POSITIVE
CULTURE FRAMEWORK

A Foundation For Cultural Transformation

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I.

Introduction

The Center for Health and Safety Culture is an **interdisciplinary center serving communities and organizations through research, training, and support services to cultivate healthy and safe cultures.** Our research seeks to learn and share how to improve health and safety using a cultural perspective. Most of our research projects focus on three core areas of public health: traffic safety, substance misuse, and violence prevention (including child maltreatment).

We believe a cultural approach to public health is critical. Behavior does not occur in isolation of one's environment, and efforts that embrace a cultural approach are much more likely to be sustained (van Kasteren et al., 2020). Furthermore, even within these three areas of public health (traffic safety, substance misuse, and violence prevention), there is tremendous overlap. For example, those engaged in addressing these issues at the community level are well aware that substance misuse is a contributing factor to both violence and traffic safety.

One area of our research involves developing, refining, and sharing a framework for improving health and safety using a cultural approach – the Positive Culture Framework. This document begins with brief background information about some of the theories that form the foundation for the framework. Following this background information, there is an overview of the framework's process and skills, details about each of the seven steps, and information about three core skills: leadership, communication, and integration.

II.

Background Information

This first part of this manual provides background information for the Positive Culture Framework:

Beliefs, Behaviors, and Consequences

A Definition of Culture

The Social Ecological Model

Framing

Appreciative vs. Fear-Based Approaches

Concern and Hope

Beliefs, Behaviors, and Consequences
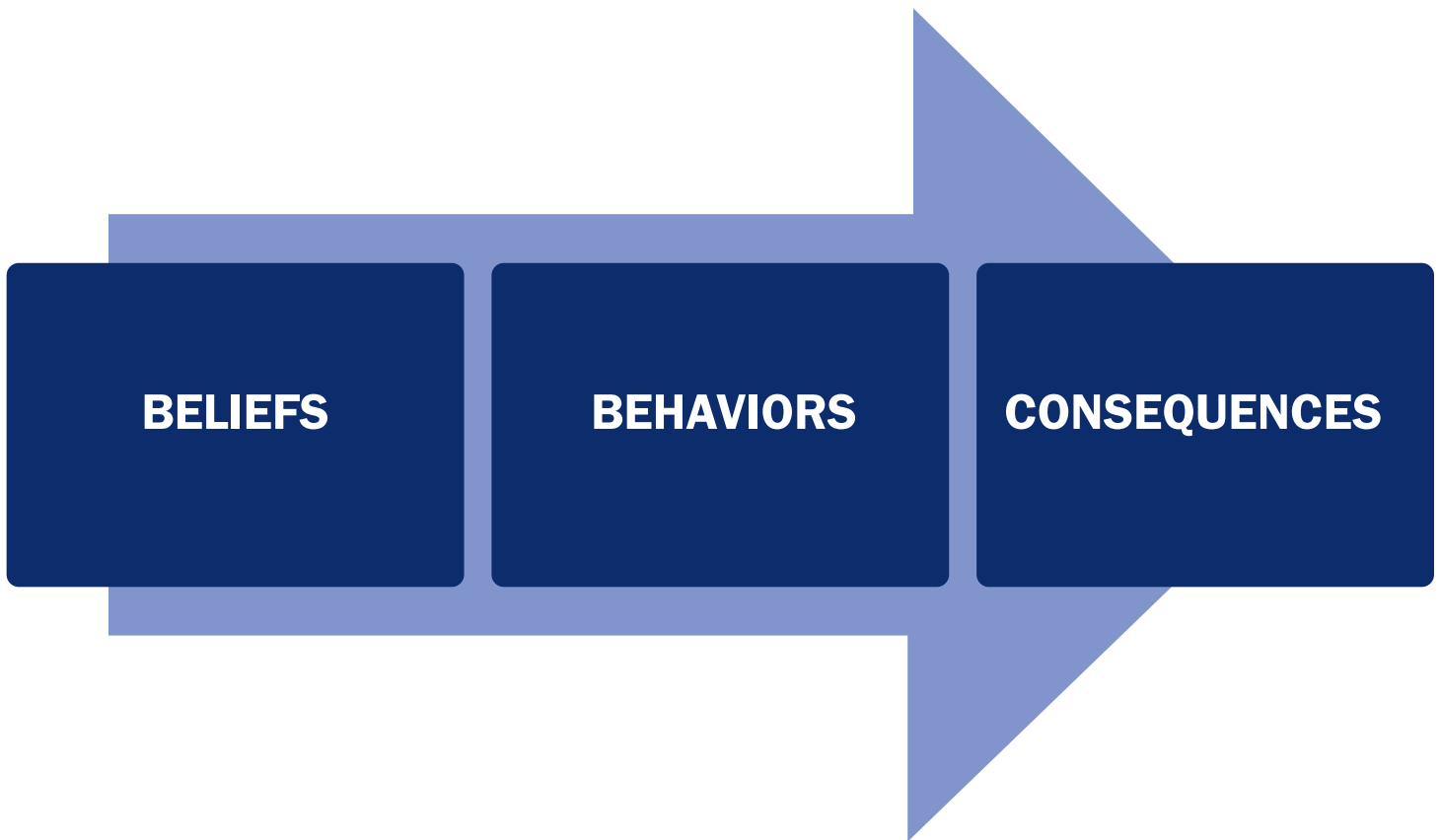
Figure 1. Simplified Behavior Model

Consequences are the outcomes of engaging in behaviors and are often the ultimate reason why we are working to improve health and safety. Consequences can include physical harm or reduced quality of health, such as addiction or substance use disorders, fatalities and serious injuries, and depression as well as improved health such as fulfillment and wellbeing. Many factors influence health-related consequences (see below on social determinants of health).

Health is influenced by the conditions in which people are born, grow up, and live their lives, including working, playing, and aging. These economic and social conditions are collectively referred to as the social determinants of health (SDOH) and significantly impact health, wellbeing, and quality of life. SDOH are grouped into five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. Examples of SDOH include safe and affordable housing, access to reliable transportation, clean air and water, access to nutritious foods, and opportunities for physical activity. (Centers for Disease Control and Prevention, 2022; Healthy People 2030, n.d.).

For example, people without nearby health care or transportation to appointments are less likely to receive preventive health screenings, which increases the risk for health conditions like cancer. Conversely, individuals who live near and have access to grocery stores with healthy foods are more likely to have good nutrition, which reduces risk for health conditions like heart disease and diabetes. SDOH contribute to health disparities and health inequities. Therefore, while promoting healthy and safe behavior choices is important, public health partners are also concerned with improving the conditions of communities to promote the health of all community members.

Behaviors are actions that people take. Behaviors can increase the risk of negative consequences (like drinking at an early age or driving while distracted) or be protective against negative consequences (like growing social and emotional skills or always using a seat belt).

Beliefs are mental representations of experiences. There are a wide variety of beliefs including values, attitudes, expectations, confidence, etc. Figure 1 is a simple representation of the relationship between beliefs, behaviors, and consequences. The Integrated Behavioral Model (IBM) is one attempt to bring together decades of research to explain how beliefs (and other factors) influence behavior (see Figure 2).
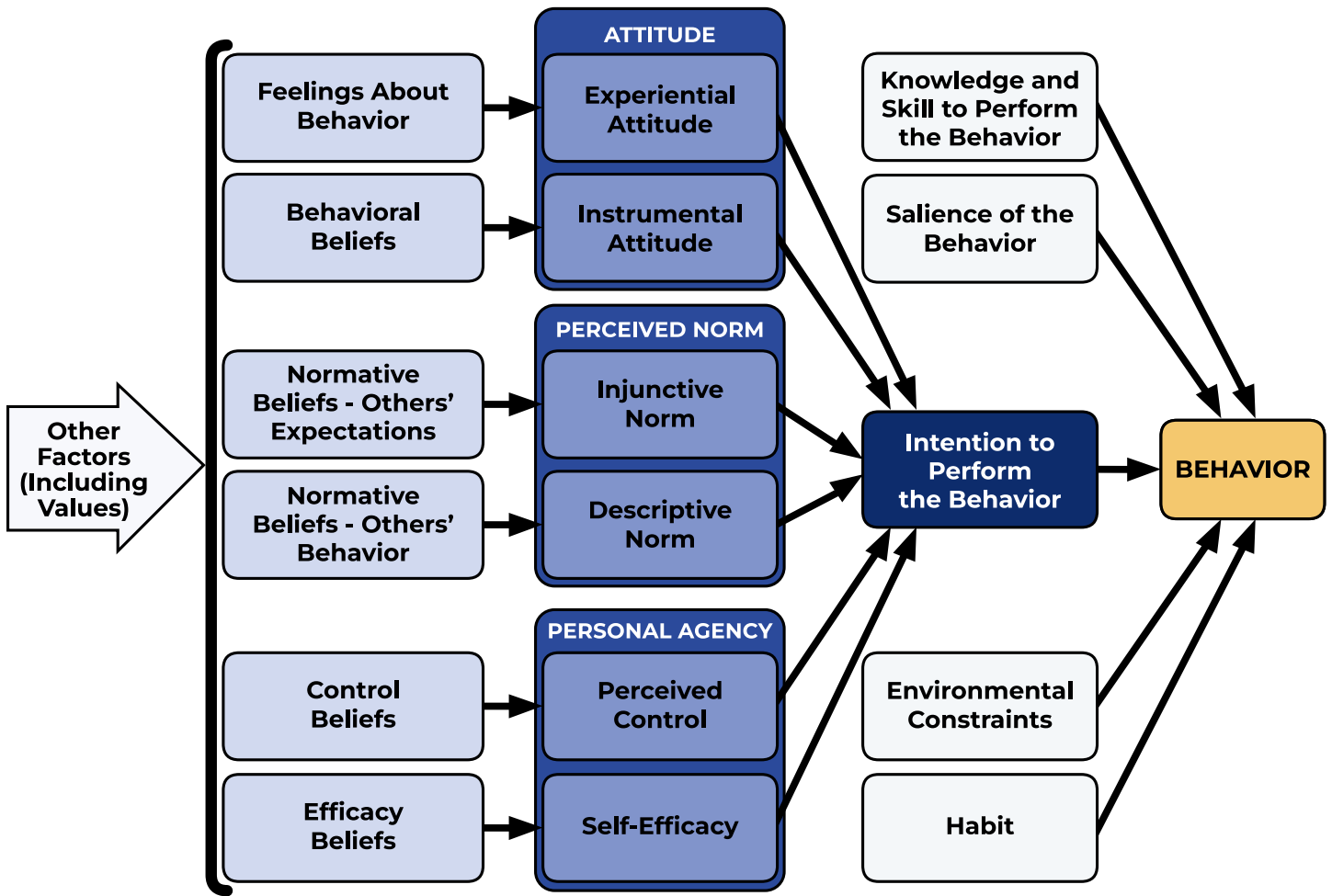
Figure 2. The Integrated Behavior Model

