's office released its first *Healthy People* report to assist communities in developing plans to become "healthier and happier places." The current version, *Healthy People 2020*[1], builds on the initiatives pursued over the past two decades and sets out two overarching goals:

1. Increase the quality and years of healthy life of all Americans
2. Eliminate disparities in health status

The document is accessible to residents, state and local officials, community groups, and professional organizations, and serves as an excellent resource for anyone seeking to make their community a healthier place to live. It includes national health promotion and disease prevention goals, objectives, and measures that can be a model for communities aiming to develop their own goals and objectives. Public health departments, in particular, are likely to be familiar with *Healthy People 2020* and often already have several objectives they are planning to address.

Of the many health challenges facing communities, the U.S. Surgeon General's Office identifies a set of indicators that reflect ten major public health concerns in the United States (see Table 1).

The Ten Leading Health Indicators were selected on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as national and local domestic public health issues. Public health

Table 1. Ten Leading Health Indicators

Subject/Topic	Public Health Challenge
1. Physical Activity	Increase proportion of adults engaging in physical activity
2. Overweight and Obesity	Reduce obesity levels in adults, adolescents, and children
3. Tobacco Use	Prevent and reduce first and second-hand tobacco use
4. Substance Abuse	Prevent and reduce substance abuse
5. Responsible Sexual Behavior	Promote responsible sexual behavior
6. Mental Health	Promote mental health and well-being
7. Injury and Violence	Promote safety and reduce violence
8. Environmental Quality	Promote high levels of indoor, outdoor, and water quality
9. Immunization	Prevent infectious disease through immunization
10. Access to Health Care	Increase access to quality health care

[1] *Healthy People 2020*

Nuestras Raíces: Local volunteers work to transform a polluted and unused plot of land into a community garden for shared growing and harvesting of fresh, healthy and sustainable products. Image courtesy of Nuestras Raíces.

experts have found that motivating individuals to act on just one of these indicators can have a profound effect on increasing the quality and years of healthy life, and on eliminating health disparities for both the individual and the community.

Additional assessment tools can help a community evaluate how it stands up to these and other health indicators. The *Community Health Status Indicators Report*[2], developed by the U.S. Department of Health and Human Services, provides a wealth of information for both public health professionals and members of the community. It presents an overview of key health indicators for any community to observe, in addition to over 200 measures for each of the 3,141 counties in the United States, making it an important tool for anyone interested in creating a healthy community for all.

Soliciting Local Feedback

Although statistics can also provide a useful overview of community health, it is essential that the community itself guide the process of identifying the health needs of its residents. A community-led process identifies pressing challenges often unrepresented, or overlooked, in statistics and documented in reports.

A first step to gathering community input may include visits to town meetings and community gathering places such as churches, schools, community centers, older adult facilities, and social clubs to listen and ask questions. The partners in the arts-health initiative can also host their own meeting to solicit input and insight from the community, or may conduct surveys and interviews as part of a needs-assessment process.

To do: Assess Your Community

☐ Gather national resources such as the *Healthy People 2020* report and the *Community Health Status Indicators* (CHSI) report to help identify the national-level issues facing your community

☐ Solicit local feedback through town hall meetings, or with the help of a community organizer to identify local health issues that are of most concern to the community

☐ Asking the right questions

☐ Leverage the positive aspects of your community using an asset-based model of community development

A Healthy Community

Health is more than physical wellness. A healthy community includes elements like access to health care services for all members, infrastructure (e.g., roads, schools), and an overall healthy and safe environment in which people can maintain a high quality of life and productivity.

[2] *Community Health Status Indicators*

The most thorough effort to obtain community-wide input on health issues will involve standard community surveying through door-to-door, phone, or mail surveys, and key informant interviews, focus groups, and media outreach. Environmental scans of neighborhoods involving walkabouts, reviews of community records, and "neighborhood mapping" can also prove helpful (See Resources on p. 51 for more information on neighborhood mapping and other ideas). A full-time community organizer, or someone who brings people together and nurtures leaders at the local level to solve a common problem or to meet a shared need, can be helpful in performing such work.

Asking the Right Questions

Due to the many available methods for conducting a community-based assessment, the process can seem overwhelming, even before considering the right questions to ask. Regarding this task, it is important to keep health surveys and questions simple, and focused on impressions of both the community and individuals' health. Common community health questionnaires often ask for qualitative information on: daily health and stressors, individual views on indicators for what makes one healthy, behaviors to maintain or improve personal health, notions of neighborhood and community-wide health, and ways to improve the health of neighbors. It is important to remember that overly complex survey questions, and an overly complex process, do not necessarily translate into more effective information-gathering tools.

For example, many public health departments currently use a very simple, four-question survey, to measure individual perceptions about health by counting "healthy days" as shown on Table 2. These measures, developed by the Centers for Disease Control (CDC), are effective because they are simple and concise. Because people tend to seek healthcare only when they feel unhealthy, the measures also provide feedback, which often foreshadow future burdens on the healthcare delivery system. Thus, "Healthy Days" measures are useful to gauge both outcomes and predictors.

To reach beyond the four general questions, the CDC developed an additional 10-item set of health perception and activity limitation questions including measures for pain, depression, anxiety, sleeplessness, and vitality. The Core Healthy Days Measures, along with the expanded health perception questions, can be found in the CDC's "Measuring Healthy Days" report (see Resources on p. 52, for information on this report, and other publications, that provide tips for developing health surveys). "Use of the expanded set of questions," the report states, "may be one of the most cost-effective ways of assessing the population need, or susceptibility for, health services, disease incidence, and death.

The ARTS at Mark's Garage: Teens conduct interviews on a tour about the cultural, social and economic landscape of Honolulu. Image courtesy of The Hawai'i Arts Alliance.

Leveraging Your Community's Strengths

An effective community assessment tool will seek out and collect information on the community's strengths as well as its needs. Through the Appreciative Inquiry (AI) process, interviewees are asked to first think about times when the community has been successful, and what makes them proud to live in their community. The "Three Wishes" stage of the process encourages interviewees to consider what factors would help the community continue its successes, and replicate positive experiences in other areas. (See Resources on p. 52 to learn more about AI)

Also necessary is to acknowledge past and present efforts to engage the community around health or related issues, taking stock of which efforts have and have not worked and why, as well as how those efforts might influence a community's readiness or willingness to become involved again. The process must furthermore try to learn about existing coalitions and partnerships around specific health issues, and how a community engagement process around new or other issues may affect such ongoing efforts. A public health partner can be useful in obtaining information about ongoing community health initiatives.

Arts organizations have the same advantage in the needs assessment process as they do in each step of forging an arts-health project: creativity. Arts organizations can use their resources and talents to develop imaginative assessment strategies that will resonate in their own community. For example, the arts organization can ask community members to create a collage depicting the health needs of themselves and their neighbors, and then discuss them as a group. The possibilities are endless and such activities can make the assessment process enjoyable, and accessible. ■

Table 2: Core Healthy Days Measures

1. Would you say that in general your health is excellent, very good, good, fair, or poor?

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health *not* good?

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health *not* good?

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

*Consult the report for an expanded set of health questions which can you identify more specific health concerns in your community.[3]

[3] *Centers for Disease Control and Prevention*

Creating a Team

The next step to creating a successful arts-health partnership is to identify key organizations and individuals to form a community-wide coalition. As the process unfolds, it is important that community actors understand the virtues that everyone brings to the table—including those of the arts organizations that are trying to enlist support. The contributions that arts organizations can make to a community health project are many and well-documented, and arts organizations should not hesitate to promote their ability to connect with community members in unique and effective ways. Furthermore, when recruiting partners, it can be helpful to emphasize how they will benefit as a result of the effort, along with the community at large.
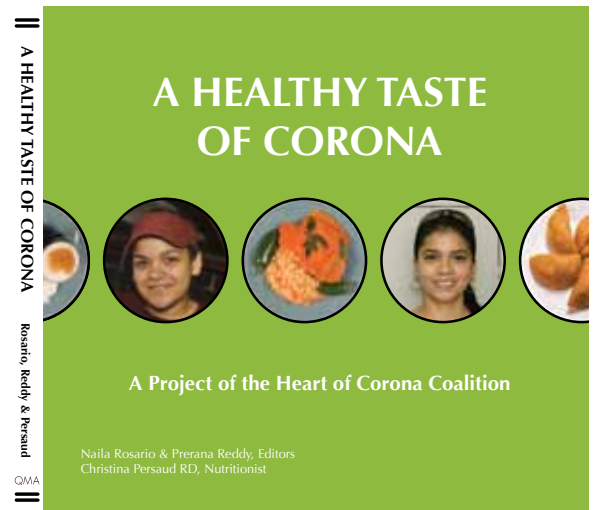
Community Partnerships

Community partnerships or coalitions are made up of "stakeholders" from throughout the community who come together to address a particular issue or begin a collaborative effort to improve quality of life. A stakeholder is anyone who has a stake in an effort, initiative, or program and in a community health initiative, there are countless stakeholders.

Some communities have existing coalitions of key individuals and organizations that are already working to address specific issues. Arts organizations should begin by reaching out to these coalitions, as well as to organizations and individuals with whom they have partnered with on past community projects.

To do: Create a Team

☐ Be prepared to explain to others how your arts organization can contribute to and lead a successful community health project

☐ Identify the players of your community partnership team

A HEALTHY TASTE OF CORONA

Rosario, Reddy & Persaud

QMA

A HEALTHY TASTE OF CORONA

A Project of the Heart of Corona Coalition

Naila Rosario & Prerana Reddy, Editors
Christina Persaud RD, Nutritionist

The Queens Museum of Art: Cover of *A Healthy Taste of Corona* cookbook, which features a wide variety of well-balanced recipes, nutritional information, and healthy suggestions. The book reverses on each side for both English and Spanish versions. Image courtesy of The Queens Museum of Art.

Be Inclusive, Not Exclusive

1. Strive for broad representation and regularly assess gaps
2. Identify individuals and organizations that look at problems and solutions differently
3. Look for partners who have a stake in healthy communities, will contribute to the process, and help achieve objectives

The following are key potential partners for any arts-health coalition:

Public Health Departments
Most communities have an active public health department or other governmental agencies that are responsible for public health services. The field of public health is concerned with the health of a community as a whole and involves a number of disciplines including medicine, dentistry, nursing, nutrition, social work, environmental sciences, health education, health services administration, and the behavioral sciences. Because they involve so many areas of expertise, public health departments can be the strongest partner in any health-oriented coalition.

Healthy People Consortium
The Healthy People Consortium consists of more than 400 national membership organizations, state and territorial health departments, and key national associations of state health officials working to advance the health field. This alliance of organizations is committed to making Americans healthier by supporting the goals of *Healthy People 2020*. In the future, membership is expected to expand beyond the traditional public health community and health associations to include a range of business, labor, and other organizations. State health departments are a good place to make initial contact with the Consortium. Contact information for state and territorial agencies and a list of all national organizations (such as the American Heart Association and the American Red Cross) that are part of the Consortium are available on the Healthy People website, www.healthypeople.org.

Hospitals and Medical Centers
Local healthcare institutions are likely to be willing partners, particularly in assisting with the assessment of the community's health needs. An assessment that provides a comprehensive picture of the community's health status and unmet needs can serve other strategic functions for hospitals as well, by presenting an excellent opportunity to connect with the community to tell their stories of service.[4] To find hospitals in your community, visit the American Hospital Directory (www.ahd.com). The "hospital finder" includes a basic profile and contact information for each hospital in the United States.

Workplaces
Whether in a large corporation or a local operation, most adults typically spend half or more of their waking hours at work. Worksites have a powerful impact on individuals' health[5]— the *Healthy People 2020* initiative includes two major worksite-specific objectives, one of which involves most employees (75%) in employer-sponsored health promotion activities. A national survey revealed that employee health promotion programs are becoming more prevalent and comprehensive, and many employers are finding it rewarding to take part in larger community-based health promotion coalitions that address priority health issues.

Faith-Based Organizations
Many faith-based organizations—churches, synagogues, mosques, and more—recognize the relationship between religious/spiritual beliefs and health, and develop health ministries which extend beyond their own members to including entire communities. Faith-based organizations can be valuable partners for any coalition. Serving almost every cultural and ethnic group, these institutions are stable, enduring, and sometimes the most trusted institutions in a community.

[4] *Bilton*

[5] *Partnership for Prevention*

Local and National Non-Profit Organizations
Human services organizations, such as the American Red Cross, Boys and Girls Clubs, YMCA, and The Salvation Army face the need to deliver an increasing array of services with limited resources. Achieving their goals often means collaborating with a broader group of stakeholders.

