Engaging, empowering and embracing novel methods of community partnership to make communities healthier where people live, learn, work, play, worship, and receive care.

From the CEO...

“The community mentorship model provides one of the most cost effective and efficient methods for communities to work together to further Healthy Communities where people live, learn, work, play, worship, and receive care. This partnership model develops leadership, both allowing communities to share best practices, as well as learn from each other across multiple communities and states. All communities that work to prevent chronic diseases through improved systems of care and healthier environments can benefit from this type of time-tested, mentorship model.”

(John W. Robitscher, MPH; NACDD Chief Executive Officer)

Executive Summary:

This informative document emphasizes the principles and successes of the Community Mentorship Model (CMM) as an innovative framework of community partnership between and among states for collaborative efforts to improve community health where people live, learn, work, play, worship, and receive care. In 2012, during the final year of funding for the Centers for Disease Control and Prevention’s (CDC) Action Communities for Health, Innovation, and EnVironmental changE (ACHIEVE) program, communities that received funding during previous cohort years were matched with newly funded communities to function in a mentorship role as the new communities implemented requisite phases to establish new policies, systems, and environments (PSE) that promoted healthful living in the community setting. As such, the document shares this partnership model from the perspective of NACDD mentor community coordinators and is intended to be used as guidance for other communities and local and state public health professionals nationwide who wish to employ a similar concerted approach in related public health efforts. Specifically, best practice approaches, principles and successes, valuable lessons learned, and recommendations for future implementation of the CMM are described in detail.

NACDD is grateful for the hard work and dedication of the 11 mentor community coaches, who have worked tirelessly to enhance and accelerate the Healthy Communities movement, and who are willing to share their experiences with others.

“The mentor model was a major benefit for us with regards to lessons learned and the ability to have such great insight from our mentors. We cannot say enough of the great things that came from this partnership.”

(Kasiah Rothchild; ACHIEVE Community Coach Colby, KS)
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![Image of people working on a farm]
Chronic diseases are problematic and looming in the day-to-day struggle for achieving good health and optimal quality of life for Americans in nearly every community and state in our country. These diseases are largely preventable; people who make healthy choices related to physical activity, diet and tobacco are less likely to develop chronic conditions or are better able to lessen the consequences of those conditions. Chronic diseases are the leading causes of death and disability for Americans and affect people of all ages. For example:

- Chronic diseases cause 70% of deaths every year in the U.S.
- About 50% of adults live with at least one chronic illness.
- Over 75% of the nation’s healthcare costs are due to chronic conditions.
- Nearly 25% of the people living with a chronic condition experience significant limitations in daily activities.
- The percentage of U.S. children living with a chronic health condition increased to more than 7% in 2004 from less than 2% in the 1960’s.

**Complications of Physical Inactivity**

Lack of physical activity is a major public health concern, and leads to unnecessary illness and premature death for many Americans. People who are not physically active are at increased risk for such chronic conditions as overweight/obesity, heart disease, hypertension, stroke, type 2 diabetes, and colon cancer. Additionally, the lack of physical activity can indirectly lead to feelings of depression, anxiety, and reduced self-esteem. Regular and consistent physical activity is imperative for the building and maintenance of healthy bones, muscles, and joints.

- Over 33% of U.S. adults fail to meet the minimum recommendations for aerobic physical activity.
- Only 35% of U.S. adults engage in regular leisure-time physical activity; 25% engage in none.
- Nearly 66% of U.S. adults do not participate in regular physical activity.
- Only 33% high school students participate in daily physical education classes.
- Only 18% of high school students participate in at least 60-minutes of daily physical activity.
- Nearly 50% of young people ages 12-21 are not vigorously active on a regular basis.
- Physical activity participation declines as young people age.

**Complications of Unhealthy Eating**

Unhealthy eating is an added public health concern, and likewise contributes to unnecessary illness and premature death for many Americans. People who do not participate in healthy eating behaviors are at increased risk for such chronic conditions as overweight/obesity, heart disease, atherosclerosis, high cholesterol, hypertension, stroke, type 2 diabetes, several types of cancer, and osteoporosis. Adequate nutrition has declined among the nation’s youth over the last two decades, leading to the onset of chronic conditions at earlier ages and playing a factor in the classification of obesity as a disease by the American Medical Association. Good nutrition is essential for healthy development of bones, skin, and energy levels, for protection against dental caries, as well as for prevention of micronutrient deficiencies.