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The IBM is a model for understanding and illustrating factors that influence human behavior. The IBM originated from the Theory of Planned Behavior and the Theory of Reasoned Action (Montaño & Kasprzyk, 2015). Intention, the primary predictor of behavior according to the IBM, includes motivation to engage in a behavior and is determined by three factors: an individual's attitude toward the behavior, their perceived norms or social pressure to engage or not engage in the behavior, and their personal agency or their own functioning or skills to perform the behavior (Montaño & Kasprzyk, 2015). Because these factors influence someone's intention to engage in a behavior, understanding the role or influence of each factor on intention for a specific behavior of interest is critical when selecting and designing strategies.

For example, if our goal is to increase seat belt use (behavior), we now understand that if an individual has intention or motivation to wear a seat belt, they're more likely to do so. This intention is determined by their attitude toward wearing a seat belt (favorable or unfavorable). They may feel that a seat belt will protect them in the event of a crash, which would increase their intention to wear a seat belt. Conversely, they might think that a seat belt is uncomfortable which would decrease their intention to wear a seat belt.

Perceived norms also impact the individual's intention. They may believe that most other people (especially people like them) regularly wear their seat belts, which would increase the individual's intention to wear one and be part of the norm, or they may believe that others (like partners, family, and friends) expect them to wear a seat belt, also increasing their intention to engage in this behavior.

Finally, an individual's personal agency impacts their intention to wear a seat belt. If they believe they are capable of wearing a seat belt and believe they can do it correctly, they are more likely to have intention to wear a seat belt.

As illustrated in the IBM, these three factor categories that predict intention are influenced by an individual's underlying beliefs and other factors, including values, demographic characteristics, personality traits, and other individual differences (Montaño & Kasprzyk, 2015).

The model also includes influences on behavior outside of intention. When intention or motivation to perform the behavior is present, four other components impact whether that intention will result in actually performing the behavior (Jaccard et al., 2002). These influences can act as either facilitators or impediments for behavior: knowledge and skill to perform the behavior, presence or absence of environmental constraints that make the behavior difficult or impossible to perform, salience of the behavior to the individual, and, finally, experience in performing the behavior or making it habitual, so that intention becomes less critical in performing the behavior (Triandis, 1980).

A Definition of Culture

Because an individual's behavior is influenced by various beliefs, to change behavior, it is essential to understand how those beliefs are shaped and how they can be modified. We look to culture to help us understand this with a bit more detail.

Culture is a complex topic with many definitions (Jahoda, 2012, 2013). At the Center, we define culture as the shared values and beliefs of a group of people that influence behavior. As there are many ways that we are groups of people (e.g., people living in the same community, people working at the same organization, people who share faiths), this definition acknowledges many cultures (i.e., sub-cultures). While many people within a group may share specific values and beliefs, rarely does everyone. Therefore, this definition focuses on the values and beliefs shared by most people within a group. If we want to grow healthy and safe behaviors, our work becomes an effort to grow a positive culture, which ultimately improves health and safety.

The Social Ecological Model

Urie Bronfenbrenner developed the social ecological model to understand how people learn (Bronfenbrenner, 1979). Others have adapted this model and applied the concepts to public health (Browning et al., 2015; Stokols, 1996). Figure 3 demonstrates various layers within the social environment. These layers impact individuals as well as other layers. For example, as children grow, they learn about the world directly from their experiences in the family as well as what their family members teach them. Parents may learn about specific issues (such as healthy relationships or dealing with bullying) from their child's school. Likewise, if parents become concerned about an issue, they may demand that the school address it. In this way, families and schools interact and influence each other. Individuals likely also interact with other organizations in their community, such as their workplaces, faith communities, or healthcare systems. These varied interactions may influence specific beliefs and behaviors. Elected community leaders may address a particular issue impacting their community based on their own initiative or through the influence of organizations or families. Their actions (e.g., passing new laws or policies) may, in turn, influence the beliefs and behaviors of everyone in the community. A similar process may occur between communities and the state or nation. As beliefs and behaviors across the social ecology align, a culture is established that is then sustained by the interconnections of the various layers. This model serves as a helpful tool to organize our efforts to grow a positive culture.

Figure 3. The Social Ecological Model

Framing

Communicating information is an integral part of improving health and safety. Individuals make meaning of information by connecting it to existing knowledge or understanding.

Frames are defined as existing knowledge "that help individuals to organize and interpret incoming perceptual information by fitting it into already available cognitive representations from memory" (Cornelissen & Werner, 2014, p. 187). Thus, a frame uses "priming" from existing values or beliefs to guide the recipient in making meaning of the new information. This helps individuals learn and accept new information.

We can be intentional about establishing a frame to help individuals make meaning of information; however, if we are not intentional about defining the frame, individuals will select their own existing frame of reference for the information, which may impact whether the new information is believed or rejected. For example, without intentional framing, efforts to increase seat belt use could be perceived as "the government telling me what to do" instead of information from trusted sources to improve safety.

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Appreciative Versus Fear-Based Approaches

Efforts to improve health and safety often use one of two general approaches: appreciative or fear-based. Appreciative approaches seek to build on or grow what is working and may include efforts to grow "assets" or protective factors. Fear-based approaches often seek to motivate change by using fear appeals: messages that create a negative emotion with a high level of arousal (Witte & Allen, 2000).

Scare tactics or fear appeals are often very effective at getting attention. However, researchers have challenged whether fear appeals are effective at changing behavior. Research has shown that individuals are less likely to act when the perceived threat created by the fear appeal is high, but the sense of efficacy to address the threat is low (Lewis et al., 2007). Furthermore, research has shown that some fear appeals result in a rejection of the information. For example, in campaigns to create a high sense of danger of addiction from methamphetamine, fear-based messages appeared to reduce the perceived likelihood of addiction among young adults (Anderson, 2010; Erceg-Hurn, 2008). Fear appeals may have unintended consequences, such as creating stigma, expanding social gaps, and promoting poor health as a value (Guttman & Salmon, 2004).

Public health research focusing on appreciative approaches is relatively new. We consider appreciative approaches as those that focus on positive influences or strengths (and growing strengths) instead of negative influences or risks.

Concern and Hope

To be concerned means to care and to feel and accept responsibility (at least to some degree). Concern combines a cognitive aspect (a reason for being concerned) and an emotional aspect (a feeling of worry). Increasing concern makes engagement more likely (Tolmacz, 2006). Therefore, concern generally precedes engagement; thus, raising concern becomes vital for increasing engagement.

It is insightful to explore the difference between concern and fear. Fear is generally defined as an unpleasant emotion caused by the belief that someone or something is dangerous, likely to cause pain, or a threat. Fear can cause action. However, fear can also cause paralysis or defensive behaviors that may not effectively address the problem (Cismaru, 2014; Lewis et al., 2007).

C. R. Snyder defines hope as "the perceived capability to derive pathways to desired goals and motivate oneself via agency thinking to use those pathways" (Snyder, 2002). In other words, hope is about seeing a path toward a desired outcome and the willingness to move forward (Luthans & Avolio, 2007).

Higher levels of hope have been associated with improved outcomes in various domains, including: academics, athletic performance, preventive health behaviors among individuals, and mental health (Crisp et al., 2000).

III.