Schools
With many urgent health issues affecting youth, health promotion is becoming a recurrent theme in schools across the United States. Schools have unparalleled access to diverse youth during some of life's most critical developmental periods, and wield considerable influence on students' emerging knowledge, skills, and values.[6]

The adverse impact of neglected health concerns on student learning and achievement is well documented. The Center for Disease Control and Prevention (CDC) points out that schools cannot, and should not, be expected to solve these serious health and social problems by themselves,[7] a reason schools may be most eager to join a coalition effort to confront community health challenges.

Institutions of Higher Education
Universities and colleges typically have a strong commitment to sharing their knowledge in the community. Most institutions engage in community outreach, and some have a community health department, school of public health, medicine, nutrition, physical education, or other health related fields. Those with graduate schools might have students eager to conduct health or arts related research in the community, or assist with project evaluation.

Media
Effective communication is critical to achieving a successful project. A newspaper, radio, or television station reporter can play an important role, whether in generating awareness for the project or disseminating results. Media sources are charged with bringing news about the community to its members, and typically are eager to establish and maintain community good will. Other forms of communication, such as health advocacy newsletters and websites, can be valuable resources as well.

Foundations
Foundations can sometimes offer financial or other resources for a community-based partnership project. They often have an accurate assessment of the issues facing the communities they support, as well as strategies others have tried previously, to address those issues.

Community Leaders
It is always helpful to have community leaders involved at some level. Every community has formal and informal leaders. Leaders always have opinions. These "opinion leaders" are people who may possess knowledge, resources, or skills needed for the coalition.

Individual Citizens
The work of coalitions will not automatically trickle down to the grassroots level. Gaining the support of this critical audience will require special outreach efforts and a determination to keep people involved. ■

6 Terre
7 Ibid.

Crafting a Plan & Getting to Work

Crafting a Plan

Once a working team of stakeholders has been assembled, it is time to get to work. With each different project, the strategies, approaches, and goals will differ as well. There are, however, many helpful tips, and action steps, that will advance the goals of any arts-health partnership (see Table 3).

A clear vision, defined and supported by all parties involved, is the first step to ensuring that everyone is on the same page and committed to the tasks at hand. Stakeholders will not commit their time, energy, or resources to a process if they are at all unclear about the end goal. When crafting a vision, participants should ask themselves questions such as, "What would a healthy community look like?"

Setting goals for the short term helps to keep the project on track and gives cause for celebration and renewed commitment along the way. Goals should be broad, and could begin with action words such as: reduce, increase, eliminate, ensure, and establish. It is important to consider the expected outcomes, costs, and timeline, for accomplishing all goals, and whether there is any baseline data so that goals and action steps can be tracked. (See Resources on p. 48 for more tips on goal-setting)

Determining **objectives** and **strategies** can be a complex and contentious process, yet some important criteria can help guide both to reflect feasibility, effectiveness, and measurability. When establishing objectives, it is important to build on the community's assets, not just its needs, and show respect for what has been accomplished in the past. Objectives will be used to evaluate outcomes, so it is important that they be clear and specific about what is to be achieved.

To do: Getting to Work

- ☐ Develop a vision, goals, objectives, and a strategy
- ☐ Take stock of what your team knows
- ☐ Find a role for each of your partners

Table 3: Tips to Help Make the Most of Community Resources and Collaborations [8]

1. *Formulate a vision early in the process and keep it in mind.* Ensure that those involved understand and agree on the long-term goal, and what their role is in helping to achieve it.

2. *Develop a common understanding of the issues and the participants.* Through presentations and other knowledge-building activities such as partners' extended introductions, keep everyone on the same page concerning the issues at hand.

3. *Create ownership among participants.* Agree upon common beliefs and ground rules. Be sure that everyone is involved in projects and events.

4. *Seek common ground.* Identify mutual interests in the project and have everyone focus on a mutually desired result.

5. *Stop occasionally and evaluate the process.* Ask, "How are we doing?" Create an environment where people are comfortable being open about what is working and what may need to be changed.

6. *Be patient and have fun.* There is no one right way to create a successful coalition. Encourage flexibility and focus on what works for your group. Get to know each other and enjoy the process.

When developing objectives, for an arts-health project many measures ought to be considered as possible indicators of progress toward achieving a goal:

- Individual behaviors
- Professional practices
- Service availability
- Community attitudes and intentions
- Insurance status
- Service enrollment
- Policy enactment
- Voluntary participation in employer programs
- Organizations that offer particular programs
- Policy compliance/enforcement findings
- Results of population screening or environmental testing
- The occurrence of events that suggest breakdowns in the public health system [9]

Regardless of the particular project, the strategy that any arts-health partnership should employ involves breaking down ambitious objectives into manageable steps and tasks. A detailed action plan and timeline will track progress, and divide responsibilities. Most crucially, **each participant or partnering organization must have a defined role at each step of the project**. This is important because it creates a sense of ownership on the part of all the partners, and ensures that no one organization bears too many burdens. Even facilitating a meeting among fellow partners can be a fulfilling and worthwhile role for an organization that may have little else to contribute to the project. See Table 4 for some ideas about the roles that partners can have in any project.

Finally, at any stage of the process, it is important to collect and share the existing knowledge held by team members so that every effort can be maximized. Together, a team of community partners, with its collective experience, possesses a wealth of knowledge that is hard to rival. The team should always be thinking about how it can leverage this strength and channel it into each of its endeavors. ■

The ARTS at Marks Garage: The Hawai'i Arts Alliance founded a collaborative gallery, performance and office space for businesses and non-profit organizations aiming to transform downtown Honolulu with the power of the arts. Image courtesy of The Arts at Marks Garage.

Vision: An overall goal with a common purpose and a shared value. *Example: Create healthy people in healthy communities through shared responsibility.*

Goal: Broad and lofty statement of general purpose to guide planning around a health issue. *Example: Increase regular exercise among older adults.*

Objective: An overall goal with a common purpose and a shared value. *Example: By 2012, increase the use of safety belts and child restraints to at least 93% of motor vehicle occupants (Baseline: 79% in 2005).*

Strategy: Detail specifics about the type of activities that must be planned, by whom, and for whom. *Example: Expand sites providing Medicaid application assistance.*

Table 4: Potential Roles for Partners [10]

- Link and consult with civic groups, health organizations, planning councils, and other groups to address community health issues
- Lead community initiatives, including fundraising and policy development
- Facilitate community input through meetings, events, or advisory groups
- Provide technical assistance and guidance for program planning and policy development
- Collect and analyze data, conduct literature reviews, research, or assessments
- Develop and present education and training programs
- Educate elected officials and policy makers on health issues
- Market the plan
- Publish companion documents or midcourse review
- Provide resources
- Monitor/analyze health-related legislation
- Evaluate components of local and state plans
- Provide long-term support to sustain health initiatives

Table 5: Taking stock of what you know [11]

- What problems have been identified?
- What do we know about these issues?
- What are the community's strengths
- What are its weaknesses?
- Whom do we already know that we can involve?
- Why would they want to be involved?
- What outcomes do we hope to achieve?
- What resources do we have? What resources do we need?
- What challenges or obstacles do we anticipate?
- What are each of us willing and able to contribute to this effort?

The Queens Museum of Art: Youth volunteers in front of the World's Fair Globe. Image courtesy of the Queens Museum of Art.

Building Organizational Capacity

Building organizational capacity is the exercise of ensuring that meaningful work continues and grows even stronger. With partnerships, as is the case with all arts-health collaborations, enhancing organizational capacity requires the individuals and/or organizations involved to achieve three things:

1. High levels of trust
2. Serious time commitment from partners
3. A diminished need to protect their turf

Partnerships often begin with the simple exchange of information and evolve to a point at which partners harmonize their activities, share their resources, and work together to improve each other's capacity (see Table 6). The highest level of partnership is characterized by an openness and willingness to enhance one another's capacity for mutual benefit.

For example, a community substance abuse prevention program develops an arts-based after school prevention project for at-risk youth, and invites an arts organization in the community to join in the effort. Both organizations write and enter a grant agreement together, and both provide knowledge and skills in their areas of expertise—one in the arts, the other in substance abuse prevention. Other community partners can provide access to the target population and publicize the program. Representatives of the arts organization and the substance abuse prevention organization co-teach the program together. This is a true collaboration.

To do: Building Organizational Capacity

☐ Create a high level of trust and commitment among all partners

☐ Use effective leadership techniques to build broad-based involvement, keep the focus on the common goal, and sustain hope and participation

Table 6. Progression of a Partnership [12]

Level of Partnership	Exchange Information	Harmonize Activities	Share Resources	Enhance Partner's Capacity
• Network	X			
• Coordinate	X	X		
• Cooperate	X	X	X	X
• Collaborate	X	X	X	X

Building Capacity Through Leadership

Once an inclusive group of stakeholders is convinced that something can be done and meet together as peers, effective leadership can be the deciding factor for whether a true collaborative emerges. The following tips can help leaders maximize the capacity of any partner organizations working towards a common goal:

1. **Lay the groundwork early**—build relationships of trust and respect, and create norms for constructive engagement early. Preventative measures that set-up future success are more effective in steering an initiative than the potential intervening measures that are done when frustration, skepticism, and conflict inevitably appear during challenging times. Shared experiences and

confidence in the process builds the trust and openness that is essential between partners. Activities that build trust include:

- *Sharing ownership of the process*. Leaders that actively engage others in the design and management of the collaborative process help groups deal with issues of control and ownership. Stakeholders become confident that the process will be fair and credible, and norms for working together are firmly established.
- *Informal exploration*. Providing opportunities for people to gain introductions through sharing perspectives helps to identify common interests, similar problems, and shared aspirations.

2. **Protect the process through active leadership**—Because of its self-reflective, evolving nature, the collaborative process must be aggressively promoted and constantly nurtured. Leaders must:
- Stay committed when problems emerge
- Facilitate interaction and problem-solving
- Celebrate successes along the way
- Practice patience

3. **Keep the focus on the common goal**—the most significant role for leaders in sustaining a collaboration is shifting stakeholders' perspectives from parochial interests to the broader goal. When individual stakeholders come to see their self-interests as obtainable through achievement of the broader goal, a profound shift marks a turning point on the path to a collaborative effort. ■

Guiding Principles for Leading Community Initiatives [13]

1. Inspire commitment and action
- Convene, catalyze, and facilitate others to create visions and solve problems
- Create new alliances, partnerships, and forums
- Lead in unfamiliar territory where few established working relationships exist
- Bring people to the table and help them work together constructively

2. Become a peer problem solver
- Be active and involved, invest participants' energy in the community
- Inspire confidence of the stakeholders in the credibility and effectiveness of the shared process
- Process power and status differences among the participants to address tension within interpersonal relations
- Promote commitment and involvement by the participants, creating a credible, open process in which participants have confidence

3. Build broad-based involvement
- Seek to include those with different perspectives, beliefs, and values
- Make a conscious and disciplined effort to identify and bring together diverse stakeholders who are necessary to define problems, create solutions, and get results
- Take great pains to be inclusive, recognizing that many collaborative initiatives fail because the right people, or different groups of people, were not included

4. Sustain hope and participation
- Acknowledge with participants that each person's input is valued
- Help set incremental and obtainable goals
- Encourage celebrations of achievement along the way
- Sustain confidence by promoting and protecting a process all participants have a stake in

[13] *Chrislip, David D., and Carl E. Larson*

SECTION 2 Monitoring, Fine Tuning, and Sustaining the Work

This section will focus on the evaluation, marketing, and funding **strategies** that can keep a good partnership project going.

1   Evaluating the Outcomes

2   Documenting and Marketing the Program

3   Thinking about Funding

4   A Final Word: Sustaining the Partnership

STRATEGY 1
Evaluating the Outcomes

The evaluation phase of a project is becoming more and more crucial. Funders increasingly require organizations to develop and measure intended outcomes so that they can achieve as much accountability as possible for their funding. Though this step is clearly important to funders, it is beneficial for everyone. Evaluation helps improve projects by identifying both methods that are working and those that are not. Furthermore, evaluation steps can help uncover hidden successes, thereby attracting positive press and causes for celebration.

Evaluation has sometimes been looked upon with fear of criticism, especially when conducted by outside organizations, but many groups are recognizing the evaluation process as an opportunity to "sing our praises" and attract renewed funding and motivation.

Although some projects will undergo a process of outside evaluation, all projects will find value through self-evaluation. University partners, in particular, typically have a great deal of experience in developing and implementing evaluation plans and may be able to offer researchers or graduate students who would be eager for opportunities to participate in community evaluations.

Nuestras Raíces: Teens evaluating project goals for farming and community gardens in Holyoke, Massachusetts. Image courtesy of Nuestras Raíces.

Types of Evaluations

There are several common types of evaluations, including a needs/resources evaluation, which many partnerships undergo during the assessment step of the project. However, during and after the project, most partnerships will want to be familiar with a process evaluation and an outcomes evaluation.

A **process evaluation** looks at the strength of a project while it is in motion. Are things going as planned? By gathering and analyzing data along the way, teams have an opportunity to change things that are not working or could work better.