- Less than 25% of U.S. adults and 20% of high school students eat the recommended amount of daily fruits and vegetables.
- Americans who are at least 20% overweight are at greater risk for developing chronic conditions like type 2 diabetes, obesity, heart disease, and hypertension.
- Fewer than 33% of Americans are cooking meals, and nearly 50% of all meals come from fast food restaurants.
- Over 60% of U.S. children and adolescents exceed the recommended amounts of saturated fat.
- Only 39% of U.S. children and adolescents meet the recommended fiber intakes.
- Overweight/obese children are more likely to become overweight/obese adults.
Complications of Tobacco Use

Tobacco use is the most preventable cause of disease, disability, and death in the U.S., killing more than 440,000 people prematurely each year. Whether smoked or smokeless, tobacco leads to chronic diseases including heart disease, stroke, chronic obstructive pulmonary disease, and cancers of the lung, larynx, esophagus, and mouth. Equally disturbing are the negative chronic implications caused by exposure to secondhand smoke by people who abstain from the use of tobacco products. Secondhand smoke exposure leads to heart disease and death in nonsmoking adults, and asthma, ear infections, acute respiratory conditions, and sudden infant death syndrome in children. Reducing tobacco use in communities and in certain ethnic populations is essential in order to reduce these associated chronic diseases.

- Currently, 43.8 million Americans, including 19% of all adults, smoke cigarettes.
- An estimated 443,000 people die each year from a tobacco-related cause; another 8.6 million live with a serious illness caused by smoking.
- 54% of children ages 3-11 are exposed to secondhand smoke.
- 3,000 nonsmoking adults die of lung cancer, and 46,000 die of heart disease each year as a result of secondhand smoke.
- An estimated 150,000-300,000 children suffer from lower respiratory tract infections each year, as a result of secondhand smoke exposure.
- The economic burden of tobacco use includes more than $96 billion each year in medical costs and an additional $97 billion from lost productivity.

Community Solutions

Chronic disease prevention activities that touch many sectors and impact the entire life span can be very effective in encouraging healthy living and limiting the onset and progression of chronic diseases. Some important facts about prevention:

- Winnable Battles that can impact the nation’s health identified by the Centers for Disease Control and Prevention (CDC) include obesity prevention, healthy eating strategies, increased physical activity and tobacco prevention.
- Increasing access to healthy foods and to opportunities for physical activity is a fundamental component of vibrant communities and a core strategy for reversing type 2 diabetes and many other health problems, including heart disease, high blood pressure, stroke, and cancer, according to the Prevention Institute.
- Economic benefits to communities with longstanding public health prevention initiatives include new jobs created and retained, local business retention, promotion of local farming, increased access to and utilization of local businesses and services, and community reinvestment and revitalization.

An investment of $10 per person per year in community-based programs tackling physical inactivity, poor nutrition, and smoking could yield more than $16 billion in medical cost savings annually within five years, according to Trust For America’s Health. Strategies that facilitate and support healthy behaviors include the implementation of urban design and land-use strategies that lead to increased physical activity, such as executing zoning regulations and applying continuity and connectivity to streets, sidewalks, and structures. In addition, adoption of transportation policies and infrastructure strategies that reduce dependence on motorized vehicles, while supporting physical activity by pedestrians and bicyclists, such as shared use paths, bicycle boulevards, complete streets, and safe routes to school lead to healthier communities. Adopting policies that create healthier food options in restaurants,
Continued

schools, and employee cafeterias support people’s ability to access and make healthy eating decisions. Policies that support increased daily physical activity in schools help to get children involved early in healthy behaviors. The adoption of smoke-free workplaces, restaurants, schools, parks and other public places assures that non-smokers are not exposed to the toxic effects of tobacco.5, 8, 11, 12, 13 The National Prevention Strategy, which is aligned with the prevention and wellness goals set out in Healthy People 2020, recommends the launch of healthy and safe community environments by:14

1. Supporting comprehensive tobacco-free and other evidence-based tobacco control policies;
2. Increasing access to healthy and affordable foods in communities;
3. Implementation of organizational and programmatic nutrition standards and policies;
4. Encouraging community design and development that supports physical activity;
5. Facilitating access to safe, accessible, and affordable places for physical activity;
6. Supporting programs that promote breastfeeding; and
7. Workplace policies, as well as programs that increase physical activity and healthy eating.