The Positive Culture Framework
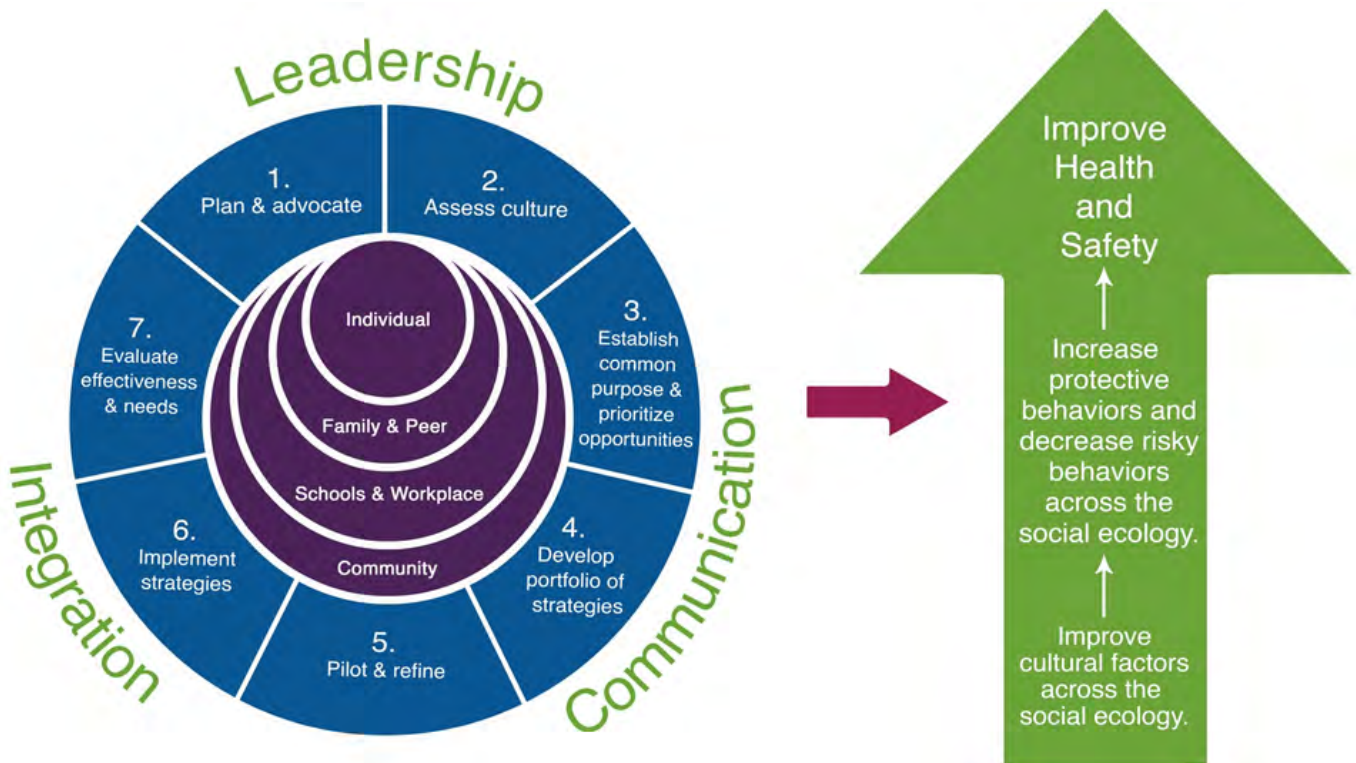
Figure 4. The Positive Culture Framework

The Positive Culture Framework (PCF) is a structure for improving health and safety. PCF addresses steps in a process (the "what"), key skills (the "how"), and the context for doing the work (the "where").

As a framework, PCF is designed to be applicable to different health and safety issues (e.g., substance misuse, violence, traffic safety) in a variety of settings (e.g., organizations / workplaces, schools, communities, states). While examples and particular language in this manual may address a specific issue in a specific context, the skills and process are not issue or context-dependent.

Next, we provide an overview of the framework followed by more detailed descriptions of the process and skills.

PCF Overview

Let us begin by clarifying several terms.

A core assumption in our work is that the **positive** exists and is worth growing. This means that in every community or organization, there is an opportunity to grow the positive values, beliefs, and behaviors. This does not mean that we ignore or diminish the pain and suffering that may be occurring. However, we embrace an appreciative approach where we generally view the work as what we are trying to grow as opposed to only viewing what we are trying to eliminate.

Health is a state of physical and mental well-being that supports a desired quality of life. **Safety** is the absence of risk of bodily harm or death (e.g., fatalities, serious injuries, etc.). Our ultimate goal is to improve health and safety.

Engaging in various behaviors can either increase or decrease the likelihood that health and safety will improve. **Protective behaviors** have been shown to improve health and safety (e.g., always wearing a seat belt, families establishing and using rules). **Risky behaviors** typically decrease health and safety (e.g., binge drinking, speeding). The prevalence and frequency of protective and risky behaviors are important intermediaries (or intermediate variables) to predict whether health and safety will improve or degrade.

What Works in Prevention

In a review of four health-related areas addressed by prevention activities (substance misuse, risky sexual behavior, school failure, and juvenile delinquency/violence), researchers found seven key factors to achieve effectiveness:

1 Comprehensive

2 Varied Teaching Methods

3 Sufficient Dosage

4 Theory Driven

5 Positive Relationships

6 Appropriately Timed

7 Socio-culturally Relevant

(Adapted from Nation et al., 2003)

Cultural factors are shared values and beliefs among an identified group that predict engagement in risky or protective behaviors. For example, believing that binge drinking is harmful and being confident in asking others to wear a seat belt are cultural factors. Cultural factors are identified using assessments based on behavioral models. An identified group might include employees, high school students, parents, and law enforcement officers.

The **social ecology** is defined by the layers of the social environment in which members of a community grow, work, learn and live. On a community scale, a social ecology includes individuals, families, schools, workplaces, and community-wide agencies (e.g., local government, law enforcement, etc.). However, an organization (like a school or workplace) can have a smaller form of a social ecology with staff, supervisors, managers, leaders, and executives.

A **strategy** is an approach or series of actions to address cultural factors for a specific behavior. In the traffic safety field, this may be called a countermeasure. Increasing visible enforcement and parent training are strategies. As a type of strategy, a **campaign** is a media-based approach to influence many people about a specific behavior or issue. "Click It or Ticket" is an example of a campaign to increase seat belt use.

A **portfolio** is a collection of strategies that address specific behaviors across the social ecology. For example, a portfolio to increase seat belt use may involve several strategies, including a family component (increasing family rules about always wearing a seat belt), a school component (encouraging youth to ask their friends to always wear a seat belt), a workplace component (better workplace seat belt policies and enforcement of those policies); and a community component (more consistent, visible enforcement of seat belt laws).

A **process** is different than a strategy or campaign. A process is a sequence of steps without specifics about the content being addressed. In other words, the same process may be used to address different behaviors (such as decreasing underage drinking or increasing seat belt use). The details are different for each behavior, but the process can be the same. Thus, the process is not behavior-specific. Processes to improve health and safety are often repeated iteratively because we are never "finished" improving health and safety (Foster-Fishman et al., 2007). Even though the process is repeated, the details of the actions performed in each iteration are different because the community has changed, and the repetition is valuable because it moves the community towards improved health and safety.

Having a skill means we have the ability to do something well. The skills defined in the PCF apply to all steps of the PCF 7-step process. Two communities may engage in the same steps, and the community with stronger skills will typically experience greater outcomes. These skills are developed among those leading the work and those throughout the organization or community.

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Simple **change** (often called "first-order" change) describes the change that occurs as a cultural factor changes for an individual. For example, a mother changes her beliefs about the importance of always wearing a seat belt and creates a family rule that everyone always wears their seat belt in the car.

Transformation involves "second-order" change – where entire systems begin to understand and act differently. Therefore, transforming culture is more than just changing a single behavior. Transforming culture involves changing many different individual behaviors across the social ecology (Nation et al., 2003) as well as changing people's fundamental understanding (Senge, 2006). **When multiple layers of the social ecology change beliefs and behaviors, these changes become reflected in the "culture" of the community.**

The PCF is a framework for improving health and safety. Specifically, skilled leaders engage in a process to enhance and grow a portfolio of strategies that change specific cultural factors across the social ecology, thereby growing protective behaviors and decreasing risky behaviors. It is a cultural approach that engages different groups across the social layers of the community. The framework addresses three key skill areas: leadership, communication, and integration.

The green arrow (Figure 4) symbolizes what we want to grow. Determining what aspects of health and safety we want to grow is not always simple and may require research and further exploration. For example, what exactly do we want families to do in reducing underage drinking? What do we want healthcare providers to do? The important recognition is that reducing underage drinking is more than just getting more youth to choose not to drink. It is about growing a variety of behaviors among many different individuals across the social ecology.

Each behavior has a variety of cultural factors. Cultural factors are thoughts or cognitions and are identified by conducting assessments and analyses based on behavioral models. Growing beliefs like "seat belts will protect me in a crash" and "most parents use curfews" may increase seat belt use and parents using curfews, respectively.

The PCF process defines seven steps. These steps are generally sequential; however, over time, we may be engaged in multiple steps simultaneously. The process is repeated as we make improvements and seek even better outcomes. In essence, we are constantly engaging in the process as we strive to improve the health and safety of our communities and organizations.

The social ecology indicates where we engage in our efforts. When we think about community, we need to think about multiple layers – each with a role in improving health and safety. While addressing all levels of the social ecology is essential for community transformation, we must prioritize where to focus initial efforts as resources may be limited.

The process, skills, and social ecology are all interconnected. While they are presented in this manual in separate sections, they should not be viewed as distinct or separate. For example, the process gives guidance for both communicating and integrating. The social ecology provides a structure for understanding cultural factors and existing strategies. Truly, the skills, process, and social ecology compromise a "large system" impacting health and safety in our communities.

Process Overview

While the seven steps of the PCF process are described individually, they overlap. For example, actions occurring in the first step (e.g., recruiting new stakeholders) may also occur throughout the process. Furthermore, some actions may need to be repeated based on new information gathered during the process. During the third step of prioritization, it may be determined additional assessment data are required, thus requiring additional assessment actions (second step). While evaluation is described as the last step of the process, it is important to consider evaluation at the outset and throughout the process.

The following is a summary of the steps.

1. Plan and Advocate

A local individual, agency, or coalition provides leadership in planning the process outlined in the remaining steps and advocacy to bring together and train the key stakeholders. Steps 2 – 7 require engagement by a broad array of stakeholders representing both public and private entities across the social ecology.

2. Assess Culture

Each of the many community layers has common and unique values, beliefs, and behaviors. An assessment of these reveals baseline measures and opportunities to foster alignment and gaps needing to be addressed. Assessing culture includes understanding cultural factors as well as mapping existing strategies.

3. Establish Common Purpose and Prioritize Opportunities

The assessment of the community's many layers reveals common themes that can align strategies around a common purpose. This common purpose fosters engagement. Furthermore, the assessment reveals critical gaps in strategies and cultural factors that inform communication efforts and the selection of strategies.

4. Develop Portfolio of Strategies

Based on the prioritization of opportunities completed in Step 3, a portfolio of strategies is developed appropriate for different levels of the social ecology. Each strategy should be based on the best available research regarding effectiveness and outcomes.