An **outcomes evaluation** looks at impacts, benefits, and changes that occur when a project is completed. In the case of long-term projects, many teams decide that measuring outcomes on an annual basis works well.

Outcomes evaluation is simply about measuring change—if all goes as planned, after implementing a project, something is different than it was before. Perhaps a goal has been achieved, a healthy behavior has replaced an unhealthy one, important knowledge has been acquired, or an attitude has shifted. The trick is to effectively measure such outcomes beyond the individual level, and instead use the entire community as the unit of measurement (See Table 7: Outcomes Evaluation that includes an objective and data to determine outcomes for a project focusing on reducing obesity through dance classes).

Evaluation Terms

- **Inputs**—What materials and resources are put in to the project to achieve objectives?
- **Activities**—What tasks are needed to get the job done?
- **Outputs**—What are quantifiable outcomes of the project's efforts, e.g., the number of people served, or the number of sessions held?
- **Outcomes**—What changes as a result of the project?
- **Outcome Targets**—What number or percent of the community is anticipated to achieve the outcome?
- **Outcome Indicators**—What does success look like?

See Resources on p. 52 for more information about Evaluations.

Table 7. Outcomes Evaluation

Objective	Target Population	Intervention	Output	Outcome
By the end of the first year, to reduce the prevalence of obesity in the community to 30% (Baseline: 33%)	200 adults in a dance movement group categorized as obese	Four series of 12 weekly dance/ movement sessions held over the course of the year for 200 adults (50 in each series)	At the completion of each series, participants had lost an average of 5 lbs.	At the end of each series, an average of 20% of individuals had moved out of the obese category The prevalence of obesity in the community is reduced to 30% according to public health records

The Process Evaluation Plan: Monitoring and Fine-tuning the Work

Maintaining regular contact among members of the partnership and having an effective process evaluation plan are the keys to monitoring and fine-tuning the work of any project. Although it may be difficult to get the entire coalition together for frequent face-to-face meetings, the important thing is to set up a reliable network of communication. Conference calls and email updates not only keep everyone informed but also provide the opportunity for members to share news of successes, and alert the partnership about concerns.

Process evaluation follows as a powerful method for monitoring a group's work and addressing program operations. Answering process evaluation questions provides information on whether:

- **Project activities were accomplished**—Did all schools receive the flyers about the poster contest?
- **The quality of project components**—Is including an arts activity improving communication between healthcare professionals and community residents with limited English language ability?
- **How well project activities were implemented**—To what extent have teachers implemented, with fidelity, the substance abuse prevention education?
- **Whether the target audience was reached**—Did all teenagers who attended the health fair leave with a brochure about drunk driving?
- **How external factors influenced program delivery**—How is the ongoing transit strike having an impact on the weekly program for pregnant teens?

The Queens Museum of Art: El Conquistador prepared to enter the ring in Corona Plaza, Queens, for his final performance as part of the Queens Museum of Art's public art project, Corona Plaza: Center of Everywhere. Image Courtesy of The Queens Museum of Art.

Just as when developing an outcomes evaluation plan, all partners in the coalition should take part in planning for process evaluation. The most useful questions will reflect the diversity of all partners' perspectives, key components of the project, the most important information needs, and the resources available to answer the questions.

There are several steps to developing the process evaluation plan:

1. **Gather the team and review supporting materials**, such as a logic model, an action plan, and an outcomes evaluation plan.
2. **Brainstorm evaluation questions** about the overall project or a specific project activity. Use the action plan and logic model to facilitate this process by focusing on inputs, activities, and outputs to generate process evaluation questions.
3. **Determine who, what, and how to collect the data** that will be required for answering the evaluation questions, such as:
   - People responsible for collecting, and analyzing the information
   - Data sources, such as documents
   - Data collection methods, such as interviews

Once these steps are complete, the partnership team can create a plan. A simple matrix can be useful in this process to help assure that all of the pieces are in place (See Table 9). It should first consist of process questions and evaluation questions. Next, decide the data sources, or how the answers will be gathered and the timeframe, or when they will be collected. Finally, determine who will be responsible.

Because it is rare for a project to go exactly as planned, the data from a process evaluation can provide a partnership team with the details of what factors contributed to successes and what factors presented challenges. The process clarifies program planning, supports clearer thinking about goals and how to reach them, encourages better understanding of how programs are linked to outcomes, and facilitates communication with others about the program.[14] This valuable information can provide a guide for what is needed to improve the project and enjoy even greater successes the next time.

Methods

Most coalitions find it helpful to use both quantitative methods (to get the necessary numbers) and qualitative methods (to get the richness and depth) in their evaluation process.

There are four primary ways to gather information: talking to people, gathering written responses, observing people, and reviewing written information.[15] For some examples, as well as their advantages and disadvantages, see Table 8. ■

Table 8. Common Evaluation Methods: Advantages and Challenges [16]

Method	Advantages	Challenges
Questionnaires, surveys, checklists *Information from large data set of people, often quantitative (Baseline: 33%)*	• Quick and easy to analyze • Can be inexpensive • Can administer to a lot of people, receive vast data	• Does not tell the full story • Wording can bias client's responses • Are impersonal
Interviews *Fully understand impressions/ experiences, qualitative, in-depth*	• Produce rich information • Develop relationship with client, and provide flexibility to client	• Can take time, and may be costly • Can be challenging to analyze and compare
Documentation Review *Impression of program without interrupting its operations, e.g. a review of applications, memos, etc.*	• Does not interrupt the project • Few biases with information	• Limited to what already exists • Information may be incomplete
Observation *Gather accurate information about actual program operations*	• Good for understanding the process • Can adapt to events as they occur	• Findings may be influenced if participants are aware they are being observed • May be difficult to interpret seen behaviors
Focus Groups *Explore a topic in-depth through group discussion*	• Can get in-depth picture • Quick and efficient	• Need a good facilitator • Scheduling can be difficult
Case Studies *In-depth understanding of client's experiences, cross-compare cases*	• Gives a full picture of someone's experience • Powerful means to portray program to outsiders	• Can be time-consuming • Can represent depth of only specific information rather than breadth

[14] *Nodora, Walsh, & Basta*

[15] *Callahan*

[16] *Free Management Library*

Table 9. Process Evaluation Matrix

Process Question	Evaluation Question	Where?	How?	When?	With What?	Who?
1. Is the partnership functioning effectively?	1a. Is there consistency and continuity among members of the partnership?	Meeting attendance/ activity logs	Document review	Monthly	Talley sheet/ notes	Project Leaders
	1b. Is our decision-making process working effectively?	Partnership members	Survey	Twice a year	Partnership self-assess	Evaluation Task Force
	1c. Is our method of communicating effective?	Partnership members	Survey	Twice a year	Partnership self-assess	Evaluation Task Force
	1d. Are we working toward sustainability?	Partnership members	Survey	Twice a year	Partnership self-assess	Evaluation Task Force
	1e. Is there a shared vision?	Partnership members	Survey	Twice a year	Partnership self-assess	Evaluation Task Force
	1f. Do all stakeholders have a voice in decision-making and planning?	Partnership members	Survey	Twice a year	Partnership self-assess	Evaluation Task Force
2. Were project strategies implemented as planned?	2a. Were activities we implemented related to our planned strategies?	Work plans, meeting minutes, other project documents	Document review	Monthly	Talley sheet/ notes	Project Leaders
	2b. Did we include the population we intended to target?	Attendance/ activity logs	Document review	After implementation	Talley sheet/ notes	Project Leaders
	2c. How strong is community support for each strategy?	Partnership/ community members	Survey	After implementation	Questionnaire	Evaluation Task Force
3. What was our experience implementing our strategies?	3a. What were our successes?	Reports, meeting minutes, media, post/email/phone/in person messages	Document review	After implementation	Talley sheet/ notes	Project Leaders
	3b. What were our challenges or problems encountered?	Reports, meeting minutes, media, post/email/phone/in person messages	Document review	Ongoing	Talley sheet/ notes	Project Leaders
4. What changes did we/ will we make to project activities?	4a. What were the poor outcomes of strategies as implemented?	Outcomes evaluation data	Data analysis	Upon completion of the strategy	Outcomes data instruments	Evaluation Task Force
	4b. What changes did we make to address these poor outcomes, e.g., personnel, budget, strategies, project scope?	Reports, meeting minutes, other project documentation	Document review	Upon completion of the strategy/ final report	Talley sheet/ notes	Evaluation Task Force

Because many coalitions use surveys as one of their evaluation instruments, it is good to be aware of some of the factors that influence survey return rates. Regardless of whether surveying in-person, by phone, mail, or email, the following factors seem to increase rate of return:

- **Questionnaire length**—The shorter the better.
- **Respondent pre-notification**—Whenpossible, let people know ahead of time that you will be sending out a questionnaire and inviting them to participate.
- **Incentives**—A "reward" for responding can be helpful; a small return for everyone is more effective than a drawing for an opportunity to win something big.
- **Method**—In person, phone, mail, or email? Knowing your target audience will help with this decision, and you may choose to use more than one method.
- **Reminders**—Contacting people approximately 10 days later can help bring in additional responses.
- **Issue salience**—This is the most important factor of all; if people do not feel connected in some way to the issue, they won't be motivated to devote their time.

STRATEGY 2
Documenting and Marketing the Program

The National Museum of Mexican Art: Día de los Muertos is an annual national Mexican holiday that honors family and friends who have passed away. *The Día de los Muertos: Rooted in Tradition* exhibit celebrates the lives of lost loved ones through a colorful and ornate presentation of remembrance. Image courtesy of The National Museum of Mexican Art.

Implementing creative strategies to document and market an initiative can go a long way in helping to attract renewed funding and ensure program sustainability, and it goes without saying that arts organizations have a leg-up in this endeavor. Using creative methods can increase the accessibility of information for particular audiences and in some cases can be more culturally relevant.

Leveraging Your Creativity

As creativity is the lifeblood of an arts organization, there is little need to outline every possibility for a creative documenting and marketing project. The following chart explains how four possible methods of creative reporting can be useful (See Table 10).

The Power of Video

In Edmonton, Alberta in 2005, attendees at the Society for the Arts in Healthcare Annual Conference had the opportunity to see a video that presented an evaluation of the experiences of individuals with cancer when told the diagnosis. Using voice-over to express their thoughts at the time resulted in a powerful learning tool for physicians. Evaluation results used to improve a situation is evaluation at its best.

Table 10. Suggestions for Use of Creative Reporting by Method [17]

Method	Particularly useful for:
Photography	• Describing - The activities of a single participant in a program - A program from a variety of perspectives - The subjective nature of participants' experiences • Showing how the program looks to various people • Engaging diverse audiences (e.g. language, reading level, culture) • Capturing program implementation and/or a program's unexpected, unobtrusive, or secondary effects • Developing a framework for classifying important events • Illustrating the activities of a single participant
Cartoons	• Creating context • Showing anecdotal scenes of a program's implementation • Providing an informal, visually-oriented understanding of program impact • Acting as a voice for various groups represented in the evaluation • Conveying the themes of evaluation findings • Engaging diverse audiences (e.g., language, reading level, culture) • Stimulating reflection and dialogue
Drama	• Synthesizing a broad range of evaluation findings • Creating a sense of program participants' "lived experience" • Integrating a variety of stakeholder perspectives and quotes • Facilitating discussions about complex, controversial, or highly charged contexts • Involving participants in interpreting and explaining evaluation findings
Poetry	• Conveying the social or organizational complexities of evaluation contexts • Integrating the experiences and perspectives of multiple stakeholders • Educating and promoting alternative modes of thinking and learning during an evaluation and in related documents (e.g., reports) • Promoting dialogue between stakeholder groups about the context and findings

Marketing the Project

The Amherst H. Wilder Foundation defines marketing as "a process that helps you exchange something of value for something you need." Regardless of the strategies a partnership employs to achieve financial stability, successful marketing is essential. And in addition to any marketing initiatives that an arts-health partnership undertakes, the overall image of the organization involved is equally, if not more, important.

For example, no matter how articulate and dynamic a coalition leader may be when speaking on behalf of a project, if the person who answers the phone is flat, disinterested, or rude, the damage is done. Other issues to keep in mind include follow-up—did a caller receive the information he was after? Are brochures and other marketing materials clear and culturally sensitive? Have they been translated into the languages spoken in the community? Does the reading level reflect that of the target population? Are there graphics and other visual elements to supplement and break up the text?