Solutions for Improving Physical Activity

It is recommended to develop changes in the community setting that allows individuals to easily participate in physical activities that promote an active lifestyle. Changes like these involve modification across all levels of infrastructure and should target each aspect of PSE change. Potential community benefits from the establishment of such improvements include, but are not limited to the following:

• Improved workforce through increased job satisfaction, retention and performance, decreased absenteeism and health insurance costs.
• Local business retention through increased pedestrian accessibility, connectivity, utilization of local businesses/services, and consumer spending near recreational locations.
• Community reinvestment and revitalization through residential use, visual appeal, and built environment modifications.

Solutions for Improving Healthy Eating

New nutrition strategies in the community setting will construct an environment that promotes access to healthier foods for residents. Changes like these involve modification across all levels of infrastructure, and should target each aspect of PSE change. Examples of nutrition modification tactics at the community level include improvements in food retail, nutritional services in worksites and schools, and gains in food system support. Potential community benefits from these changes include, but are not limited to the following.8
Continued

• Stimulation of local food economy by adding healthier restaurants or other food retailers within the community, particularly in areas of the community with limited access to healthy foods.

• Improved performance, retention, and energy levels among employees and students as a result of enhanced nutritional services in worksites and schools.

• Promotion of local food merchants (farmers) through food system advancements such as establishment of farmer’s markets within a specified radius of census tracts, as well as Farm-to-Fork and Farm-to-School initiatives with restaurants and schools.

• Creation of school and community gardens.

Solutions for Reducing and Preventing Tobacco Use

PSE changes in communities concerning the use of all tobacco products are vital to the success of any longstanding prevention and disease reduction approaches. Coordinated, comprehensive, and collaborative efforts are needed to create multi-level smoke-free policies, reduce tobacco’s social acceptability, promote and assist users with cessation, and prevent tobacco initiation. These efforts must combine educational, regulatory, clinical, economic, and social strategies. The World Health Organization claims that efforts towards policy and environmental regulation are chief methods for making the use of tobacco products increasingly difficult, in addition to reshaping the social norm of acceptance of tobacco use in everyday life. Recommended solutions involve increasing the price of tobacco products; implementing smoke-free ordinances, policies, regulations, and laws across all levels of infrastructure; providing insurance coverage for tobacco cessation and treatment options; and reducing minors’ access to product purchase. Potential benefits to communities include some of the following:

• Improved indoor and outdoor air quality through formation of smoke-free policies in places of community interest, including restaurants, bars, healthcare facilities, schools, worksites, and recreational parks.

• Promotion of job growth in the community through increased community attractiveness for employers, reduced health insurance costs, improved work productivity, and decreased labor costs.

• Reduced tobacco litter for improved visual appeal of the community.

Efforts Thus Far...

The CDC led commendable efforts to improve community health nationwide by funding 331 communities and 52 state and territorial health departments through its Healthy Communities Program. These efforts shaped local, state, and national partnerships to improve community leaders and stakeholders’ skills and commitments for establishing, advancing, and maintaining effective population-based strategies to reduce the burden of chronic diseases and achieve better health. Funded communities created momentum that assisted people in making healthy choices in areas where they live, learn, work, play, worship, and receive needed care through sustainable changes that addressed the major risk factors of chronic disease—physical inactivity, unhealthy eating, and tobacco use. The Healthy Communities Program served as a funding umbrella by which seven separate national efforts existed to advance these sustainable population strategies; it was from ACHIEVE that the mentorship model was developed.

Despite the diminishing funds for chronic disease prevention, these valiant public health efforts must not stop. Communities and states must continue to pursue cost-efficient methods for ongoing implementation of these population-based strategies across the nation.
To adequately understand how each mentor community assisted its newly funded community in the Healthy Communities process, it is beneficial to first understand the components of the ACHIEVE five-phased approach to creating healthier communities. Two community coordinators, herein referred to as “coaches,” from both the mentor and new communities joined forces with NACDD and their respective state health department Expert Advisor to implement population-based strategy improvements where people live, learn, work, play, worship, and receive care in efforts to promote health, reduce the risk factors for chronic disease, and improve the community’s overall health culture. In addition to providing subject matter expertise for interventions related to physical activity, healthy eating, and preventing and reducing tobacco use, mentor community coaches assisted new community coaches with successful navigation of each of the five phases of community change.