5. Pilot and Refine

To make the best use of limited resources and optimize outcomes, strategies should be piloted and refined before seeking broad implementation. Communication messages should be piloted with stakeholders and focus audiences before broad release in campaigns.

6. Implement Strategies

Once refined after piloting, strategies should be implemented broadly across the community with ongoing monitoring and evaluation. Communication campaigns can be used as a catalyst to cultivate transformation, engage new stakeholders, and initiate new strategies.

7. Evaluate Effectiveness and Needs

Evaluation facilitates ongoing effectiveness and informs future needs. The process of cultural transformation is never complete; with every cycle, new opportunities to improve health and safety are revealed and inform future efforts.

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Transforming culture is a new endeavor for many stakeholders – especially at the community level – and therefore requires new capacities within the community to support the process. Capacity building includes changing "an organization's or community's ability to address health issues by creating new structures, approaches, and/or values" ([Crisp et al., 2000, p. 100](#)). One approach to capacity building is to address four levels: organizational (policies, resources, structures, etc.), individual (workforce development, skill building, training, etc.), partnerships (collaboration, networking, etc.), and community organizing (community leader involvement, engagement of disadvantaged groups, local ownership, etc.).

Successfully improving health and safety requires capacity building at all four levels: a new organization (a community coalition) may need to be formed; those involved need to develop skills and capacities; existing organizations may need to increase collaboration; and more people need to become engaged. Building capacity should occur throughout the process.

Skills Overview

Leadership, communication, and integration are the skills needed to be effective at improving health and safety. Improving health and safety is an act of leadership – we are leading people to make healthier and safer choices. Changing cultural factors can be challenging – people often resist questioning their core assumptions. Developing leadership skills increases effectiveness.

Virtually all efforts to improve health and safety involve communication. However, communication efforts addressing health and safety often have minimal results – and sometimes have even made things worse. It is essential to ground our communication efforts in strong research and to recognize that even conversations are important communication opportunities.

When we recognize that improving health and safety is about impacting many behaviors across the social ecology, we realize that no single strategy will address these complex issues. Accepting that we need a portfolio of strategies means we must also accept the need to actively manage and align these strategies. This management and alignment of strategies is the work of integration.

Integration is about seeking comprehensiveness of efforts. Developing skills in integration means we can foster better resource utilization, reduce competition and foster cooperation, align purpose, and increase the effectiveness of our efforts.

IV.

PCF 7-Step Process

STEP 1.
Plan and Advocate

Tasks	Areas for Capacity Building
→ Create a sense of concern and hope	→ Understanding issue and reasons for concern
→ Identify, select and recruit diverse stakeholders	→ Coalition building
→ Create a coalition	→ Facilitation skills
→ Establish purpose/mission	→ PCF Framework
→ Inventory and develop resources	→ Effective prevention
→ Develop an evaluation plan	

The purpose of the first step is to build the infrastructure to engage in the work. Transforming culture is a long-term, never-completed effort and requires a sustainable infrastructure. A locally-based coalition or group of committed stakeholders is an effective agent of change (Janosky et al., 2013). Diversity of participants encourages challenging current mental models, supports cultural competence, and facilitates greater engagement in the community being served. Each task is summarized below.

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Task

Create a sense of concern and hope

Creating a sense of concern fosters engagement by stakeholders. Without concern, people are less likely to join an effort or coalition or see a need to change their own behaviors (Prochaska & DiClemente, 1992). Raising concern is typically done by gathering information about the problem (e.g., traffic safety issues such as fatal car crashes or serious injuries, costs of substance abuse treatment) and sharing this information with others. Local data are often more impactful than state or national data. Often, asking others what concerns them about the issue helps inform efforts to raise concern.

Raising hope is essential so stakeholders and community members see a path forward. Early in your efforts, hope may be expressed by sharing that a coalition is being formed to address the issue and that evidence-based practices are available. Developing speaking points about the issue raising both concern and hope can support those less familiar with the issue to communicate more effectively.

Task

Identify, select, and recruit diverse stakeholders

A coalition is composed of community stakeholders. Identifying, selecting, and recruiting stakeholders are important activities for building an effective local coalition. While this task is primarily done while a coalition is formed, continuing to identify and recruit additional stakeholders is critical to sustain a healthy coalition.

Challenging mental models or the current way that we see things fosters transformation. Seeing things differently is often helped by having a wide variety of viewpoints engaged in the effort. Furthermore, having a variety of cultural or ethnic backgrounds represented in members of the coalition or stakeholder group can support better cultural competence. Strong cultural competence is essential to ensure strategies are effective in serving a variety of people. Therefore, seeking diversity is important when identifying stakeholders. For some leaders, seeking diverse stakeholders challenges their comfort level – it is sometimes hard to work with new people. Nonetheless, a diverse coalition is more likely to result in transformation.

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Task

Create a coalition

Coalitions can take many forms – from informal organizations or community groups regularly meeting to full-fledged non-profit corporations. Extensive resources are readily available for developing a coalition. Coalitions may create a leadership structure (chair, vice-chair, secretary, treasurer), bylaws, and sub-committees. Some coalitions hire full or part-time staff. While some members may find addressing the details of coalition infrastructure a distraction from the issue, the investment proves valuable in sustaining the coalition over time.

Task

Establish purpose/mission

One of the first tasks of the coalition is to establish its purpose and define whom it is serving. The purpose may take the form of a mission statement. Unlike a goal, which is often specific, the coalition's purpose should be broad and timeless. Examples include "ensuring all youth in XYZ community thrive" or "enhancing traffic safety for all citizens in XYZ." While the statement may be broad, the entire coalition should participate in its creation and align with its intention. Participating in defining the purpose fosters ownership. During future potential conflicts, the purpose will provide guidance on why the coalition exists. If proper investment is not made in seeking alignment around the purpose, it may be difficult to navigate future conflicts. In addition, the coalition needs to agree on whom it is serving. Is the population defined by geographic boundaries (e.g., the citizens of XYZ County) or shared interest (e.g., bicyclists in XYZ state)? Often the larger the population served, the more resources required to transform the culture. The coalition needs to find a reasonable balance between the size of the population served and its available resources to make a difference.

Task

Inventory and develop resources

The coalition, through its membership, will have extensive resources. Identifying these resources will inform future efforts and provide boundaries for the scope of future work. Resources include financial and human capital, physical resources (meeting places, etc.), access to communication media, and more. In addition, the coalition should develop some basic resources to educate new members and help inform others about its purpose, meeting times, etc.

Task

Develop an evaluation plan

While evaluation is addressed in Step 7, developing an evaluation plan must begin early. However, a complete evaluation plan may not be completed in this first step as additional information gathered in Steps 2, 3, and 4 will also inform the evaluation plan. Nonetheless, it is valuable to begin the evaluation planning process and build the capacity of the coalition in evaluation from the very beginning of the process.

Two important recommendations will result in better evaluation plans: "begin with the end in mind" (Covey, 2013) and manage expectations. Successful evaluation planning requires a clear definition of what is to be evaluated. For example, we will need to decide if we are evaluating the prevalence of a risky behavior (e.g., what percentage of high school students consumed alcohol in the past 30 days), the severity as well (e.g., on how many days did high school students drink and what was the average number of drinks consumed), or a consequence (e.g., the number of vehicle crashes involving high school students who were drinking).

Another part of beginning with the end in mind is considering how evaluation findings will be utilized. That is, what questions, if answered, would provide information that will result in action? Some potential evaluation questions are interesting but not particularly useful. For example, suppose our activity is to disseminate messages approved by the state department of health. In that case, we might be interested in knowing how people respond to those messages. But if we are restricted in our ability to change the messages, that might be less useful than understanding how reach varies across multiple modes of communication. We can use the reach data to inform the choice of communication channels and where to focus resources in the future. Utilization of evaluation is likely to change over time; for this reason, it can be helpful to regularly revisit how evaluation is being used and how it could be most useful going forward.

In addition, we need to clarify what we can and cannot say, given our evaluation methods. For example, if we assess seat belt use at the beginning of the efforts and then repeat measures over time, we can make claims that seat belt use has changed. However, we may be very limited in our ability to claim that our implemented strategies caused those changes. Other factors in the environment could have resulted in the changes. We must control for all the other factors that can influence behavior to determine if a specific strategy resulted in behavior change. This is often done by using comparison groups (often called control groups) and using random assignment (so that the impact of other factors is randomly spread between those receiving the strategy and those not). Comparison groups and random assignment complicate both the implementation and the evaluation and can add significant costs. Often, this level of rigor is unattainable. That does not mean that evaluation should be skipped; it simply means we must manage expectations from the beginning about what we can and cannot say at the end. Our goal should be evaluations that are both useful and feasible.

The basic steps for developing an evaluation plan are provided below. We strongly recommend working with a professional evaluator. This process is iterative and requires ongoing communication between the evaluator and the coalition to ensure expectations are managed and planning efforts stay aligned.

BASIC STEPS FOR CREATING AN EVALUATION PLAN

1. **Determine information needs - this includes identifying stakeholders (who), determining the focus/purpose of the evaluation (what), understanding why the evaluation is being completed (why), identifying the timeline (when), and determining resources available.**

2. **Preliminary planning - this includes examining the current literature, determining the evaluation question(s), and scoping the evaluation and methodology.**

3. **Develop a logic/impact model if appropriate.**

4. **Methodology - determine data collection methods and instruments, develop criteria for the sample, and determine the sample size.**

5. **Implement the evaluation - this includes initiating and completing data collection and monitoring the process.**

6. **Data analysis - once collected, data will need to be analyzed based on the type of data. For example, qualitative data may be transcribed and coded for common themes.**

7. **Results/conclusions/recommendations - after the data analysis has been completed, the evaluation team needs to determine the results and develop recommendations if appropriate.**

8. **Develop final report - this may include developing a communication plan, compiling a written report, and delivering an oral presentation.**

(Adapted from Posovac, 2010) (8 edition). Boston: Pearson.