> *"Effective marketing makes things happen—funding increases, an empty hall fills with people, the phone rings like crazy, human needs are more powerfully met."*
>
> *– Gary Stern, 2001*

The following questions can help any partnership project think about the best marketing or media outreach strategy for its community:

1. **What is the problem we are trying to solve?** Are you trying to increase membership, raise money, change laws, involve parents, and more?
2. **Who can help to solve the problem?** Who can become a member of the coalition, donate money, help to change individual or group attitudes and behaviors, or help to change laws, policies, and procedures?
3. **What does the community currently know or believe about our issue and our coalition?** For example, on the issue of underage drinking, do community members view underage drinking as a rite of passage? A moral issue? A problem for the schools to solve?
4. **What do we want the target audience to believe so that it will provide what we need?** In other words, what do you want them to think and feel, so that the coalition can achieve its goal?
5. **What are the key characteristics of the individual or group we need to reach?** Are they predominantly low/high-income? Have a majority attended an institution of higher education? Members of a minority group? Is English their primary language? Are they working in or outside the home?
6. **How can we reach these individuals or organizations?** What media do they read, watch, or listen to? Is the media the best way to reach them? What about personal contact, networking with other groups, introduction by an individual who has contact with the coalition and the target group or individual?

Whenever possible, testing the message and materials with members of the target audience before they are disseminated can help determine if the campaign will be effective. Likewise, before the campaign is launched, it is important to consider the costs carefully, not only in dollars and cents, but also in time, energy, materials, and influence. After the campaign has finished, review its effectiveness through an outcomes evaluation process and see how it can be enhanced in the future. ■

Goal-Driven Media Relations

Effective media relations initiatives ought to be goal-driven, carefully planned, and measured based on their success in achieving the desired goal. Companies making a product carefully target the audience they want to reach, the message they want to deliver, the end they want to achieve, and the mechanism for reaching the target audience. An arts-health coalition can adopt the same approach.

Typical funders of community arts organizations, such as local arts councils, may or may not have an interest in supporting an arts-health partnership project. However, as arts organizations wade into the health arena, new doors will open to funding opportunities that support such projects and goals. Although funding sources may differ, many of the principles of fundraising remain the same. For example, local funding sources are more likely to be interested in supporting a community-based project than a national or regional source.

Regardless of the potential funder, turning to the community first has many benefits. Personal visits and face-to-face discussions are not only good ways to cultivate interest, but they can build relationships and generate trust. Potential funders can more easily gain a sense of ownership and pride in the project and are more likely to become an ongoing funding source.

Table 11 summarizes the common sources or methods of financial support. Project partners should review this list together and discuss what methods have worked well in the past; what connections to corporations, foundations, and individuals partners do they have that they are willing to share, and any relevant resources partners might have (e.g., an event planner, a grant writer, access to the Foundation Center's Foundation Directory Online, and more).

When the options have been exhausted from local community resources, the coalition can turn to foundation and government grants and contracts. Although competition for these dollars can be stiff, many government entities and foundations are interested in helping reputable community groups meet local needs. Applying as a coalition instead of as an individual organization has benefits as funding sources typically like to see organizations working together, especially on compelling health issues. In fact, for certain initiatives, a funder will only support coalitions or provide start-up funding to develop one.

Using Coalitions to Strengthen Funding

When The Robert Wood Johnson Foundation supported an initiative to improve end-of-life care, community organizations were required to work together in partnership and form a coalition. Hospitals, hospices, nursing homes, universities, and other organizations with an interest and stake in the issue worked alongside individuals from the community to develop and implement a series of successful strategies.

Nuestras Raíces: Youth painting a mural showcasing the city of Holyoke's clean-up program activities. Image courtesy of Nuestras Raíces.

Table 11. Fundraising Effectiveness Chart [19]

Ways/places to ask for support	Definition	Effectiveness tips	Prospect ratio	Cost per dollar raised
Direct Mail	Money raised through the mail by sending a solicitation package to a broad base of potential supporters	*Most effective way to achieve these NEW donors:* Repeated solicitations	100:1	$.80-$1.25
Telemarketing	Money raised through the telephone by calling with a solicitation script to a broad base of potential supporters	*Most effective way to achieve these NEW donors:* Repeated solicitations	10:1	$ .10-$ .20
Fundraising Events	Money raised from individuals who are new to the universe of your coalition or upgrading to a higher level through the sale of tickets and other event collateral	*Most effective way to achieve these donors:* Multiple solicitation tactics	Direct mail sales 100:1; Face to face sales 4:1	$ .50
Corporate Sponsorship	Money raised from corporations who support the work of your coalition and/or are seeking recognition opportunities	*Most effective way to achieve these donors:* Face to face solicitations	4:1	Widely variable; approximately $ .10-$ .80
Grants	Money raised from private and public foundations and/or various branches of the government	*Most common way to achieve this money:* Grant applications	11:1	For program grants $1; For operating grants <$.15
Individual Donors	Money raised from individuals who support the work of your coalition at a philanthropic level	*Most effective way to achieve these donors:* Face to face solicitation	4:1	<$ .10

Federal Grant Opportunities

Federal government grant eligibility often includes the provision of being or forming a coalition (see SAMHSA request). Recognizing the importance of a coalition to a project's success, a limited number of multi-year grant opportunities have provided funding to support the development of a strong and stable coalition.

Because of a concern for sustainability, federal grants sometimes require matching non-federal funds, typically 1:1. However, they often allow in-kind support to be used for the match requirement. In-kind support includes the value of goods and services donated to the operations of the coalition such as office space, volunteer secretarial services, pro-bono accounting services, or other personnel serving in a volunteer capacity.

A list of the U.S. Department of Health & Human Services agencies that often provide grant opportunities can be found in Resources on page 43. Other grant opportunities can be found at a number of federal departments and agencies such as the Department of Education and the Environmental Protection Agency. The following websites are helpful when searching for federal grants:

- **Grants.gov**, *www.grants.gov/applicants/find_grant_opportunities.jsp,* includes all discretionary grants offered by the 26 federal grant-making agencies
- **GrantsNet**, *www.hhs.gov/grantsnet,* provides grant information to current and prospective U.S. Department of Health & Human Services grantees

Federal money for health projects often passes through state and local health agencies. The public health partners of an arts-health coalition will likely be informed about these possibilities. Also, some lesser-known government grant programs are often associated with agencies that collect special taxes or penalties. When searching for government grants, be sure to include quasi-government groups like regional planning councils, water organizations, and organizations that award fees collected for specialty services like license plates.

Foundations

Looking locally first is the best bet as the mission of many foundations is to serve their local community. It will be easy to meet representatives of these foundations face to face, and they will have the opportunity to see the coalition's work first-hand.

With regard to national foundations, some specifically target support for community coalitions, such as:

- **Alzheimer's Association** in Chicago, IL, *www.alz.org/index.asp*
- **Peace Development Fund** in Amherst, MA, *www.peacedevelopmentfund.org*
- **Tides Foundation** in San Francisco, CA, ***www.tidesfoundation.org***

Various grants databases are also available to conduct searches for appropriate grants, and some coalition partners may already subscribe to one. If not, some (including The Foundation Center's Foundation Directory Online) charge a reasonable fee for a monthly subscription. When searching for foundations and grants it will be most efficient if search terms are rather specific. For example, searching terms such as "nutrition" and "arts" will likely produce more fruitful results than a search with general terms like "healthcare."

Substance Abuse and Mental Health Services Administration (SAMHSA): Drug Free Communities Support Program

Drug Free Communities (DFC) is a collaborative initiative sponsored by the Office of National Drug Control Policy (ONDCP) in partnership with SAMHSA in order to achieve two major goals:
- Establish and strengthen collaboration among communities, private nonprofit agencies, and federal, state, local, and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.
- Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

The Queens Museum of Art:
Young girl dressed in traditional Latin American dress during *The Heart of Corona Initiative*. Image courtesy of The Queens Museum of Art.

Corporations

When deciding which corporations to approach, once again, look locally first. Many corporations are generous in supporting causes that benefit their community. And, of course, think about the specific health topic that the coalition is addressing. "Obesity" or "nutrition" brings to mind corporations that produce or market food. If the goal is AIDS prevention, turning to pharmaceutical companies is a good start. Think, too, of corporations that have a stake in keeping people healthy. Many, if not most, health insurance companies provide some sort of community outreach funding to support health initiatives (see "Aetna Healthy Community Outreach Program").

The Johnson & Johnson Company offers a grant specifically for arts in healthcare projects. The grant is administered through the Society for the Arts in Healthcare (see "Johnson & Johnson/Society for the Arts in Healthcare Grants.")

Individuals and Small Businesses

Because health issues have an impact on everybody, there are likely to be individuals or small businesses in the community who will have a stake in the success of any arts-health project. Sometimes individuals become advocates for a cause and are eager to provide support to promote it. Certain small businesses, such as the neighborhood pharmacy, bicycle shop, or corner grocery, are often good sources for in-kind donations of goods or services.

Successful coalitions typically have funding from a variety of sources. Not only is this wise in uncertain economic times, but having a variety of funding sources looks good when soliciting new financial partners. ■

Johnson & Johnson Company and the Society for the Arts in Healthcare Grants [20]

Through health education and development, Johnson & Johnson aims to build skills and health literacy among a broad range of people serving community health needs, ultimately increasing community support, involvement, and leadership in the public health arena. In keeping with this strategy Johnson & Johnson (J&J), working in conjunction with the Society for the Arts in Healthcare, seeks to engage community healthcare workers, caregivers, families and artists in the practice of arts in healthcare.

The goal of this grant is to have an impact on the level of engagement in the arts in healthcare through a three-phase program. The first phase asks established programs that have demonstrated significant initial impact to evaluate their effectiveness. In the second phase, programs that have effectively evaluated their program model will partner with new organizations to implement the model, resulting in an increased number of community members engaged in evidence-based, arts in healthcare practices. The final phase will document evidence-based program models for dissemination to a wider audience.

A Final Word: Sustaining the Partnership

Little information exists about what happens to coalitions over time and what leads to the success, or failure, of sustaining efforts. Available evidence regarding success and failure is summarized in Table 12.

In general, coalitions are sustained in the same manner as other organizations.[22] Healthy, sustaining organizations:
- Adapt flexibly to changing environments and times.
- Have missions and goals that evolve over time and task forces that adapt to changing issues in the community.
- Have membership that keeps changing so that each year new people join as others drop out.
- Have rotating leadership, with new leaders constantly emerging and given positions of responsibility, such as leading a task force, managing a special project, or chairing the coalition itself.

"Long-lasting coalitions keep acting—visibly, energetically, and effectively."

–Thomas Wolff, 1994

When the Well Runs Dry

It is no secret that reliance on external funding sources makes a coalition vulnerable. In tough economic times, competition for funding is fierce. Also, in many cases funding sources are eager to provide seed money to support project startup, but leave the group to address long-term funding issues. When coalitions are unable to garner additional funding, the project ends.

The best way to confront such challenges is self-reliance for long-term sustainability and the most reliable resource in tough times is the community. Turning over to citizens what the coalition has begun is perhaps the most provocative sustainability strategy.[23] This approach can even be part of the initial project design, with part of the focus on the development of citizen leaders. The coalition functions as a capacity builder, and sustainability occurs because individuals and home-grown organizations are better able to help the community solve its own problems.

Table 12. Why Community Coalitions Fail or Succeed [21]

Why they fail	• Lack of a compelling issue • Inadequate leadership • Inadequate planning • Poor communication • Turf issues • Narrow memberships (key stakeholders not at the table) • Domination by an elite group • Lack of expertise or resources • Lack of staff support
Why they succeed	• Strong leadership • Broad membership of stakeholders • Clear mission, vision, goals, and roles • Diverse and adequate resources, including staff support • Strong expertise in process and content • Frequent communication

Some coalitions consider other options, such as operating the program as a business instead of relying on outside sources of funding. Many other alternatives exist (see A Sampling of Strategies for Sustainability), each with their own advantages and disadvantages. In general, the best approach is probably one that employs a portion of several different strategies.

Possibly the most important sustaining force is the vital energy within the coalition itself, or what might be called its spirit.

Coalition members should see themselves as keepers of the flame. If the flame dies down it is much harder to keep going and to do good work. How to keep the flame alive and fan it, is (sometimes literally), the million-dollar question. A track record of success helps. So does modeling by the leadership, over and above routine management, of functions. The bonds among members, the willingness to celebrate even small successes, will help as well.[25]

Discovering and applying ways to nourish its own inner spirit, a coalition will have a great chance of continued success. ■

A Sampling of Strategies for Sustainability [24]

1. **Institutionalizing efforts**—The coalition supports efforts to enable each initiative developed to be incorporated into an existing community institution. The coalition acts as a catalyst to create innovative change that can be institutionalized into other community organizations. For example:
   - The YMCA picks up the coalition's after-school program
   - Management of a school-based wellness program shifts to school health educators
   - An interfaith council adopts the coalitions program to prevent homelessness

2. **Policy change**—The coalition sustains their efforts through changes in rules, regulations, and laws, which allows the coalition to continue to fulfill its mission. The coalition acts as an advocate for policy change. For example:

   - An anti-tobacco coalition persuades the Board of Health to change the laws and consequences of under-age purchases of cigarettes and tobacco products
   - Anti-drug and alcohol coalitions work to change laws regarding licensing of beer kegs to parties
   - An AIDS coalition successfully lobbies for condom distribution in schools

3. **Incorporation**—The coalition incorporates as a 501(c)3 non-profit organization to apply for tax-exempt status to be in the proper legal form to receive state, federal, corporate, and foundation money. A disadvantage: when this approach is seen as the only way to survive, it does not allow for other options that may involve greater community ownership and less professional management.