Phase 1: Commitment:
New community and mentor coaches established working agreements outlining planned methods for interaction and dialogue, as well as explicit details of the mutual commitment process throughout the remaining ACHIEVE project period. Also in this phase, came the development and maintenance of local coalitions and partnerships by new communities, referred to as Community Health Action Response Teams (CHART). Each paired community coaches attended national trainings to gain insight on the ACHIEVE leadership approach to creating sustainable and healthy community change. At these trainings, coaches and the new community CHART engaged in related dialogue and relationship-building activities beneficial to the roles of mentor-ship and learning.

Phase 2: Assessment:
With step-by-step guidance from mentor community coaches, new community coaches and CHARTs implemented the Community Health Assessment and Group Evaluation (CHANGE) tool to identify existing policy and environmental assets and deficits within the five major community sectors. These five sectors include: Community-at-large; worksites; healthcare; schools; and community-based institutions and organizations.

Multnomah County, Oregon mentor coaches team up with Green Bay, Wisconsin CHART team at national ACHIEVE training
Phase 3: Prioritization and Planning:

Once the assessment process was complete, mentors provided technical assistance in the prioritization and planning processes to interpret CHANGE assessment results and develop a Community Action Plan (CAP) inclusive of appropriate strategies that addressed identified needs for healthy community change. As part of this process, mentor community coaches attended a new community site visit and assisted new community coaches in the development of a corresponding sustainability plan, which included tactics for maintenance of community coalitions and partnerships; and the ongoing development and implementation of PSE change plans. In addition, mentors worked with the new community coaches on the use of social marketing and social media communication as methods of promoting and sustaining healthy communities messages; integration of sharing and mentoring systems to foster the sharing of successes; and ongoing development of new ideas.

Phase 4: Implementation:

Following national partner approval of the submitted action plan, mentor community coaches provided assistance and subject matter expertise to new community coaches and coalitions as they began implementation of the population-based strategies identified in the CAP. Mentor coaches shared sample policies and best practices, helped new community coaches work through barriers, and provided ongoing support to the new community throughout the implementation phase.

Phase 5: Evaluation and Progress Review:

All NACDD funded communities participated in semi-annual progress reports, Peer Learning Network calls, narrative surveys, and other evaluation measures as needed. Each goal and subsequent objective(s) in the CAP was measured using specific, measurable, attainable, relevant, and time-bound (SMART) criteria. This helped document successful changes and gather impact data. Each community revisited its needs assessment using the CHANGE tool, modified implementation approaches as appropriate, and assessed the partnership model and individual strategies.

Chart 1 below illustrates the **ACHIEVE Five-Phase Model**: 

- **PHASE 1:** Commitment
- **PHASE 2:** Assessment
- **PHASE 3:** Prioritization and Planning
- **PHASE 4:** Implementation
- **PHASE 5:** Evaluation and Progress Review

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**New and mentor communities** participated in required evaluation measures for purposes of tracking valuable community impact data and assessing the community mentorship model.

**New communities** conducted CHANGE assessment; mentor coaches provided step-by-step guidance.

**CMM Working Agreements** established; new community coalitions established/maintained; new and mentor coaches attended national trainings.

**Mentor coaches** provided technical assistance and subject matter expertise to new coaches throughout CAP implementation.

**Mentor coaches** assisted new coaches in the interpretation of CHANGE results, prioritization and planning, development of CAP and sustainability plan; Mentor coaches participated in new community site visits.
Community Mentor Model

Why the Mentor Model was Developed

NACDD, along with the other national ACHIEVE partners, developed and implemented the CMM in the fourth year of a five-year project with the knowledge that ACHIEVE federal funding was ending, in order to continue these valiant ACHIEVE and Healthy Communities efforts for many years to come. Since chronic diseases and conditions are growing at alarming rates throughout the country and are worse among disparate populations, the need for communities to continue trans-forming health using effective community models and leadership approaches remains evident. Without ongoing fiscal resources to fund communities and states, an infrastructure was needed to extend capacity building of new community leaders by proven leaders who are already doing this highly important work.