Areas for Capacity Building

Critical areas for capacity building during the first step include understanding the issues and reasons for concern as well as hope, learning about coalition building, developing facilitation skills among coalition leaders to support effective meetings and progress, and building knowledge among coalition members about the PCF and effective prevention.

While some on the coalition will likely be experts in health and safety issues, others will not. It will be important to invest the time in educating others about the basics of the issue and what data are available. Every field has discipline-specific language and terms, and helping others understand these terms will lead to greater participation.

Coalitions can take many forms. Learning about coalition design and infrastructure is time well spent so that an effective coalition can be created from the beginning. If the coalition does not function well, people will stop participating. Extensive training resources to support the development of an effective coalition are available.

Investing in the facilitation skills of coalition members (at a minimum, coalition leaders) is critical. Many stakeholders may be high-level community leaders and will not invest time in attending poorly run meetings. Good group processes should be used to foster healthy exchanges of information. Some larger coalitions invest in hiring dedicated facilitators. Many resources are available to help build capacity for facilitation skills.

Investing in training for coalition members is valuable. Developing a common understanding of the PCF will create a shared language and foster better stakeholder engagement. Training can be accomplished by teaching coalition members a small piece at a time during meetings or by hosting a training.

Positive Culture Framework Step 1 Workplan

Step One Tasks: Plan and Advocate	Resources/Tips	Who is Responsible	Status
Create a sense of concern	Gather available data about prevalence and severity of consequences. Speak with key leaders and other stakeholders to learn what aspects of the issue are of most concern to them. Develop speaking points.		
Identify, select, and recruit diverse stakeholders	Identify key stakeholders who are interested in health and safety and who are most likely to influence the transformation you seek. Seek to recruit diverse stakeholders across the social ecology.		
Create a coalition	Create a coalition of diverse stakeholders aimed at achieving a common goal.		
Create written by-laws, a mission, and vision statement	These very important statements establish your purpose for moving forward as well as how you will operate as a coalition.		
Create specific goal statements	These should be specific to your primary issue of concern (i.e. reduce underage drinking or child maltreatment). Write these based on the data available about your community.		
Develop coalition logo/branding if non-existent	This logo should be included on all materials moving forward to assist in building awareness of your coalition among the community.		
Develop and disseminate a coalition brochure	Include the coalition's vision and mission statement, when & where the coalition meets and who to contact if interested in attending a meeting, joining the coalition, volunteering or just for more information in general about the coalition.		
Develop talking points about your coalition and train members on how to talk to others about the coalition	These talking points should serve as an introduction to your coalition and include the basics of who you are, such as your mission, who is involved, how to get involved, and goals about growing concern and hope, and positive healthy norms. Every member should use these talking points to develop his or her own "elevator speech" to introduce others to your group. The talking points should be the common language you want to share with everyone in your community, knowing you'll need to add customized language to each specific audience or person you reach out to.		
Develop materials that can be easily accessed to bring new stakeholders and coalition members up to speed	Examples include a coalition website or Facebook page, a "Coalition Story" document explaining the history of the coalition, and an orientation manual for new members.		
Develop a coalition resource, interests, and skills inventory	The goal of this activity is to document the resources, interests, and skills coalition members contribute to your team to be drawn upon as needed.		
Build the capacity of the coalition	Seek to build a shared understanding of the issue, data available, and potential solutions such as evidence-based strategies for your issue. Ensure coalition members understand the nature of adaptive challenges and ways to address them as a group. Coalition members with high capacity are more likely to engage in the effort.		
Develop an evaluation plan.	Work with a community evaluator familiar with both quantitative and qualitative forms of evaluation to capture your effectiveness and the community transformation taking place.		

Ongoing Tasks	Frequency	Resources/Tips	Who is Responsible	Status
Convene regular coalition meetings	Monthly	Bringing the group together monthly keeps the coalition fresh on members' minds. Use a survey to determine the most convenient time and location to maximize participation.		
Assess coalition membership and sector representation	Quarterly	Review meeting attendance and involvement to ensure proper sector and community member representation and appropriate expertise.		
Connect with unengaged members and/or recruit new members	As needed	Based on the results of your quarterly membership assessment, reach out to members who have been absent or unengaged, and if necessary, recruit new members.		
Provide training for coalition members	Monthly	Build in a presentation, even if brief, at every coalition meeting on topics relevant to your issue. Also promote and actively recruit coalition members to attend upcoming trainings or conferences.		

STEP 2.

Assess Culture

Tasks	Areas for Capacity Building
→ Gather prevalence and consequence data	→ Sources and meaning of data
→ Assess contributing factors	→ Basic statistics
→ Assess existing strategies (portfolio mapping)	→ Behavior models
→ Assess system interactions	→ Social ecological model
	→ System theories
	→ Prevention classification

The purpose of the second step is to develop a deeper and shared understanding of the specific health and safety issues in the environment. Shared understanding means everyone uses similar language and has a similar understanding of the data. A shared understanding does not imply the group agrees. The core tasks are described below.

Task

Gather prevalence and consequence data

The assessment process should begin by gathering prevalence and consequence data. Prevalence data indicate the level of engagement in risky (or protective) behaviors by individuals. Driving under the influence, use of seat belts, and 30-day use of illegal drugs are all examples of prevalence data. These data may be available at the state or local level. Some involve self-reported data (e.g., driving within two hours of drinking alcohol), and others may be observed (e.g., seat belt studies). Some may be available for both adults and youth. In some cases, data may need to be collected.

In addition to prevalence data, it is important to collect consequence data. Consequence data indicate the occurrence of events associated with a risky behavior such as alcohol-related crashes, serious injuries, and fatalities. Consequences associated with risky behaviors include arrests, emergency calls, emergency room visits, healthcare costs, property damage, insurance claims, missed work or school, etc.

Care should be taken in interpreting all data. Incomplete samples, reporting problems, and other issues can impact the quality of the measures. Arrest (or citation) data are hard to interpret and are often more representative of law enforcement activity than underlying risky behaviors. Assessing trends should be done with caution. Assessing change in infrequent events can be difficult. For example, fatal car crashes can be rare (especially for small population sizes). Therefore, seemingly large changes from one year to another could be a result of random variations and not represent underlying changes in risky behaviors or shifts in beliefs.

Task

Assess contributing factors

Data about cultural factors needs to be collected to develop an understanding of not only what is happening but also why it is happening. Cultural factors include the values and beliefs of individuals across the social ecology. Cultural factors should be based on a strong theoretical foundation and not based on anecdotal evidence. Assessing cultural factors may require additional data gathering, such as surveys or interviews. Further analyses should be performed to understand the relationship between cultural factors and behavior. Building the knowledge of coalition members about cultural factors is critical (see below). Figure 5 is a behavioral model that can guide the collection of cultural factors.
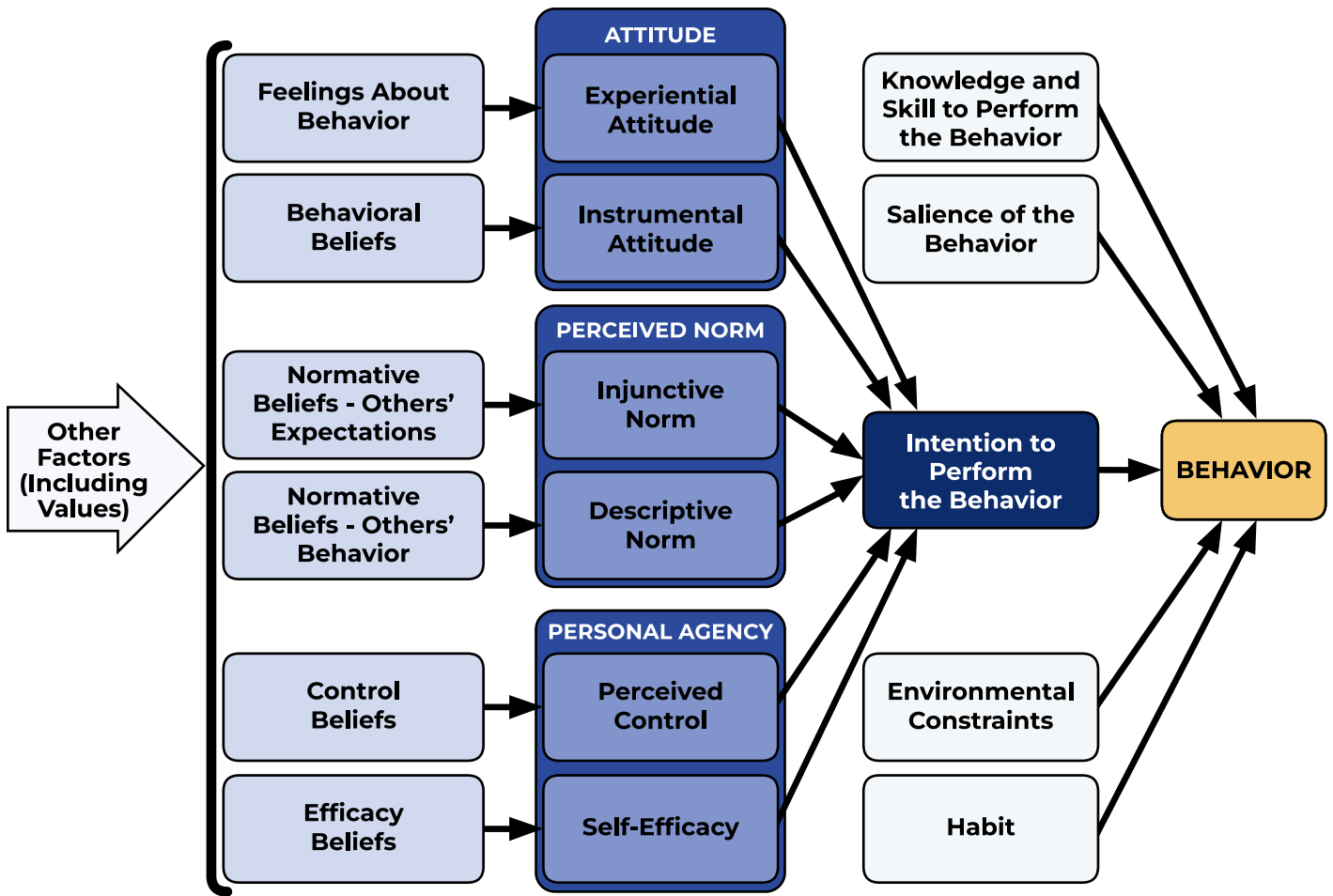
Figure 5. The Integrated Behavior Model