[24] Wolff
[25] Wolff, p. 92

We have identified best practices of diverse arts organizations from around the United States to inform this work. The best practices can be used as references, and are cited throughout this publication to correlate with text.

Fort Worth Opera: *More Life Festival*

Fort Worth, Texas

The *More Life Festival* was formed by the Fort Worth Opera (FWO) to coincide with their performance of "Angels in America," a piece that explores several people's struggle with AIDS. Noticing that they had extra time and theater space during the performances, the FWO saw an opportunity to put together an event that could address AIDS issues in the Fort Worth community. The resulting festival, called the *More Life Festival: The Art & Science of AIDS*, was held in 2008. The Festival was a tremendous success in bringing together countless arts and AIDS services organizations.

When the FWO first began to reach out to community groups about participating in the Festival, they had no idea what kind of response to expect. Although initially it was difficult to find funding for a first-time event, the FWO was stunned by the great level of interest the community showed in the Festival. The Festival attracted the support of 40 community arts organizations as well as science, health, and education groups. Most importantly, several Fort Worth AIDS Service Organizations (ASOs) including AIDS Resources of Rural Texas and the AIDS Outreach Center played key roles in the *More Life Festival*.

During the Festival's nearly month-long run, various organizations put on a number of performing and visual art exhibits aimed at generating awareness about AIDS and combating the stigma associated with the disease, especially within ethnic and rural populations. A number of public forums were held and ASOs contributed by offering educational opportunities to those who wanted to learn more about AIDS.

As a result, the ASOs raised their profile in the community and attracted new volunteers to help expand their services and outreach efforts. The FWO and the other participating arts organizations also earned greater recognition in the Fort Worth area and forged new partnerships for future events and initiatives. In addition to the events that were held at the opera house, the *More Life Festival* became a community-wide effort, bringing AIDS awareness events to local libraries, community centers, after-school programs, and arts organizations.

Contact
Fort Worth Opera
Keith Wolfe, Managing Director
(817) 731-0833 ext. 12

The ARTS at Marks Garage:
A Project of the Hawai'i Arts Alliance

Honolulu, Hawai'i

The ARTS at Marks Garage (Marks) was founded in 2001 as a result of a City and County Resolution that provided seed funds to establish an incubator arts enterprise program. Marks is a community project, which demonstrates that culture and the arts are economically viable and are essential to the vitality and quality of life in the community. ARTS at Marks Garage was established in the Chinatown neighborhood of Honolulu as a collaborative gallery, performance, and office space for businesses and nonprofit organizations aiming to transform downtown Honolulu with the power of the arts. It has since extended its mission to include community education and advocacy.

The Chinatown neighborhood consists largely of immigrant groups from China, Vietnam, the Philippines, Korea, and Japan. A majority of Chinatown residents are seen to live in conflict with one another rather than in cohesion, which is often due to differences in cultural backgrounds. For most residents, despite their efforts to recreate a semblance of life from their home countries, Chinatown has not become their home and those living alongside one another often do not become social neighbors, rather they just occupy the same physical space. A vast majority, or 70% of the residents of Chinatown, receives some form of public assistance, and 22% earn less than $10,000 per year. There was concern in the community about the potential gentrification that might arise from the development of an arts district; the potential ensuing rent increases, and the displacement of Chinatown businesses.

In an effort to create a cohesive, healthy community with viable economic growth, the Hawai'i Arts Alliance and its community partnership network are working with neighborhood residents to implement the *Healthy-Bound in Chinatown* campaign. The campaign focuses mainly on food and health issues to ultimately help improve internal community attitudes about Chinatown from the inside-out. Through sustainable community change, focused on enhancing social cohesion, increasing neighborhood pride, and providing additional economic opportunity, the Alliance and its partners aim to create a neighborhood that is better-equipped to address the external pressures and opportunities expected in the coming years.

*Healthy-Bound Chinatow*n sought to break down barriers across ethnic divides by utilizing the arts as a bridge. The Alliance worked closely with its partners: EAH Housing, Kalihi-Palama Health Center, Pacific Gateway Center, and the Honolulu Culture and Arts District (HCAD) to help create greater social cohesion and reinforce the sense of neighborhood identity in Chinatown. Each of these organizations is deeply rooted in the community and together they offer comprehensive human services: housing, health care, jobs, and the arts (training, business development, culture, and more).

The Honolulu Culture and Arts District (HCAD) was a key partner for the Alliance's positive relationship with property owners within the community. HCAD helped secure a façade improvement grant of $250,000 from the State for landowners along Hotel Street, giving them a higher degree of credibility with this particular constituency. HCAD organized a Landowners Group that studies how to make adaptive reuse of Chinatown's buildings a reality based on the success of similar groups in other cities.

The Alliance/Marks collaborated with their partners to successfully organize four potlucks at affordable housing towers for *Healthy-Bound Chinatown*. More than 400 people of all ages and groups participated. In addition to the initial event at Kukui Towers, they organized three others at Hale Pauahi Towers, Kekauliki Courtyard, and Kukui Garden. These events included interactive education tables for participants on various topics ranging from immigrant and refugee legal services; health insurance eligibility; pre-natal care; job placement and training; domestic gardening; and among others. Diverse local cultural tastes and aesthetics served as the centerpiece woven into the potlucks and related programs. Participants were entertained by Hawai'ian music, Tai Chi, Capoeira, and Samoan dance. The Honolulu Printmakers of the Honolulu Academy of Arts presented a series of creative programs for *Families in the Park on First Fridays* and ran a mask-making activity for youth.

Healthy-Bound Chinatown gave Health Specialists access to a majorly low-income, immigrant population, who are chronically underserved. It also provided neighborhood residents with greater access to the arts, to elected officials, and to civic engagement between different cultural groups.

Contact
Hawai'i Arts Alliance
Marilyn Cristofori, Chief Executive Officer
(808) 533-2787

Heads Up Kentucky!: Psychology Promotes Healthy Living Kentucky

Louisville, Kentucky

In 2005, the Kentucky Psychological Association Foundation began an innovative public health education campaign in response to a challenge by the U.S. Center for Disease Control and Prevention (CDC) to market health education in creative ways. Using public art, the challenge sought to address chronic illnesses with strong behavioral and emotional components such as heart disease, cancer, and diabetes that contribute the most to America's coming health care crisis. The goal is that by raising community awareness of the behavioral and emotional factors in health, individuals will choose healthier lifestyles, seek effective treatments, and reduce inappropriate utilization of limited health resources.

Through partnerships with organizations such as the Kentucky Center for the Arts and the Museum of Art and Craft in Louisville, Heads Up Kentucky! commissioned 41 regional professional artists to create large fiberglass heads of about six and a half feet in height. The heads address different health topics such as the psychological aspects of obesity or the treatment and prevention of chronic diseases, stress and stress management, psychological benefits of exercise, the role of sleep in overall health, and the health benefits of forgiveness.

By choosing art as the vehicle for health education, the project has been successful at reaching a broader segment of the population, has garnered significant media attention, generated discussion within the community about the psychological components of health, and enriched the artistic landscape of the City of Louisville.

Heads Up Kentucky! began as a three-week exhibit at the Kentucky Museum of Art and Craft before moving to several locations throughout the city. The program also partnered with local public schools to educate children on how behavior and emotions are connected with overall health. Students heard from psychologists and also took part in interactive, experiential learning activities to foster their interest and awareness of psychological well-being.

Contact
The Kentucky Psychological Association Foundation
Nancy Gordon Moore, Ph.D., Project Coordinator
(502) 894-0777

Heads Up Kentucky! (left) Seven Counties Services, Artist: Lisa Mohr-Powell. (middle) Permanently Damaged Memory, Artist: Rick Cartor (right) Cognitive Dreaming, Artist: Scott Scarboro. Images courtesy of the Kentucky Psychological Association Foundation.

Kemper Art Museum: *Inside Out Loud Exhibition*

Louisville, Kentucky

In 2005, a groundbreaking community collaboration took place in the St. Louis, Missouri region surrounding an art exhibition called *Inside Out Loud*. Initially, the idea was to organize an art exhibition at the Kemper Art Museum (part of the School of Design and Visual Arts at Washington University) of contemporary American works that explore critical issues related to women's health. Thirty artists contributed a total of 51 artworks on loan from across the country in a range of media, including painting, sculpture, photography, installation, video, digital, and performance art. The exhibition featured established artists such as Jenny Holzer, Barbara Kruger, Tony Oursler, and Cindy Sherman, as well as younger talents including Nina Katchadourian, Victoria Vesna, and others.

However, *Inside Out Loud* evolved to became much more than an exhibition. The exhibition organizers wanted it to be a catalyst for a community-wide, organized effort to explore the issues addressed in the art. So they decided to invite a range of organizations and individuals throughout the community to collaborate on programming aimed at getting the public to think about women's lives and women's health.

The response from community organizations and institutions was enormous, and culminated in a three month-long series of over 60 public programs including lectures, films, classes, musical performances, plays, other arts exhibitions, and even cooking demonstrations and health screenings.

Events were staged at the campus of Washington University in St. Louis, as well as at other venues throughout the St. Louis region. Altogether, over 25 organizations participated in the programming, including the Washington University School of Medicine, the University's Office of Health Promotion and Wellness, the Alzheimer's Association, and a number of other regional healthcare partnerships and providers.

In St. Louis, the local media hailed the exhibition as the best in years and suggested it to be a, "paradigm to follow for anyone wishing to marshal cultural forces toward social and political awareness."

Contact
Kemper Art Museum
Phone: (314) 935-4523

Mural Arts Program

Philadelphia, Pennsylvania

The Philadelphia Mural Arts Program began in 1984 as a component of the Philadelphia Anti-Graffiti Network, to confront the city's rapidly expanding, deleterious graffiti on public works. The young program's director, Jane Golden, decided to reach out to graffiti writers in hopes of redirecting their energies into creating public murals for the city. Before long, the Mural Arts Program began transforming city blocks and neighborhoods that suffered from blight and neglect, into outlets for young artists to make a positive contribution to their communities.

In 1996, Golden created a nonprofit organization to raise funds and provide support for the program so that it could continue to grow. Twenty-five years later, the Mural Arts Program has involved more than 25,000 youth in creating more than 3,000 murals throughout the city, earning Philadelphia the international designation as the "City of Murals."

Part of the program's success is due to its partnerships with local community organizations, schools, and city agencies to provide art education and workforce development projects, and to create awareness around important community issues. For example, in 2005, the program partnered with the School District of Philadelphia, the city's Department of Human Services, and the Philadelphia Inquirer to hold a town hall meeting at an area high school to discuss youth violence in the community. The event, entitled "All Join Hands: Visions of Peace," sought to investigate the causes of violent behavior among youth and find solutions by using art as a vehicle for change.

The program has produced several murals whose themes draw attention to issues of community health. Partnering with the Philadelphia Department of Public Health and the Pennsylvania Department of Health, the Mural Arts Program created a mural called "Pulling Out Anti-Smoke," which addressed the dangers of smoking cigarettes. Other health-related murals have focused on lead poisoning, physical activity, and healthy eating and have been sponsored by the Environmental Protection Agency and other state and local organizations and institutions.

In 2009, the City of Philadelphia launched a new Website to catalogue the city's thousands of murals that have been created by the Mural Arts Program, which displays information and pictures of each one.

Visit www.muralfarm.org or www.explorer.muralarts.org to learn more about the program and view these murals.

Contact
City of Philadelphia Mural Arts Program
Joan Reilly, President
(215) 685-0750

Mural Arts Program: The message of this mural is to depict the adverse effects of second-hand smoke on children, pregnant women and the elderly. Image courtesy of the Philadelphia Mural Arts Program.

Museum of Cultural Arts Houston: Project Grow

Houston, Texas

Project Grow was a unique public art initiative produced by the Museum of Cultural Arts Houston (MOCAH) that aimed to increase awareness of the health and environmental hazards of a 36-acre contaminated waste site. Project Grow was founded when Reginald Adams, a local artist and co-founder of MOCAH, learned of heavy lead contamination and the high number of sick children in his neighborhood, which is located near the contaminated site. Mr. Adams saw the potential for MOCAH to serve the community by enlisting area youth in an art project to alert neighbors about the site's environmental hazards and to produce ideas for cleaning up and redeveloping the site.