This model fosters relationship-building, empowerment, and leadership development, among and by communities that are structured similarly or in close geographic proximity. The purpose and aim of the CMM is two-fold, as explained in Chart 2 below.¹

Chart 2 below.¹

<table>
<thead>
<tr>
<th>Purpose of CMM</th>
<th>Aim of CMM</th>
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<tr>
<td>To train existing community coaches to mentor new and existing communities.</td>
<td>To create a trained team of community “mentors” to spread the ACHIEVE model to new communities.</td>
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<td>To provide mentorship to additional communities seeking to improve the health of their communities.</td>
<td>To provide technical assistance and mentorship on the phases of ACHIEVE to new communities that have identified a need and the desire to improve the health of their community and reduce incidence of chronic diseases through PSE changes.</td>
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Use of Mentor Models in Public Health:

In nearly every profession, a mentoring relationship is considered to be an excellent means toward ensuring not only the vitality of a profession, but also the growth of the workers within that profession.²⁰ Mentor models have been used in public health in a variety of ways, including to connect students to field practitioners, to assist intervention participants with achievement of positive behavior changes in intra- and interpersonal behavior change interventions, as well as to improve...
Continued

interventions, as well as to improve recruitment, competency development, and retention of public health nursing workforce in multiple states.\textsuperscript{20, 21} The mentor model can be an effective way to develop the capacity of any of the public health disciplines, whether it is public health nursing, health education, environmental health, health planning, epidemiology, or other specific divisions of public health.\textsuperscript{20} The success of mentoring individuals can be applied at the community level as demonstrated through the CMM.

NACDD Process of Matching Mentor and Mentee Communities

In order to successfully match new ACHIEVE communities with an assigned mentor community, NACDD initiated a highly competitive Request for Assistance (RFA) grant application process in 2012 for existing ACHIEVE communities. Communities interested in becoming mentors and providing support and technical assistance to newly funded communities as they began to navigate the ACHIEVE model to create healthier places to live, learn, work, play, worship, and receive care applied. Applications were scored through an unbiased review structure consistent with the same review methods implemented to select newly funded ACHIEVE communities. In addition to application scores, NACDD matched five prospective mentor communities to one of the five selected new communities based on, but not limited to, the below criteria:

- Aligning mentor and mentee communities that shared similar demographic factors (i.e. population size, square mileage, race/ethnicity, etc.).
- Aligning mentee communities with mentor communities based on specific PSE strategies being undertaken.
- Aligning mentee communities with mentor communities within close proximity of location and/or within the same state. \textit{(Proximity was not a deciding factor in choosing an appropriate match if a mentor and mentee community shared demographics and PSE focus).}

NACDD during 2009-2011, built strong leaders in their funded communities by engaging them in building coalition infrastructure, effective communications, sustainability, community partnerships, and providing learning opportunities. This strong background in building healthy communities aided mentors in helping mentees with developing a social media presence; networking and sharing opportunities; developing and supporting peer learning; and creating success stories to promote the local community-driven work.

Chart 3 details the NACDD CMM community pairings.

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\textbf{Chart 3: 2012 NACDD CMM Pairings}
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Mentor \textit{(existing)} Community & (paired to) & Mentee \textit{(new)} Community	\\
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Ashland, Kentucky & $\leftrightarrow$ & Covington, Kentucky	\\
Multnomah County, Oregon & $\leftrightarrow$ & Brown County (Green Bay), Wisconsin	\\
Nacogdoches, Texas & $\leftrightarrow$ & Randolph County, Indiana	\\
Northeast, Connecticut & $\leftrightarrow$ & Norwalk, Connecticut	\\
Salamanca, New York & $\leftrightarrow$ & Colby, Kansas	\\
\hline
\end{tabular}
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Methods of Data Collection and Content Input

Data on the successful implementation of the CMM by the NACDD 2012-funded mentor and mentee communities was collected from ACHIEVE mentor and mentee coaches through semi-annual progress reports, narrative surveys, and quarterly Peer Learning Network (PLN) calls. In addition, coaches participated in individual email and telephone correspondence, progress submitted through CAP goals and objectives, and community site visits. The data gathered consists of successes and lessons learned of the CMM processes, as well as information pertaining to how well mentor and mentee communities honored the established working agreements, methods of dialogue, frequency of interaction, navigation of the five ACHIEVE phases, and strategy-specific PSE support.