Task

Assess existing strategies

Before implementing or developing new strategies, it is essential to understand the existing strategies and interactions. The coalition should identify existing efforts and strategies addressing their issue for the population being served. This requires contacting many agencies representing the social ecology (e.g., schools, workplaces, social service providers, law enforcement, prosecutors). Even in small communities, there can be many existing efforts to address a single issue. For example, with an issue like vehicle occupant protection (i.e., seat belts and car seats), potential local efforts include: the local hospital may provide car seats to new parents; public health may conduct car seat inspections; emergency services may do programs at the schools; driver education programs address seat belt use; law enforcement conducts "Click It or Ticket" campaigns, etc. It is also important to look across prevention classifications – that is, strategies addressing prevention, intervention, treatment, and recovery. Specific strategies may exist for individuals who have been identified as having a higher risk for engaging in risky behavior (e.g., youth who have been arrested for drinking are at higher risk for drinking and driving and therefore, interventions designed to reduce underage drinking often also address drinking and driving) as well as those who have engaged in risky behavior (e.g., those arrested for impaired driving may be required to undergo assessment for addiction and/or be required to use an alcohol interlock). It is important to inventory these strategies as well. Information about the level of activity or service (e.g., how many people served), service quality, and service outcomes should be gathered for each strategy. These local strategies provide a potential opportunity to contribute to future efforts. Although inventorying existing strategies takes time, the information has tremendous benefits in the future.

A worksheet ([Figure 6](#)) can assist in collecting this information. This information can also be captured online using a tool like Google Forms or SurveyMonkey®. A link to the survey can be emailed to a variety of organizations and providers.

Program or Strategy	Implementing Agency (and contact person if known)	Social Ecology	Prevention Classification	Evidence-Based
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:

Figure 6. Strategy Portfolio Worksheet

Once gathered, this information can be compiled on a two-dimensional map (Figure 7) where the dimensions are the social ecology and IOM prevention classification. Strategies that are evidence-based can be highlighted or otherwise indicated. Mapping all the strategies identifies where there may be duplication as well as gaps.

Figure 7. Strategy Portfolio Map

Task

Assess system interactions

System interactions are often assessed by asking critical questions of stakeholders familiar with the systems. Table 1 includes important questions to help assess system interactions. Understanding these interactions is critical to fostering systemic change. The assessment may reveal a smaller number of critical interactions that, if modified, may have ripple effects across the entire community. Additional strategies to assess system interactions include system dynamics (Hirsch et al., 2007) and complex adaptive systems (Parsons, 2007).

Questions to Assess System Interactions

[?] What are the values guiding current strategies, policies, and practices?

[?] Who are the leaders within the various systems? What are their values and beliefs about these issues? How do we know?

[?] To what extent are relationships among stakeholders a contributing factor to these issues? In what ways?

[?] What data do we need that are available but we do not have access to? Why? What can be done to help gain access?

[?] What policies and procedures are in place to encourage collaboration and service coordination?

[?] What policies, practices, and procedures exacerbate risky behaviors? Reduce risky behaviors? Encourage protective behaviors?

[?] Is there a discrepancy between the stated policy and implemented practices? If so, why?

(Foster-Fishman et al., 2007)

Table 1. Questions to Assess System Interactions

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Areas for Capacity Building

Critical areas for capacity building during the second step include learning about sources and meaning of existing data, basic statistics, behavior models, social ecological models, prevention classification models, and system theories. Stakeholders representing different agencies and activities in the community will know different sources of data. Often, each field has its own language (often using abbreviations) to describe behavior. It is important to invest time in building stakeholders' knowledge of what data are available and what each indicator represents.

Data will be shared using a variety of statistical measures (absolute and relative frequencies, risk ratios, risk rates, etc.). Coalition members need to learn how to make meaning of basic statistical information.

Effective strategies should be grounded in strong theoretical models (Gielen & Sleet, 2003). Behavior models provide a theoretical basis for how values, beliefs, and other conditions influence behavior. Coalition members need to learn about behavior models to move beyond drawing conclusions about cultural factors based on anecdotal evidence. All too often, stakeholders have personal experience of a tragic event, and conclusions about what leads to the risky behavior are drawn from this limited experience.

To foster the transformation of the culture, the coalition needs to understand the social ecological theory – how the social ecology represents an interactive system that can promote or reduce risky behavior. Understanding the role of the social ecology helps coalition members move from an individual focus (i.e., how to change one person's behavior) to a systems approach (i.e., how do we transform our community's culture). Learning about social ecological theory fosters this shift in thinking.

Prevention classification models address the need to provide different strategies to people at different levels of risk. Strategies for everyone (called "universal populations") seek to prevent engagement in risky behavior. These strategies may include educating people about the risks, passing and enforcing laws, and promoting family and workplace rules. Strategies may be more intense for people at greater risk for engaging in risky behaviors (called "selective populations"). For example, students who are having difficulty academically in school may participate in special programs focusing on life skills and ways to avoid the misuse of substances. Finally, for those who have engaged in risky behavior like drinking and driving (called "indicated populations"), the focus of the strategy becomes how to prevent the individual from engaging in the behavior again. Often, these strategies are more intensive and carried out on an individual basis (like counseling). Coalition members should learn about prevention classifications (i.e., that more intensive strategies are needed for those at greater risk) to be more effective.

Even in relatively small communities, the interactions between systems can become complex. Training in system theories will help coalition members develop a deeper understanding of the interaction of various stakeholders and agencies in their community. System theories provide mechanisms to "map" interactions and show how one system may support or inhibit another system. A deeper understanding of these interactions increases the likelihood of identifying effective strategies.

Positive Culture Framework Step 2 Workplan

Step Two Tasks: Assess Culture	Resources/Tips	Who is Responsible	Status
Invite members of your coalition and local data keepers to join an assessment workgroup	Your assessment efforts will be more meaningful, sustainable, and efficient if you have a team of individuals leading and participating in this effort. Also consider data keepers from various organizations within the community who may not be members of the coalition. This group will help plan, collect, and analyze data to help the coalition make data-driven decisions.		
Develop a list of assessment questions	Think about what you would like to know about your issue *in your community*. Draft a list of questions that will help you better understand the nature of the issue, including local factors that both promote and discourage the behaviors. Analysis of the answers to these questions should help you identify the factors impacting your specified problem behavior in your community.		
Identify data sources capturing cultural factors, prevalence, and consequence data	Taking your list of questions, identify existing and potential data sources or data collection methods for finding the answer to each question (keep in mind, however, there may be some questions we simply cannot answer). Many data may already exist within your community, but you may not currently have access to it. Think about data relevant to your issue kept by your hospitals, schools, law enforcement agencies, courts, public health departments, social services, treatment centers, etc. Some questions may be answered by things such as a policy review, analysis of resources, or an environmental scan. You will likely want to also gather data through focus groups, community dialogue sessions and stakeholder interviews for community feedback and perceptions relating to your issue.		
Identify existing data gaps & develop data collection plans	Determine if there are any major data gaps or important questions remaining without a data source. Discuss these gaps with your data team, and identify if and how you will collect that information. It may be helpful to develop a document containing all of your data collection plans.		
Reach out to the data keepers within your community to assess willingness to share data and/or assist with data collection	Hopefully, you will already have some sort of relationship with the organizations within your community that may have data relevant to your assessment. If not, begin by providing an overview of the coalition and it's goals (use talking points and other materials developed in Step One) to the individuals who maintain the data (e.g. records department staff) and those who have the power to permit you access to their data. Additionally, explain what data gaps you need their help with and how this information is crucial to developing an effective plan.		
Develop a plan for organizing your community's data	You will be collecting a lot of different pieces of information from multiple sources, and you'll receive it in multiple forms (spreadsheets, reports, emails, etc.). Perhaps multiple people will be responsible for collecting data and will need a shared space to enter or access it. Many coalitions utilize online collaboration tools, such as Dropbox or Google Drive to house data. You'll also want to ensure the information is protected and data privacy is respected.		
Assess existing strategies (portfolio mapping)	Together with the coalition, document existing strategies and activities taking place to address the issue in your community. Think across the social ecology and continuum of care and ask coalition		Year 1

Step Two Tasks: Assess Culture	Resources/Tips	Who is Responsible	Status
	representatives to provide information about what's being implemented within their sectors or organizations.		
Gather existing data from within your community. Develop data use or data sharing agreements, if necessary	After connecting with the data keepers and developing a clear request, gather data from your local hospitals, schools, law enforcement agencies, courts, public health departments, social services, treatment centers or other organizations within your community that have data or information that may be helpful in answering some of your questions. It may be necessary to establish some sort of agreement between your coalition and the organization providing the data. Check your agency's policies before and be prepared with statements regarding why the data are needed, how the data will be used, who will have access it to.		