In May of 2003, artists and community youth began a series of brainstorming and design workshops. These workshops discussed the environmental and health risks of the contaminated site, its history, and possible ways to clean and redevelop it. In asking the community's youth to be a part of this decision-making process, Project Grow demonstrated a unique commitment to a community-wide solution that would make the neighborhood friendly and livable for all.

Ultimately, over 100 young people participated in a project to create an 800-foot long mural out of large wooden panels to convey their concerns, ideas, and vision for the future of the site and the surrounding neighborhood. With the mural displayed along the perimeter of the contaminated site, the neighborhood became more attractive, and children were deterred from playing on the dangerous grounds. A community-wide celebration took place when the mural was installed that brought together the young artists, their families, area residents, local government representatives, and environmental and community health groups. Free lead screenings were even offered for neighborhood residents.

As a result of Project Grow's efforts, the contaminated site has been cleaned up by a private developer and is slated to be made into a mixed use/mixed income development. The initiative succeeded because of MOCAH's commitment to the project and their ability to harness a broad range of partners and supporters.

Among the project's partners were the Environmental Protection Agency (EPA), the Houston Department of Health and Human Services' Childhood Lead Poisoning Prevention Program, Mothers for Clean Air, the Mayor's Anti-Gang Task Force, and many others.

Contact
Museum of Cultural Arts Houston
Reginald Adams, CEO and President
(713) 224-2787

National Museum of Mexican Art:

Día del Niño Festival

Chicago, Illinois

In Chicago, a special annual festival at the National Museum of Mexican Art helps draw attention to the causes and prevalence of childhood obesity and promotes healthy living for the entire community. What began in 1995 as a children's celebration in observance of the Mexican national holiday, Día del Niño (Day of the Child), has now grown to a hallmark event for community health partners to educate and encourage children and their families to exercise and live healthy.

The first community health partner to join the Museum's annual celebration was the Consortium to Lower Obesity in Chicago Children (CLOCC), which saw the Festival as an opportunity to reach out to a large and growing minority population in the Chicago area. Once the event was established as a great success, a number of other community partners volunteered to take part in the festival including the State of Illinois Department of Public Health, over 400 area doctors, health insurance companies, and community nonprofit organizations.

Each year in April, the Festival begins with the Día del Niño Health Walk—a two-mile walk starting from the National Museum of Mexican Art and finishing at the University of Illinois at Chicago's Pavilion. There, the Festival offers fun, interactive games and art activities for children, fitness activities that include free prizes, health screenings, raffles, and live entertainment. CLOCC's 54321Go! Campaign teaches children a simple way to remember how to stay healthy: Five servings of fruits and vegetables a day, four servings of water a day, three servings of low-fat dairy a day, two hours or less of screen time a day, and at least one or more hours of physical activity a day.

Nearly 15 years from the first Día del Niño Festival, the event now attracts over 12,000 people each year and is the largest celebration in the country dedicated to promoting healthy living for children.

Contact
National Museum of Mexican Art
Juana Guzmán, Vice President
(312) 738-1503

The National Museum of Mexican Art: The annual *Día del Niño Festival* brings together over 14,000 children and their families for a one mile walk in support of arts, social and health awareness. Images courtesy of the National Museum of Mexican Art.

New Lens

Baltimore, Maryland

In Baltimore, a group called New Lens (formerly known as Kids on the Hill) enlists youth to create art and media that address systemic community problems, facilitate dialogue, shift perspectives, and stimulate action. The organization began as an arts-based after school program to introduce media art techniques and leadership skills to young students, and now partners with a host of community organizations and institutions to produce youth-driven media artwork around social justice issues.

New Lens' education campaign uses video as a vehicle to explore issues around education for an audience of youth and those who have an interest in educational change. Likewise, youth who participate in justice projects have collaborated with the police department to design video and trainings for police officers, which increase police sensitivity towards young people.

Regarding health issues, New Lens works with the Johns Hopkins School of Public Health on an initiative called Healthy Eating Zones, to create print materials that promote healthy food choices in teens and lower income populations. The program strives to curb diet-related chronic diseases in ethnic-minority populations by increasing the supply of more nutritious foods, promoting them at the point of purchase, and educating store employees and customers alike about the benefits of healthier diets. The youth involved have recruited several neighborhood stores to participate, designed videos, comic books, buttons, and postcards that specifically target teens with language and images that encourage them to make healthier food choices.

The Healthy Eating Zones initiative has produced benefits for everyone involved in the partnership, including Johns Hopkins University. The school was able to achieve improved outreach and networking capabilities in surrounding neighborhoods, while providing opportunities for nursing students to make an impact through innovative public health initiatives.

In addition to this project, New Lens students work with Planned Parenthood to create media about contraceptive health, and with other partners to produce art or video dealing with social issues such as healthy relationships, homophobia, race and diversity. Through its partnerships with area schools, New Lens is able to share all of its projects with students in the community, and offer workshops and classes to those who want to learn media art techniques or discuss important social issues in their community.

Contact
Rebecca Yenawine, Executive Director
(410) 383-7200

New Orleans Video Voices

New Orleans, Louisiana

New Orleans Video Voices is a community-based research project that allows local citizens to create personalized media art to push for solutions to community health challenges posed in post-Katrina New Orleans. In the months and years after the devastating hurricane, with healthcare facilities still inadequate, many of the most seriously affected residents were finding it difficult to have their voices heard among policymakers or elected officials. Amid such circumstances in the days after the Katrina Hurricane disaster, Reverend Larry Campbell opened a clinic in his church to serve the population of the battered Central City neighborhood, and forged partnerships to create a community voice for health.

He reached out to area nonprofits, researchers, private partners, and the government in an effort to improve the community's access to vital healthcare services. In 2007, the group partnered with Caricia Catalani and Anthony Veneziale, two participatory media art pioneers, to launch a filmmaking-advocacy-research initiative.

The filmmakers put cameras in the hands of area residents and taught them techniques to provide their account of the health issues facing the community. Through film, they told their own personal histories, shared the circumstances that they face, and offered their solutions for the future. The projects brought together New Orleanians from all walks of life and had the added effect of creating a dialogue between community members, and not just providing a window for those from outside of the city.

Nearly five years after Katrina, neighborhoods such as the Central City in New Orleans continue to face serious health issues of all varieties. Mental health problems and suicides have increased dramatically, and healthcare infrastructure is still lacking. Yet amid such trying circumstances, New Orleans Video Voices has created a therapeutic and creative outlet for community members to create change for themselves and for their community.

Contact
http://neworleansvideovoices.org

Nuestras Raíces: Community Gardens, Murals, Farms, and Fitness

Holyoke, Massachusetts

Holyoke, a city of 40 thousand in Western Massachusetts seated along the Connecticut River, has a 40% Puerto Rican population, and although the Puerto Rican population in Holyoke today live in an urban environment, many first-generation family members grew-up on the farms of Puerto Rico. The network of community gardens in Holyoke began as a response to preserve heritage and create a sense of pride and place, while producing nutritious and healthy food for the community. Members of an experienced older generation of farmers had the opportunity to educate the next generation, while improving the community's well-being.

Nuestras Raíces, a community-based organization in Holyoke which began in the early 1990s as an urban garden and farm initiative, has expanded as a multi-service organization offering such programs as: youth development, workforce training, urban gardening and agriculture, GED programs, Arts and Cultural activities to include mural projects and music performances, and much more. Members of Holyoke's first community garden, La Finquita, managed the garden with the goal of developing a greenhouse in downtown Holyoke. The goal became a reality when members of La Finquita purchased the land and building for the headquarters of Nuestras Raíces, Centro Agrícola. Afterwards, renovations were made to the building to create a usable bakery, an education center, a greenhouse, and a restaurant. The Centro Agrícola includes an outdoor plaza, a restaurant space, a shared-use community kitchen, a bilingual library, and meeting space. The Plaza of the Centro Agrícola was designed by the youth of the Protectores de la Tierra program and guided by Architect Tullio Inglese. It is modeled after the town centers of Puerto Rico and Latin America, featuring a fountain, demonstration gardens, tropical flowers, and café-style seating for the restaurant. The plaza hosts outdoor events such as flower shows, music events, and festivals

To increase the number of gardens, Nuestras Raíces purchased more land and for each garden they assigned a garden coordinator who manages the family plots, assigns tasks, and creates a set of rules. A Nuestras Raíces board member invited youth to participate, eventually creating a Youth leadership team composed of 20 members who create murals, mentor younger members, and manage designated youth plots on the various community gardens.

The relationship between youth and older adults in Holyoke was strengthened by the community gardens that brought them together. The Nuestras Raíces youth leadership program offers a paid salary as well as leadership training, communication, and management. Additionally, a place for education, sense of pride, ownership, and celebration of heritage was provided through the community gardens. Youth who were formerly "troublesome" became active in community empowerment. The vacant lots of Holyoke now used for gardening were once filled with garbage, unsafe debris, and the remains of demolished buildings. They presented health problems for residents and particularly children, negatively impacted community pride, precluded investment, and created spaces for criminal activities.

Lastly, Nuestras Raíces is a founding member of the Holyoke Food & Fitness Policy Council (HFFPC), funded by the W.K. Kellogg Foundation. HFFPC was selected as one of nine community collaboratives across the country to become a Food & Fitness Initiative, a 10-year funded program, because of its demonstrated commitment to collaboration, and capacity to transform the food and fitness environments of Holyoke. HFFPC is a collaborative effort led by Nuestras Raíces and the Holyoke Health Center includes nearly 60 partner agencies, community residents, and youth leaders from the Holyoke Youth Commission.

"The mission of the Holyoke Food & Fitness Policy Council is to create and sustain a more healthy and vibrant Holyoke through the development of programs, policies, community leadership and advocacy.[26]"

Holyoke Food & Fitness visions unified, community-based systems of change that create access for families and children to healthy foods and fitness opportunities and confronts underlying conditions of poverty, blight, and social injustice. HFFPC focuses on: restoring Food Systems that provide access to all residents to affordable and healthy foods; School Wellness which addresses childhood obesity, policy advocacy for school reform, and safe walking routes to school; and the Built Environment which centers around a youth and community-run bicycle shop to teach bike-building and riding to community youth and all-age residents.

The diverse community, arts, and health programs of Nuestras Raíces have sparked neighbors and community members of all ages to come together and transform Holyoke's community into colorful, healthy, and active spaces where both gardens and relationships can grow.

Contact
Nuestras Raíces
Marco Maina, Executive Director
(413) 535-1789
www.nuestras-raices.org

Queens Museum of Art: Public Health

Corona, Queens, New York

The Queens Museum of Art (QMA) is set in one of the nation's most diverse neighborhoods, home to more than 200 spoken languages: Corona in Queens, New York. During the 1980s, Corona was characterized as almost entirely Italian-American. Since then, drastic demographic shifts have led to a population that is today 60% Hispanic and 40% African American, Asian American and some Italian American residents. Corona has a low rate of higher educational attainment, and one of the lowest median incomes within Queens. As a premiere institution located in the heart of Corona, the Queens Museum of Art strives to engage as a primary stake holder in the community to serve as a vehicle for community revitalization.

Facing issues of illiteracy, public health, neighborhood appearance, and lack of identity, the Queens Museum of Art began one of its feature community engagement programs: El Corazón de Corona or The Heart of Corona initiative, to spark change in the community. The Heart of Corona initiative is a project that "aims to address the health of residents and to activate and beautify Corona's public space."[27] The initiative is a collaboration of 43 community-based organizations that are engaging in equitable community development through the use of arts and culture. One primary focus of the initiative is to improve health and wellness in the Corona neighborhood—with a high immigrant population and a general lack of resources, many residents suffer from preventable health problems and lack health insurance.

In order to address community health problems, the QMA Heart of Corona initiative organized several Corona Cares Day street festivals in which QMA and their partners gave health screenings to nearly 1400 people, and registered over 1300 previously unregistered people for free or low-cost health insurance.

In addition to the street festivals, the initiative has published the Healthy Taste of Corona cookbook, and joined the American Diabetes Association's De Pie a Cabeza program, a city-wide campaign aimed at diabetes prevention in the Latino community through education and testing. And, the QMA is a sponsor of the Immigrants & Parks Collaborative, educating the Collaborative members about the various free and low-cost sporting activities and facilities that are available to them, as well as helping various new sports leagues in getting permits for existing fields.

The Healthy Taste of Corona cookbook is a full-color, bilingual, 150-page cookbook featuring traditional recipes from a variety of countries that reflect the diversity of cultures in the neighborhood. By slightly modifying the recipes, the cookbook addresses key health issues affecting the local community such as the high rate of heart disease and diabetes, while remaining pleasing to both the palate and the body. The Healthy Taste of Corona cookbook and accompanying coupons featured discounts on heart-healthy items from participating restaurants. They were distributed free of charge at local sites, at the Museum, and through the health partners.