The information gathered in 2012 from NACDD’s mentor and mentee community coaches, coupled with qualitative conversations, focused in-person meetings, and recurring virtual meetings with the mentor coaches in 2013, informed the content for this document. Through collaboration with NACDD, the mentor community
Mentor-mentee community relationships first began through participation in an orientation teleconference hosted by NACDD. Detailed training on the five-phase model, the community leadership process, and appropriate PSE approaches was provided at the in-person meetings, with added encouragement for communities to engage in relationship-building activities. Paired communities developed, signed, and submitted a two-year working agreement outlining each party’s role in the healthy community partnership process, as well as the communication methods for engaging in routine dialogue, sharing, and mentoring. The working agreements demonstrated separate but unique community partnerships, where each community pairing connected in practical and meaningful ways to communicate, build momentum and trust, and nurture new relationships.

Mentor community coaches participated in the new community site visits with NACDD. The site visits provided another in-person opportunity for dialogue and engagement. Each new community organized a community tour, CHART meeting, and a time of partner discussion to foster conversations with local community leaders and stakeholders. Mentor coaches observed first-hand their assigned community’s assets and barriers to good health. Mentor/mentee community partners drew from the site visit experience to determine appropriate short- and long-term CAP strategies for sustainable, healthy community change.

Not only did the relationship between the community coaches flourish following the site visit and into the final year of the project’s working agreement, but the unintended outcome of a cohesive CMM national network arose. NACDD now has in its collection of resources, a group of dedicated community public health professionals ready and willing to share the CMM characteristics with other interested communities and states.
Principles, Successes, and Lessons Learned

According to Comer (1995), “No significant learning occurs without significant relationships.” Much of what was accomplished through NACDD’s ACHIEVE efforts can be summarized by this quote. Experienced ACHIEVE coaches learned that the relationship developed with a newly selected, less experienced community provided both rewards and challenges. One important aspect of making the CMM work was the requirement of the aforementioned formal working agreement. Potential mentors of the CMM partnership should keep in mind that both mentors and mentees jointly determine the level and depth of the mentoring.

Mentors need to keep an open mind and be sensitive to the community, cultural, socioeconomic, and other differences that may exist between the mentor’s community and that of the mentee. One of the lessons learned by the mentor communities included gaining an understanding of the individuals and the environment with whom the mentor worked was equally important to a successful mentoring experience. Being sensitive to and respectful of the desires and challenges of the community helped build a relationship of trust and collaboration between the mentor and mentee. Mentor communities’ mentioned that some “had to learn to be a mentor” and others commented they “needed to learn to guide, not tell.”

Challenges were to be expected and dealt with by both parties. Even though there were differences in size, demographics and opportunities between the mentor and mentee communities, knowledge and skills shared enhanced the work of both. As example, the same skills would apply whether working on policies to improve indoor air quality as would apply to increase physical activity in schools. All communities can benefit from the procedural aspects of working on policy, environmental, and systems change for all health topics.

Remembering the past is often the key to opening possibilities for the future. With ACHIEVE, mentors shared stories of their experiences and how they overcame obstacles that got in the way of success. Through sharing stories, the mentor coaches guided the mentee through difficult times, helped them plan for and overcome barriers, and assisted them in achieving the outcomes they desired. Mentors in this type of partnership should:

- Empathize with the mentee,
- Share relative successes and experiences, and
- Listen and allow the mentee to talk through issues and come to their own conclusions.

The mentor’s role is not to provide the answer, but to help the mentee explore and understand the problem and its myriad of possible solutions. Helping work through possible solutions and resources to

Northeast, CT mentor coaches and community members share first harvest of 2013 with its mentee partner Norwalk, CT
The CMM partnership fosters the sharing of sustainable strategies…

...from the creation of new school gardens in Ashland, KY and Green Bay, WI...

...to healthy retail and the signing of faith-based health policies in Multnomah, OR...

Continued

assist in moving the mentee community toward success was a chief mentor role. The mentor should:

• Be a source of information and encouragement,
• Help the mentee develop independent and creative thinking,
• Assist with building collaborative relationships, and
• Model the skills to move the community toward meeting their goals.

Effective mentors acknowledge and admit that they do not always have all of the answers, but are willing to help mentees find answers. Remember that the CMM is a partnership model centered on the development of relationships, so that new leaders can move America toward a healthier future, one community at a time.