Ongoing Tasks	Frequency	Resources/Tips	Who is Responsible	Status
Convene regular assessment workgroup meetings	At least quarterly	During this phase, it will likely be necessary to meet more regularly, but throughout your project, this group should connect at minimum quarterly to review the most recent data and determine how it should be used to inform decisions.		
Connect with data keepers to obtain new data	As new data become available; at least annually	Each organization you access data from will have its own reporting schedule and will likely have new data available at different times throughout the year. It's sometimes more convenient for them to provide new data as it becomes available, but it may be easier for you or your assessment workgroup to request it at regular intervals (at the end of every quarter, for example). At a minimum, gather and analyze new data from each community source annually.		

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Strategy Portfolio Worksheet

Program or Strategy	Implementing Agency (and contact person if known)	Social Ecology	Prevention Classification	Evidence-Based
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:
		☐ Individual ☐ Community ☐ Family ☐ School / Workplace	☐ Universal ☐ Selective ☐ Indicated	☐ no ☐ yes Source:

MONTANA STATE UNIVERSITY | **Center for Health & Safety Culture**

Strategy Portfolio Map

	Individual Programs or strategies designed to impact the individual like specific curricula, programs or interventions. These seek to change knowledge, attitudes, beliefs, skills and behaviors.	**Family** Programs or strategies designed to impact the family like parent training, family therapy or family education. Outcomes of these programs might be family rules or guidelines.	**School** Programs or strategies designed to impact the school like school-wide policies, school-wide discipline programs or training programs for all teachers.	**Community** Programs or strategies designed to impact the community like ordinances, laws, taxes or policies.
Indicated These strategies are for those who are known to exhibit the behavior you're seeking to address				
Selective Those programs are for those who are at-risk for exhibiting the behavior – they already possess a known risk factor				
Universal These are programs aimed at the general focus audience that you are trying to serve				

STEP 3.
Establish Common Purpose and Prioritize Opportunities

Tasks	Areas for Capacity Building
→ Prioritize health and safety issues	→ Prioritization methods
→ Prioritize cultural factors	
→ Prioritize opportunities for system change	

The purpose of the third step is to focus efforts by establishing a common purpose and prioritizing. An important byproduct of the prioritization process is a deeper understanding of the issue and how to address it. Specific actions are outlined below.

Task

Prioritize health and safety issues

The coalition will not be able to address all risky behaviors simultaneously. Instead, it will need to prioritize its efforts. Prioritizing is weighing many considerations to decide how to focus limited resources. Considerations may include prevalence, severity, and changeability of consequences and their associated risky behaviors, as well as coalition and community readiness to address the behavior and resources available.

For example, medically impaired driving among older people may have relatively low prevalence (it is a relatively rare event compared to other risky behaviors in the community), high severity (often resulting in a fatality or serious injury), and modest changeability (addressing licensing laws, working with doctors to screen elderly patients, working with families to address the issue, providing alternative transportation, etc.). However, the coalition may not have funding to address the issue, and the local leadership is currently opposed to discussing it. For those reasons, its priority may be reduced relative to another issue.

Additional considerations may be the availability of data about cultural factors and access to the population engaging in the risky behavior. Cultural factors are needed to select or develop strategies. For example, texting while driving among high school students may be identified as a priority issue. However, if data on cultural factors are unavailable and relations with the schools are poor, the coalition may decide to delay immediate efforts on this issue and focus on building necessary relationships with the school leadership while addressing a different behavior.

The coalition needs to reach a consensus about a process to prioritize issues. Several data-driven methods are available, including this resource from the National Association of City and County Health Officials (NACCHO). https://www.naccho.org/uploads/downloadable-resources/ Gudie-to-Prioritization-Techniques.pdf The intention of using a formal process is to make sure the final decision is well grounded in available data (as opposed to being driven by the agenda of a powerful individual or based on anecdotal evidence).

Task

Prioritize cultural factors

Once the specific issue to address is identified, the cultural factors associated with the corresponding risky behavior(s) should be prioritized. Behavior models and assessments of system interactions (conducted in the previous step) should be reviewed and used to inform the process. Statistical analyses (e.g., correlation, linear and logistic regressions, risk ratios, etc.) using the behavior models should provide additional insights into the relationship between various cultural factors and behaviors. This may require returning to the assessment step to gather additional information and engaging other experts to conduct the statistical analyses. The intention is to make decisions grounded in strong data as opposed to personal opinions or anecdotal evidence.

Critical questions to ask include:

? What are the theories and mental models that stakeholders use to explain why this risky behavior occurs?

? How do the data collected and analyses performed support or refute these explanations?

For example, with an issue such as underage drinking, coalition members may say they believe the cause is a lack of discipline in the home because of disengaged parents. Analyses of the data may show the leading causes are a low sense of risk from drinking and a perception that everyone does it. Discussing and reconciling the varied viewpoints, leads everyone to a better understanding, which results in the selection of better strategies.

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The intentions of prioritizing cultural factors are to further the collective understanding of the coalition about the risky behavior and guide the selection of strategies. Gathering the viewpoints of individuals not often involved in the process (such as those who engage in the risky behaviors) is also important to help challenge existing mental models. The tone of the activity should be one of exploration as opposed to argument.

Task

Prioritize opportunities for system change

In addition, the assessment of systems and system interactions performed in Step 2 should be reviewed, and potential opportunities for changing systems and system interactions should be identified and prioritized. Questions to ask include:

[?] What new resources or opportunities are needed to support the desired change?

[?] How can the systems use resources differently to support the change?

[?] What policies are not in place but are needed to fully support addressing the contributing factors?

[?] What current policies are incompatible with addressing the contributing factors? (Foster-Fishman & Behrens, 2007)

Areas for Capacity Building

Critical areas for capacity building during the third step include learning about prioritization methods and system interactions. Several processes can be used by coalitions to guide prioritization activities. The coalition should review different approaches and reach a consensus about an approach. The intention is to leverage the collective wisdom of the group and avoid making decisions without a strong understanding of the data. The prioritization process is complex – how individuals weigh the severity of different outcomes is highly subjective. A key byproduct of the process is to foster a deeper understanding of health and safety in the community and how it impacts its members.

System interactions can be very complex. Techniques such as system dynamics (Hirsch et al., 2007) can help coalition members better understand how various system interactions may be impacting risky and protective behaviors. While complex and challenging, understanding and addressing these interactions can lead to sustained change in community systems.

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Positive Culture Framework Step 3 Workplan

Step 3 Tasks: Establish Common Purpose and Prioritize Opportunities	Resources/Tips	Who is Responsible	Status
Prioritize health and safety issues	Prioritize the main area of focus for the coalition by considering prevalence, severity, and changeability of consequences and their associated risky behaviors. Also take into consideration the coalition and community readiness to address the behavior, resources, and data available. The coalition will need to reach consensus about a process to prioritize issues. One process includes size, seriousness, and changeability of a variety of consequences which can be individually rated by coalition members and then ranked using the following formula. Priority = [Size + (2 x Seriousness)] x Changeability where Size ranges from 1 to 3, Seriousness ranges from 1 to 3, and Changeability ranges from 0 to 3.		
Prioritize cultural factors	Once the specific area of focus/issue is selected, prioritize cultural actors associated with the risky behaviors. Utilize assessments from Step 2 to inform the process. Statistical analyses will provide insights as to relationships between cultural factors and behaviors.		
Prioritize opportunities for systems change	Review the portfolio maps developed in Step 2 and prioritize opportunities for changing systems and systems interactions. Refer to Step 3 in manual for guiding questions.		
Communicate priorities	Once you've identified the final list priorities, ensure all the necessary stakeholders are aware of the factors from which strategies will be selected. This will help prevent inappropriate strategies from being proposed that do not align with your priorities.		
Build consensus around addressing the priority areas	Utilize a variety of approaches to build awareness of these priorities and a shared desire to address them.		
Identify what's in your green arrow	Now that the data has been analyzed and prioritization is complete, determine what's in your green arrow. What is the coalition working to grow or to improve? Shifting the frame of your efforts to a growth mindset (rather than solely focused on reducing something) can improve effectiveness.		

Ongoing Tasks	Frequency	Resources/Tips	Who is Responsible	Status
Convene regular assessment workgroup meetings	As needed during Step Three; at least quarterly thereafter	The assessment workgroup will be most active during this step. Because they not only will be tasked with developing the prioritization process but will likely play a larger role in implementing the process, be sure to schedule enough meetings with workgroup members and ensure they have access to the data, as appropriate.		

Review new data and re-apply prioritization process as necessary	As new data become available; at least annually	Though you don't want to abandon your original list of priorities, as new data becomes available, the assessment workgroup should review potential data to determine if any additional priority areas should be considered. Though it isn't likely your coalition will have the resources to address a new priority each year, it's important to be aware of and consider emerging concerns. This will be especially important when new data sources become available.

STEP 4.

Develop Portfolio of Strategies

Tasks	Areas for Capacity Building
→ Identify strategies to change cultural factors	→ Logic models for change
→ Develop logic models for change	→ Evidence-based strategies
→ Refine portfolio of strategies	→ Resources for strategy development
→ Plan for strategy development	→ Strategy development process

The purpose of the fourth step is to develop a portfolio of strategies to change the cultural factors prioritized in the previous step. Strategies should include efforts capitalizing on systemic opportunities identified in the previous step as well.

→ ## Task

Identify strategies to change cultural factors

With a clearer understanding of the cultural factors associated with the risky behavior, the coalition can identify potential strategies to change the cultural factors. A strategy is an experience designed to change cultural factors like beliefs among a group of people. A critical question for the coalition to ask is, "How is this activity/event/media experience going to change this cultural factor?" This question can help us be more effective by allowing us to stop engaging in activities that have little long-term impact on beliefs and start focusing on strategies that do.