The cookbook became the focal point for a number of other programs, several of which are described here. In response to new state regulations that decreased the time to complete applications for subsidized health care from 60 to just 15 days, the cookbook was used as an incentive to attract targeted audiences to bring documentation with them, and increase the likelihood of completing enrollments in a timely fashion. An art contest was planned based on a theme inspired by the cookbook. In addition to the art contest, participants were encouraged to present an educational pamphlet and agreement form to two family members asking them to make positive nutritional and lifestyle choices. All family members who signed the form received a complementary cookbook to help them on their journey to better health.

The Queens Museum of Art partnered with Elmhurst Hospital and nutritionist Jane Giordani who wrote an introduction for the cookbook and assisted in modifying the recipes to make them healthier. Copies of the cookbook were distributed to cardiac patients at the hospital. QMA received the majority of the funding to print the cookbook from MetroHealth PLUS. They partnered with the American Diabetes Association to explore a reprint of the cookbook for use in their campaigns focusing on diabetes and obesity prevention in the Latin American Community and in cooking demonstrations. They also worked with the American Heart Association to administer a second health-themed art contest inspired by the cookbook.

The Queens Museum of Art, through incredible outreach programming designed for its diverse community to gain greater access to health resources, proves itself as an institution which extends far beyond its four walls to not only conduct programming in community venues but to also bring back residents to the Museum for engaged learning. The Museum today acts as a good leader and role model for all institutions attempting to break down barriers to access and to reach out to all community residents.

Contact
Queens Museum of Art
Tom Finkelpearl, Executive Director
(718) 592-9700

---

[27] *The Queens Museum of Art, "QMA in the Community," Heart of Corona*

Potential Partners [28]

Below is a partial listing of the many public, private, and voluntary sector partners that states have engaged in Healthy People initiatives. Which are most important to you?

Health

- [ ] Prevention Research Centers
- [ ] Coroner, medical examiner
- [ ] Emergency medical system
- [ ] Health departments—city, county, state
- [ ] Health professional associations
- [ ] Hospitals
- [ ] Health maintenance organizations
- [ ] Medical societies
- [ ] Mental health organization
- [ ] Substance abuse agencies
- [ ] Primary Care Associations
- [ ] Community Health Centers
- [ ] Nursing homes, home health agencies
- [ ] Nutrition centers
- [ ] Red Cross chapters—local, state

Funding Resources

- [ ] Philanthropic institutions
- [ ] United Way, foundations

Select Populations

- [ ] Area Agency on Aging
- [ ] Corrections
- [ ] Day care facilities/Head Start
- [ ] Disabled citizens' alliance
- [ ] Health department clients
- [ ] Multicultural community centers
- [ ] Shelters/soup kitchens/bars
- [ ] Youth coalitions/teen centers
- [ ] Migrant worker groups
- [ ] Minority and gay/lesbian organizations

Planning/Regulatory Agencies

- [ ] Area Health Education Center
- [ ] Human Resources Council
- [ ] Regional Planning Councils

Voluntary Groups

- [ ] American Association of Retired Persons
- [ ] Faith communities and organizations
- [ ] Civic groups
- [ ] Fire and rescue service
- [ ] Interagency coalitions and councils
- [ ] Service providers
- [ ] Water Patrol

Business

- [ ] Private businesses
- [ ] Chamber of Commerce
- [ ] Economic development directors
- [ ] Insurance companies

Education

- [ ] Colleges and universities
- [ ] Public schools—elementary, secondary
- [ ] Teachers and administrators
- [ ] Parent organizations

Communication

- [ ] Health advocacy newsletters
- [ ] Media (TV, radio, print)
- [ ] State/local web sites

Government

- [ ] Army Corps of Engineers
- [ ] Department of Environmental Protection
- [ ] Military installations
- [ ] Mayor's office
- [ ] Empowerment Zone/ Enterprise Community office
- [ ] Law enforcement agency
- [ ] State legislators
- [ ] HHS Regional Health Administrators

U.S. Department of Health and Human Services Agencies and Offices [29]

The work of the U.S. Department of Health and Human Services (HHS) is conducted by the Office of the Secretary and 11 agencies. The agencies perform a wide variety of tasks and services, including research, public health, food and drug safety, grants and other funding, health insurance, and many others.

OS - Office of the Secretary
ACF - Administration for Children & Families
AoA - Administration on Aging
AHRQ - Agency for Healthcare Research & Quality
ATSDR - Agency for Toxic Substances & Disease
CDC - Centers for Disease Control & Prevention
CMS - Centers for Medicare & Medicaid Services
FDA - Food & Drug Administration
HRSA - Health Resources & Services Administration
IHS - Indian Health Service
NIH - National Institutes of Health
OIG - Office of Inspector General
SAMHSA - Substance Abuse & Mental Health Services Administration

Sample Budget Line Items [30]

Line Item	Internal Resources New agency budget allocation	Internal In-kind Reallocation of existing agency staff, shared budgets, or resources	External Resources Grants or financial resources: public or private	External In-kind Donated services or non-financial resources
Personnel (Staff or Contractors)				
Coordinator				
Data manager				
Administrative support staff				
Technical support/consultants				
Subject matter experts				
Meeting facilitators				
Graphic designer				
Marketing/PR specialist				
Copy writer/editor				
Web site designer				
Fringe benefits				
Services (Non-Personnel)				
Duplication and Printing				
Steering/advisory group materials				
State plan publication				
Companion documents				
Letterhead				
Press kits, marketing materials				
Rentals				
Conference and meeting rooms				
Conference booth rental				
Computer equipment rental				
Equipment and Maintenance				
Audio equipment				
Presentation equipment				
Other equipment purchase				
Computer/copier maintenance				
Advertising				
Public meeting notices				
Promotion of state plan in small media (newsletters, conference programs)				
General media placement (radio, print, web, television)				
Postage				
Steering/advisory group mailings				
Overnight delivery services				
Meeting announcements				
Circulation of drafts				
Correspondence to partners				
Dissemination of plan and companion documents				
Marketing materials				

Line Item	Internal Resources New agency budget allocation	Internal In-kind Reallocation of existing agency staff, shared budgets, or resources	External Resources Grants or financial resources: public or private	External In-kind Donated services or non-financial resources
Services (Non-Personnel) *continued*				
Utilities, Telecommunications Conference call services Long distance services Web site service Electric				
Supplies				
Office supplies *Meeting supplies* *Computer supplies* *Graphic design software* *Data software* *Plaques or certificates of thanks for steering group members*				
Travel				
Staff meeting travel, lodging, and per diem *Steering group travel and lodging*				
Other Direct Costs				
Meeting refreshments *Literature search/retrieval fees* *Incentives for focus group participation*				
Indirect Costs				
TOTAL				

References

Alinsky, S. (1971). *Rules for radicals; a pragmatic primer for realistic radicals*. New York: Vintage.

Bilton, M. (2008). *An excellent investment. Hospitals and Health Networks*. Retrieved December 11, 2008 from http://www.hhnmag.com/hhnmag_app/jsp/articledisplay.jsp?dcrpath=HHNMAG/Article/data/05MAY2008/0805HHN_DEPT_Outbox&domain=HHNMAG

Bsruhn, J., & Wolf, S. (1979). *Roseto story: An anatomy of health*. Oklahoma City, OK: University of Oklahoma Press.

Callahan, S. (2004). *Singing our praises*. Washington, DC: Association of Performing Arts Presenters.

Carson, A., Chappell, N., & Knight, C. (2007). Promoting health and innovative health promotion on practice through a community arts center. *Health Promotion Practice*, 8, 366–374.

Centers for Disease Control and Prevention. (2010). *Healthy youth! Coordinated school health program*. Retrieved January 12, 2009, from http://www.cdc.gov/HealthyYouth/CSHP/

Centers for Disease Control and Prvention. (1997). Principles of community engagement. Retrieved January 8, 2009, from http://www.cdc.gov/phppo/pce/

Community Partnership Toolkit. (n.d.). *Sharing responsibility and accountability*. Retrieved February 19, 2009, from http://www.wkkf.org/Pubs/CustomPubs/CPtoolkit/cptoolkit/Sec3-SharedRespons.htm#Using

Definition of Public Health. (2001). *MedicineNet.com*. Retrieved January 13, 2009, from http://www.medterms.com/script/main/art.asp?articlekey=5120

Eisner, E. (1998). Does experience in the arts boost academic achievement. *Art Education*, 5(1), 7–15.

Kramer, R. (2007). Strategies for the long-term institutionalization of an initiative: An overview. *The community tool box*. Retrieved February 19, 2009, from http://ctb.ku.edu/tools/en/sub_section_main_1329.htm

McCabe, A., & Horsley, K. (2008). *The evaluator's cookbook*. London: Routledge.

McDonald, M., Antunez, G., & Gottemoeller, M. (2003). Using the arts and literature in health education. In M. Torres, & G. Cernada (Eds.), *Sexual and reproductive health promotion in Latino populations* (pp. 161–174). Amityville, NY: Baywood Publishing Company, Inc.

Nodora, J., Walsh, M., & Basta, J. (n.d.). Developing an evaluation plan for a comprehensive tobacco control program. Retrieved February 19, 2009, from ncth.confex.com/ncth/viewHandout.epl?uploadid=722

Nuestras Raices (2011). Anjarita, Diego. Holyoke food & fitness. *Nuestras Raíces*. 2010. Retrieved from http://www.nuestras-raices.org/en/holyoke-food-fitness.

Minnesota Department of Health (n.d.). Who are leaders. Retrieved January 12, 2009, from http://www.health.state.mn.us/divs/hpcd/chp/hpkit/text/involv_leaders.htm

Nagy, J. (2007). Strategies for sustaining the initiative. *The community tool box*. Retrieved February 19, 2009, from http://ctb.ku.edu/tools/en/sub_section_main_1333.htm

Partnership for Prevention. (2001). *Healthy workforce 2010: An essential health promotion sourcebook for employers, large and small. Washington, D.C.*: U.S. Department of Health and Human Services.

Smith, R. (2002). Spend (slightly) less on health and more on the arts. *British Medical Journal*, 325, 1432–1433.

Stern, G. (2001). *Marketing workbook for nonprofit organizations volume 1: Develop the plan* (2nd ed.). St. Paul, MN: Amherst H. Wilder Foundation.

Sutherland, M. S.; Hale, C. D.; Harris, G. J.; Stalls, P.; and Fould, D. (1997). Strengthening rural youth resiliency through the church. *Journal of Health Education* 28(4):205–214.

Terre, L. (2008). Back-to-school health promotion. *American Journal of Lifestyle Medicine*, 2, 402–405.

The Marin Institute. (2006). *Take action*. Retrieved January 24, 2009, from http://www.marininstitute.org/action_packs/community_org.htm#ActionTeam

Torres, G., & Margolin, F., (2003). *The collaboration primer*. Chicago: Health Research & Educational Trust. Retrieved on February 19, 2009, from http://www.hospitalconnect.com/hret/programs/content/colpri.pdf

Trasolini, S. (1994). Leadership: Building capacity to lead a community-based process. *In Developing community coalitions*, 7–26. The W.K. Kellogg Foundation & The Healthcare Forum. Retrieved February 19, 2009, from http://www.wkkf.org/pubs/Health/Pub656.pdf

Valente, T., Poppe, P., Alva, M., De Briceno, R., & Cases, D. (2003). Street theater as a tool to reduce family planning misinformation. In SM. Torres & G. Cernada (Eds.), *Sexual and reproductive health promotion in Latino populations*. Amityville, NY: Baywood Publishing Company, Inc.

Wolf, T. (1994). Building the coalition. *In Developing community coalitions*, 53–105. The W.K. Kellogg Foundation & The Healthcare Forum. Retrieved February 19, 2009, from http://www.wkkf.org/pubs/Health/Pub656.pdf

Annotated Resources

General

Arts in Community Health: A Social Tonic
White, M. (2009). Abingdon, England: Radcliffe.

Arts in Community Health looks at the rapid growth of this field of work in the UK from the mid-1990s, and, based on the latest international research, considers how and why arts in community health has come about, the characteristics of its practice and the challenges it poses for evaluation. This fully referenced guide compares and contrasts the arts in different cultures and healthcare systems, how well it works, why it works, and the factors that determine its success. The case studies examined prove shared creativity aids public health and simultaneously identifies and addresses the local and specific health needs in a community.