Although rewarding and challenging at times throughout the five-phased process, the ACHIEVE initiative has demonstrated the ability to enhance community health in recent years through frameworks of collaboration, leadership, and relationship-building – all of which are additionally imperative for mutually beneficial CMM partnerships.

“Our funders provide us with the opportunity, science, and principles to advance our work; but our mentors provide us with the humanity to create healthier environments.”

(Theresa Argondezzi, ACHIEVE Community Coach Norwalk, CT)

...to improved farmers’ market benefits in Covington, KY...
Outcomes from Mentor/Mentee Community Partnerships

The CMM is a cost-effective way to optimize limited resources so that communities can improve the health of people where they live, learn, work, play, worship, and receive needed care. This partnership model poses a strong business case to use when applying best practices, because of its efficiency of use, ease of coordination, and capability to optimize limited fiscal and other resources.

Ongoing technical assistance from mentor coaches sped up capacity-building for new communities and offered opportunities for:

* Improved understanding of CHART team recruitment and maintenance,
* Identifying community partners and stakeholders important to transforming the community’s health,
* Clarification of the scope of work,
* Creation of community contingency plans,
* Successful completion of community assessments and reporting surveys, and
* Development of CAP as a means to achieve desired outcome(s).

Specific outcomes observed by NACDD’s mentor coaches throughout the CMM partnership include:

* Increased efficiency and effectiveness through mentoring,
* Increased access to resources for mentee community,
* Mentored communities experienced success quicker than communities from previous years
* Implementation of sustainable strategies and sustainability planning activities,
* Increased technical assistance for new communities, and
* Cost-effective method of achieving healthy community change when funding is limited.

Mentee coaches benefited from technical assistance provided by mentors and received documents and tools that allowed them to reach milestones more quickly and to overcome barriers more easily. In this way, mentee coaches were able to reduce duplication of effort, spend less time preparing, and spend more time directly engaging with community partners for action. Being an understudy to the mentor’s success meant taking advantage of approaches and methodologies already tried and tested. Potential challenges and solutions were better anticipated, including improved management of existing resources and enhanced alignment with national strategies. Altogether, the efficiency of the CMM partnership made for more effective community engagement and allowed for desired outcomes to be achieved on accelerated timelines.

Mentee’s community successes include:

* Developed multidisciplinary local collaborations involving traditional and non-traditional sectors,
* Completed policy and need assessments identifying priority issues and community strengths,
* Increased school nutrition policies supporting Farm-to-School, providing healthy food for children on free and reduced lunch while benefiting local economies,
* Encouraged and influenced the passage of strong tobacco-free/smoke-free policies in public places, and
* Utilized key stakeholders to create new walk and bike paths, resulting in increased access to physical activity.

Salamanca, NY mentor coach addressing Colby, KS CHART team
A Network of Mentor Communities

Creating a network of mentor communities expands the reach and increases the likelihood that communities will receive technical assistance as they navigate through the five phases of creating a healthier community through PSE approaches. A long-term mentorship relationship allows work to continue even if the program loses funding. The CMM also provides accountability and an energizing force for communities that can see the benefit of being a part of something much bigger than their own community. Linking with other communities ignites innovation and outside-the-box thinking needed to improve community health through the establishment of PSE changes.

By providing funds to communities to assume the mentorship role, national agencies like the NACDD and CDC are able to continue the work happening in existing communities, catalyze work in the new communities, all while fostering an atmosphere that builds sustainable and trusting relationships within both communities. Mentor communities have experienced coaches capable of providing time and energy to assist a local community counterpart. In doing so, more work is accomplished with fewer dedicated resources by adopting the CMM collaboration approach. Partnering communities are able to pool resources and expertise, thus decreasing duplication of efforts and leveraging existing human and financial resources more effectively. The CMM expands the reach and scope of work being accomplished and utilizes best practices to improve community health – and all with minimal financial investment.

"An ancient Chinese Proverb once said if you want 1 year of prosperity, grow people. If you want 10 years of prosperity, grow trees. If you want 100 years of prosperity, grow grain. Mentoring is just that—people growing.”
(Goldman and Schmalz, 2001)

The CMM helps mold leaders with experience and expertise to create healthy PSE changes one community at a time.