Society for the Arts in Healthcare Consulting Grants and Services
http://www.thesah.org/template/page.cfm?page_id=466

The Society for the Arts in Healthcare, through the support of the National Endowment for the Arts, offers a Consultancy Service to assist organizations in developing, re-imagining or sustaining their arts in healthcare programs. It serves a wide variety of organizations including both healthcare facilities and arts organizations to strengthen partnerships, through a roster of over 20 arts in healthcare professionals from around the U.S. Current services include:

- Consulting Grants—Apply for up to 20 hours of consulting time with an experienced leader in the field.
- Ask the Experts Online—A Q&A forum, where you can ask the team of arts in healthcare experts questions on a variety of topics. Simply log-in, enter your question, and select the most appropriate arts and health expertise for your expert consultant. You will receive an email response based on your inquiry.
- Renewal Webinars—Seasonal renewal webinars led by consultants in the service provide topical information on arts in healthcare. Participants join the conversation from around the country, engage in dialogue, and network with their peers.

Developing, Maintaining, and Sustaining Coalitions

Assessing Your Collaboration: A Self-Evaluation Tool
Borden, L., & Perkins, D. Journal of Extension, 37(2).
http://www.joe.org/joe/1999april/tt1.php

A 12-item checklist with a 5-point Likert scale that examines factors that can influence the collaborative process to help partners assess their coalition.

Building Coalitions (OSU-Youth)
http://ohioline.osu.edu/ (select Building Coalitions)

> Contains tools and resources for supporting community coalitions including assessment, facilitator guide, goal setting, developing members, evaluation, fund raising, mobilization, turf issues, understanding process and more.

Building a Team
http://www.health.state.mn.us/divs/hpcd/chp/hpkit/text/team_main.htm

> Provides useful information on choosing group leadership, brainstorming, and developing a mission statement. The site provides worksheets and checklist for developing a coalition.

Coalition for Healthier Cities and Communities
http://www.communityhlth.org/

> Provides access to a collection of websites for those committed to seeking solutions to urban and community issues. Here they network together to share their stories and find resources to assist them in their diverse efforts.

Community How To Guide on Coalition Building
Wisconsin Clearinghouse for Prevention Resources, n.d.
http://wch.uhs.wisc.edu/docs/PDF-Pubs/CommunityHowToGuide.pdf

> This is a complete guide that covers various aspects of coalition building. It provides information on involving youth, recruiting members, overcoming obstacles, communicating, and marketing your coalition.

Community Organizing Action Pack
The Marin Institute (n.d.)
http://www.marininstitute.org/action_packs/community_org.htm

> Provides an overview of what is involved in community organizing and how it differs from other problem solving approaches.

Community Organizing and Community Building for Health.
Minkler, M. (Ed). (1997). New Brunswick, NJ: Rutgers University Press.

> Written by leaders in the field of community organizing, this book covers contextual frameworks and models, roles, assessments, issue selection and the creating of critical consciousness, community organizing and community building within and across diverse groups, building and maintaining coalitions, measuring community empowerment.

Facilitator Guide
http://wch.uhs.wisc.edu/01-Prevention/01-Prev-Coalition.html

A series on coalition building developed by The Ohio State University. It has been adapted for County Extension Faculty in Florida to facilitate work with local and regional organizations and groups such as non-profits, cooperatives, county extension associations, and others that might benefit from a plan for working together to achieve support for mutual goals:

- Coalition Facilitator Guide—Looks at the role and qualities need to be a successful facilitator.
- Coalition Functioning—Describes the elements of success.
- Coalition Goal Setting—Short discussion on establishing goals and turning them into action.
- Coalition Communication—Effective communication is essential to a successful coalition. Looks at the communication process and the ways we communicate.
- Communication/Developing Members—To be effective and efficient members will need to be comfortable and understand important group processes.
- Evaluating the Collaboration Process—Details two levels of examining the collaboration process within a coalition.
- Extra Resources—Describes a six-step process for securing additional funding through grant writing and fundraising.
- Making A Difference Needs Assessments—Explains what a needs assessment is and provides information on planning and designing an assessment.
- Mobilizing the Community—Talks about what is needed to mobilize a community, who should be involved, strategies, and barriers.
- Networking—Short description on how to use networks as a major tool in multiplying power.
- Structure—Describes the construction of a coalition, how to recruit members and how to keep the momentum alive.
- Tapping the Private Sector—With resources decreasing the private sector can provide valuable resources through members and services.
- Turf Issues—Defines "turf-ism" and looks and why and when it happens by providing examples and suggestions on how to avoid it.
- Understanding the Process—Explains how to use the problem solving method to overcome barriers coalitions encounter.
- Working with Diverse Cultures—Looks at managing cultural diversity and making the most of it to help strengthen your coalitions effectiveness in the community.

Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2020
http://healthypeople.gov/2020/

A guide for building community coalitions, creating a vision, measuring results, and creating partnerships dedicated to improving the health of a community. Includes "Strategies for Success" to help in starting community activities.

Healthy People Consortium
http://healthypeople.gov/2020/consortium/default.aspx

A link from the Healthy People website that describes the consortium and provides contact details for state and territorial agencies and national organization members.

Module 1: Developing Community Coalitions
The W.K. Kellogg Foundation & The Healthcare Forum
http://www.wkkf.org/what-we-support/what-we-support.aspx

Developing Community Capacity is designed to improve the community's capacity for positive change by promoting citizen participation, action, and leadership. (1994)

Keys to Building Successful Partnerships.
Huff, Andrew. (1998). AmeriCorps*VISTA Source. Issue 4.

Assessment

Community Health Status Indicators Report
http://communityhealth.hhs.gov/HomePage.aspx

The Community Health Status Indicators (CHSI) provide an overview of key health indicators for local communities to encourage dialogue about actions that can be taken to improve a community's health. The CHSI report was designed not only for public health professionals but also for members of the community who are interested in the health of their community. The CHSI report contains over 200 measures for each of the 3,141 United States counties. In addition to the web pages, community profiles can be displayed on maps or downloaded in a brochure format. The CHSI mapping capability allows users to visually compare similar counties (termed peer counties) as well as adjacent counties with their county. The downloaded CHSI report allows broad dissemination of information to audiences that may not have access to the Internet.

The CHSI report provides a tool for community advocates to see, react, and act upon creating a healthy community. The report can serve as a starting point for community assessment of needs, quantification of vulnerable populations, and measurement of preventable diseases, disabilities, and deaths. The CHSI report is accompanied by a companion document entitled Data Sources, Definitions, and Notes (PDF - 261KB). This document gives detailed descriptions on data estimations, definitions, caveats, methodology, and sources.

Green Map
http://www.greenmap.org/greenhouse/participate/youth_intro/by_kids#bloo

> Discusses and provides examples of the Green Mapping process of highlighting the ecological and cultural resources that intersect with our daily life as an essential step toward healthier, more beautiful, and more sustainable communities. Most of the youth driven Green Map projects were created in an educational setting (classrooms, after school programs, etc.), with a small-scale geographical focus (usually a local neighborhood). Creating neighborhood-scale Green Maps helps young people sharpen their powers of observation as they learn about the community and ecology around their home or school. Some were made by intergenerational groups with enlightening results.

The Kid's Hood Book
Children, Youth and Environments Center for Research and Design at the University of Colorado (2006).
http://www.activelivingresearch.org/files/StedmanGuidebook_WebVersion.pdf

> A neighborhood guidebook by the students and teachers of Stedman Elementary School using the Green Map process.

Evaluation

Achieving and Measuring Community Outcomes: Challenges, Issues, Some Approaches
United Way (1999).
http://liveunited.org/our-work/health

> Uses the early learning's of several United Ways to spark a conversation about how communities can achieve and measure change.

Appreciative Inquiry

Christie, C. (2006). Appreciative inquiry as a method for evaluation: An interview with Hallie Preskill. *American Journal of Evaluation*, 27(4), 466–474.

Cooperrider, D., Sorenson, P., Jr., Whitney, D., & Yager, T. (2000). *Appreciative inquiry: Rethinking human organization toward a positive theory of change.* Champaign, IL: Stripes Publishing.

Cooperrider, D., Whitney, D., & Stavros, J. (2003). *Appreciative inquiry handbook.* Bedford Heights, OH: Lakeshore Publishers.

EnCompass. (n.d.) *Frequently asked questions on appreciative evaluation.* Retrieved November 10, 2007, from www.encompassworld.com

Preskill, H., & Catsambas, T. (2006). *Reframing evaluation through appreciative inquiry.* Thousand Oaks, CA: Sage.

Rollins, J. (2007). *Getting to how: Using appreciative inquiry in arts and health evaluation.* Paper presented at Critical Connections Summit: Through the Looking Glass: Investigating perspectives on Arts and Health, Leeds, England. Retrieved from http://www.criticalconnections.org.uk/events.asp

Basics of Conducting Focus Groups
http://managementhelp.org/evaluatn/focusgrp.htm

Provides details on preparing for a focus group session, developing questions, planning and facilitating the session, and what to do following the session.

Designing a Process Evaluation
Bliss, M. & Emshoff, J. Georgia Department of Human Resources Division of Public Health (2002). http://health.state.ga.us/pdfs/ppe/Workbook%20for%20Designing%20 a%20Process%20Evaluation.pdf

Has many good sample charts and data collecting instruments.

Evaluation Briefs (4): Developing Process Evaluation Questions
Centers for Disease Control and Prevention. (2006). http://www.cdc.gov/healthyYouth/evaluation/pdf/brief4.pdf

Takes the reader step-by-step through developing process evaluation questions.

Focus Groups for Kids
http://www.joe.org/joe/1993spring/tt2.php

Offers a brief discussion on conducting focus groups for youth between the ages of 6 and 12 years.

Society for the Arts in Healthcare: Resources: Evaluation
https://www1074.ssldomain.com/thesah/template/page.cfm?page_id=181

Provides a selection of resources on evaluation meant as a starting point for ways to evaluate the impact of arts in health care.

The Community Tool Box
http://ctb.ku.edu/tools//section_1018.htm

Provides an introduction to focus groups, real world situational examples, hyperlinks to related topics, tools and checklists, and a PowerPoint presentation summarizing major points.

Funding

Fundamentals of Arts Management
Dreeszen, C. (Ed.). (2003). (4th ed.). Amherst, MA: University of Massachusetts Amherst.

Designed for arts organizations and features an excellent chapter on fundraising.

Fundsnet Online Services: Health
http://www.fundsnetservices.com/health2.htm

Lists several foundations that fund health projects.

Grants.gov
http://www.grants.gov/

Serves as a central storehouse for information for over 1,000 federal government grant programs and provides access to approximately $500 billion in annual awards.

GrantsNet
http://www.hhs.gov/grantsnet/

Provides grant information to current and prospective U.S. Department of Health & Human Services grantees.

The Foundation Center
http://foundationcenter.org/

Maintains the most comprehensive database on U.S. grantmakers and their grants; issues a wide variety of print, electronic, and online information resources; conducts and publishes research on trends in foundation growth, giving, and practice; and offers an array of free and affordable educational programs.

Marketing

Marketing Workbook for Nonprofit Organizations Volume 1: Develop the Plan (2nd ed.)
Stern, G. (2001). St. Paul, MN: Amherst H. Wilder Foundation.

Offers an easy-to-follow five-step process to create an effective marketing plan: Provides an expanded resources section including Internet examples; Includes ""web wisdom"" to help you set reasonable web goals, build an on-line reputation, and learn about the possibilities and pitfalls of web promotion. Use it to: Be sure you have the right services to meet people's needs; Reach the audiences you want with a message that motivates people to respond; Make a strong impact in your community and beyond. This book will guide you through each stage of the marketing process. You'll learn how to: Link marketing with strategic planning; Set goals and evaluate your success; Conduct a marketing audit using the Six Ps of Marketing; Position your organization in a unique niche; Develop a marketing plan and promotional campaign. Plus, you also get: 27 proven promotional techniques; Dozens of tips for writing and design; A sample marketing plan; A case study of how one nonprofit implemented their plan

Robin Hood Marketing: Stealing Corporate Savvy to Sell Just Causes.
Andresen, K. (2006). San Francisco: John Wiley & Sons.

A veteran marketer and nonprofit professional demystifies winning marketing campaigns by reducing them to 100 essential rules and provides entertaining examples and simple steps for applying the rules ethically and effectively to good causes of all kinds. The Robin Hood rules steal from the winning formulas for selling socks, cigarettes, and even mattresses, with good advice for appealing to your audiences' values, not your own; developing a strong, competitive stance; and injecting into every message four key elements that compel people to take notice. Andresen, who is also a former journalist, also reveals the best route to courting her former colleagues in the media and getting your message into their reporting.

Successful Marketing Strategies for Nonprofit Organizations
McLeish, B. (1995). San Francisco: John Wiley & Sons.

Clear, step-by-step advice and guidance and the tools needed to develop and implement a sophisticated marketing program tailored to your organization's needs and goals. With the help of dozens of anecdotes and real-life case studies, the book includes techniques for analyzing your market and developing a comprehensive marketing plan, marketing strategies that will support fund-raising, promote new services, and enhance your organization's reputation and visibility, methods for developing a marketing program that reaches both the consumers of your service and the donors who support your organization, and examples of how nonprofits across North America have used the strategies described in this book.