Based on the input of ACHIEVE Mentor coaches, the following recommendations are provided to communities and/or states interested in implementing this CMM concept:

**Assess Your Current State:**
Conduct an assessment of your community’s strengths and weaknesses as they pertain to policies, systems and environments that help make the healthy choice the easy choice. Look for assessment tools, like CHANGE, that help you explore your community through a health lens. What policies support physical activity and healthy eating? Do physical environments, like sidewalks, crosswalks, and bike lanes, make it easy for residents to be active? Can residents safely walk or bike to schools, churches or shopping? Are residents and visitors protected from the hazards of second hand smoke in public places like restaurants, parks and workplaces? Do food deserts exist and if so, what is being done to address them? A mentor can help you make sense of the information and guide you in best practice solutions.
**Seek Advice:**
Find a community that has walked the path you plan to walk and ask them to assist you with the process. Ask them to mentor you through the five-phase process. A mentor will help you move your efforts more quickly and provide sound advice as you hit roadblocks.

**Build Capacity:**
Assemble a team of community partners or build on an existing group, to develop, guide, refine, and promote your work. Mentors can help your community determine who needs to be at the table to foster important dialogue, assess needs, explore solutions, and implement strategies. A strong partnership includes many multi-disciplinary collaborators, starting with community leaders from government, healthcare, public health, schools and other agencies that are influential in your community.

**Ask the Hard Questions; Accept the Facts:**
Change begins when the partners who can affect that change have a clear, truthful understanding of the current condition and the opportunities that exist that allow for improvement. It also is important to help others visualize their role in executing change. For example, the mayor may not immediately see that improving walkability through infrastructure changes as the city’s role to improve health.

**Learn from Others:**
Opportunities for good health lurk around every corner. Let the eyes of a newcomer, whether someone newly involved in your community or someone from another community, help you discover over-looked resources, reveal new opportunities, expand your vision, and help you embrace a fresh approach. Conduct site visits to other communities already working on PSE to compare, contrast, and potentially collaborate on similar approaches. Solicit input from new coalition members or community stakeholders to gain their perspective on community strengths and weaknesses before sharing results of your latest needs assessment.

**Create a Shared Vision:**
By creating a shared vision, everyone has a target they are trying to reach. This vision becomes the end-point that all of your actions try to achieve.
**Communicate Success:**

Use social media broadly, posting successes on Facebook, Twitter, YouTube, and other popular sites. Set attainable goals, delegate tasks for shared ownership, celebrate all accomplishments, large and small.

**Recognize that One Size Does Not Fit All:**

Diverse communities (rural, urban, ethnic, socio-economic) require different strategies, policies, and roadmaps to health. A mentor from an urban setting may not want to propose sidewalks and street lighting in a rural community. That does not mean that the mentorship will not work; it simply means that both mentors and mentees need to recognize the unique challenges that face their communities and use all the skills at the table to reach a unique solution.

**Stay Engaged:**

Host regular meetings, share progress, garner support to remove barriers and make adjustments as needed. If resources allow, invest in video/webcam software applications like Skype to keep partners engaged and allow them the ability to visually share success. Conduct site visits to immerse each other in the culture of a mentor/mentee community.

**Formalize the Commitment:**

Signing a letter of commitment or memorandum of understanding helps formalize relationships and improve understanding of roles and expected commitments from collaborators. A formal agreement also can be signed between mentor and mentee communities. Do something to formalize your community partner’s commitment to each other.

**Network and Seek Knowledge:**

It is nothing short of awe-inspiring to realize that local efforts are part of a national movement to improve the health of our communities. Funding spent bringing people together to work on solutions is money well spent. Thousands of people have attended conferences to learn about CDC Healthy Communities initiatives past and present, and have applied those skills, training, and mentorships directly in their own communities. At the very least, attendance helps to improve your knowledge and connects you to networks for expanding your community assets.

Leaving more than just a mark, but an imprint for years to come!
Benjamin Franklin once said “Tell me and I forget, teach me and I may remember, involve me and I learn.” The CMM allows mentors and mentees to be involved in the healthy community learning process, resulting in quicker success with implementing the five phases, establishing sustainable health changes, and building healthier communities. NACDD’s mentor community coaches challenge all that have something to share to do so, as the process is a win-win for the health of the nation and reshapes America one community at a time.

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Bibliography