When possible, "evidence-based strategies" should be selected. Table 2 summarizes different definitions for what is considered evidence-based by a variety of organizations. Within the multiple definitions, the emphasis is on identifying strategies that have a proven record of effectiveness.

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Various resource guides or other articles can help identify potential strategies. If possible, existing evidence-based strategies should be used over developing new strategies, as strategy development takes time and expertise. Potential strategies can be prioritized based on the level of evidence, applicability to the contributing factor and population, cost, resources required, and local expertise to implement.

SOURCE	DEFINITION OF EVIDENCE-BASED
Substance Abuse and Mental Health Services Administration (SAMHSA)	SAMHSA/CSAP defines as evidence-based those interventions that are included in one or more of the three categories below: Category #1. The intervention is included in federal registries of evidence-based interventions, OR Category #2. The intervention is reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; OR Category #3. The intervention has documented evidence of effectiveness, based on guidelines developed by SAMHSA/CSAP and/or the state, tribe or jurisdiction (Center for Substance Abuse Prevention, 2009).
Department of Education	Step 1. Is the intervention backed by "strong" evidence of effectiveness? Step 2. If the intervention is not backed by "strong" evidence, is it backed by "possible" evidence of effectiveness? Step 3. If the answers to both questions above are "no," one may conclude that the intervention is not supported by meaningful evidence (Institute of Education Sciences, 2003).
Centers for Disease Control and Prevention	The CDC recognizes a "continuum of evidence of effectiveness" based on the best available research evidence, experiential evidence, and contextual evidence. Range of effectiveness and strength of evidence combine to determine categorization into well-supported, supported, promising direction, emerging, undetermined, unsupported, or harmful (Puddy & Wilkins, 2011).
Department of Justice	The Office of Justice Programs (OJP) considers programs and practices to be evidence-based when their effectiveness has been demonstrated by causal evidence, generally obtained through high quality outcome evaluations (Office of Juvenile Justice and Delinquency Prevention, n.d.).

Table 2. Definitions of Evidence-Based

Developing logic models for change guides selection, implementation, and evaluation of strategies. A logic model is a written description of how the strategy will result in improved health and safety. Using a series of "if, then" statements, the model describes a logical sequence for reducing negative or increasing positive consequences. For example, suppose a community identifies that children injured by motor vehicles while walking to school is a high-priority consequence. A review of the data identified distraction among high school youth (driving to a nearby high school) accounting for a significant portion of the incidents. Prevalence data from high school students revealed a high rate of texting while driving, and contributing factors showed a strong relationship between low perception of risk of texting while driving and engagement in the risky behavior. An evidence-based curriculum addressing texting while driving was identified that could augment the local driver education program. Figure 8 shows a logic model documenting how implementing this new curriculum will reduce children injured by motor vehicles while walking to school. While this example is relatively simple, addressing some behaviors becomes more complex, and coalitions can get "lost" between the identification of the consequence to be reduced and the selected strategy. Capturing the logic behind the chosen strategy increases the likelihood of achieving change.

While logic models validate the strategy selection process, they also provide important information to guide implementation and evaluation. The logic model can inform a strategy implementation plan, identifying who needs to do what for the strategy to work. The logic model also identifies potential process measures (following the same example, how many students have participated in the new curriculum) and intermediate variables (perception of risk from texting while driving, engaging in texting while driving).

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INPUTS What are we investing?		OUTPUTS What are we doing? Who are we reaching?		OUTCOMES What are our anticipated outcomes?		
RESOURCES	ACTIVITIES	AUDIENCE	SHORT-TERM	INTERMEDIATE	LONG-TERM	
What resources do we need to do this strategy?	**What are the core components of this strategy?**	**Who is our audience for this strategy?**	**What are the immediate or short-term outcomes we anticipate?**	**What are the medium-term outcomes we anticipate?**	**What are the long-term outcomes we anticipate? What is the ultimate goal?**	
Funding for curriculum materials Funding for driver's ed teacher training	Distraction while Driving Curriculum	High School Students enrolled in driver's education classes	Increased perception of risk from texting while driving among high school students	Decrease in texting while driving among high school students	Decrease in distracted-related crashes around schools Decrease in children injured walking to school Improved traffic safety around schools	

Figure 8. Example Logic Model

Task

Refine portfolio of strategies

Transforming culture requires more than changing the behavior of one group; it requires changing behaviors across the social ecology. Strategies across the social ecology should be identified for each consequence to be addressed. In this way, the shift in beliefs is reinforced by multiple layers of the community, and the outcomes are more likely sustained.

In the previous example of reducing texting while driving among high school students (to reduce injuries of children walking to school caused by vehicle incidents), the proposed strategy and activity focused only on the drivers themselves. In addition, reaching parents, other community adults, law enforcement, and teachers would bolster efforts. Therefore, a portfolio of strategies would be implemented to address this risky behavior. For example, law enforcement could engage in high visibility enforcement; parents could be encouraged to establish rules about never texting while driving; teachers could discuss the value of protecting the community's children. In this way, multiple strategies across the social ecology would coordinate to address this behavior.

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Task

Plan for strategy development

In some cases, evidence-based strategies to address a certain behavior may not exist or may need to be significantly adapted for implementation in a new setting. In these cases, new strategies need to be developed (or existing ones modified). Developing new strategies should be approached cautiously – extensive experience in the early days of prevention has shown that many interventions had no effect (and some had negative effects) (Nation et al., 2003). The coalition should create a plan to develop the new strategy. The plan should include conducting formative research about the behavior, developing behavior models, identifying mechanisms to reach the intended audience, developing materials and resources to train those delivering the strategies, pilot testing the materials developed, and subsequently piloting the overall strategy. This may take considerable time (months to years) and involve outside expertise. Important considerations for developing effective strategies include using multiple settings (e.g., in the family, schools, and workplaces); engaging varied communication/teaching methods; assuring sufficient dosage; using a strong theoretical basis; timing delivery appropriately for the developmental stage of the intended audience; and making the information socio-culturally relevant (i.e., the issue needs to be relevant to the intended audience). The following resource provides additional information: https://amchp.org/resources/adapting-a-program-stoplight-model-for-adaptation/

Areas for Capacity Building

Critical areas for capacity building during the fourth step include learning about logic models for change and evidence-based strategies. Logic models are a valuable tool to help coalition members see the connection, based on sound science, between strategy and improved health and safety. They also aid in planning and evaluation. Teaching coalitions about logic models is relatively straightforward, and many resources are available.

Coalitions will need to learn about existing evidence-based strategies available to address their priority issues. Resources include published bulletins, journal articles, and websites. NHTSA, SAMHSA, the US Department of Education, and other agencies provide guides regarding best practices. These can be accessed and shared with coalition members. It is important for coalitions to review available research and avoid a quick selection based on the recommendation from one stakeholder.

Positive Culture Framework Step 4 Workplan

Step Four Tasks: Develop a Portfolio of Strategies	Resources/Tips	Who is Responsible	Status
Consider forming an ad-hoc strategy selection committee	Though it's crucial that many people have a voice in the strategy selection process, a lot of research and outreach to community partners needs to take place at various points in the process. This may be too much work for one or two people, and it's always best to have more than a couple of people driving such an important process. Consider asking for volunteers to serve on a time-limited committee to help guide the selection of strategies.		
Become familiar with and train coalition members on available tools and guidance on strategy selection	Review publications from organizations such as SAMHSA, NIDA, and CDC to gain an understanding of the importance of considering conceptual fit, practical fit, and evidence-base in the process of identifying appropriate strategies to address your priority areas. Whatever tools you choose to use to train others on the process, be sure all coalition members and key stakeholders understand that any strategy selected will need to match the priorities, be relatively feasible to implement, and supported by sufficient evidence to suggest it will have the intended impact on the priority.		
Review your existing portfolio map and data from Step Two regarding available readiness, resources, and capacity	Referring back to the portfolio mapping activity and the information you collected during Step Two, review the existing efforts, level of readiness, resources, and capacity within your community. It's important to have an understanding of the gaps going into this process. Additionally, reviewing your existing portfolio map will help you avoid duplicating services and identify efforts that have not been effective in the past and should be discontinued or adapted. Additionally, you'll need to know what support is or will be available during implementation.		
Develop a list of potential strategies to be considered to address each priority	Taking into consideration what the body of research says and what you know about your community, identify a list of strategies your coalition should consider implementing to address each priority.		
Explore what it would take to implement the strategy with fidelity	Review best practices or core fidelity components for each strategy being considered. You may find this information in the research that's been published or by contacting the program developer or provider, if one exists. Contact someone who has experience implementing the strategy within a similar community, if possible, to discuss lessons learned.		
Discuss the feasibility of implementing the strategy with fidelity with community partners and stakeholders who will potentially be	It is extremely important the individuals from across the social ecology who will be involved in the implementation (school administrators, city council members, parent educators, police officers, health teachers, etc.) are involved in the strategy selection process and understand that certain elements of the program, practice, or policy are required in order for the strategy to be effective. It is also essential that these individuals are willing and able to implement such best practices or core fidelity components.		

Step Four Tasks: Develop a Portfolio of Strategies	Resources/Tips	Who is Responsible	Status
responsible for implementing the strategy			
Develop and implement a process for comparing strategies and making final selections	Now that you have all the information you need to make an informed decision, you'll need to develop an objective process for making final selections. In developing your process, you'll need to decide who will be involved in comparing and voting on strategies, and at what phase in the process. It's recommended that all coalition members get to vote on the final list of strategies, but it will be important that they understand the main concepts and the process that was used to land on those strategies.		
Update your portfolio map and develop a comprehensive logic model to serve as a visual representation of how the coalition will create change	Once strategies have been selected, update your portfolio map and complete your logic model (one per priority/issue). A completed logic model should contain your primary issue (ex: underage drinking), resources available to address the issue, key components of the strategy being implemented and its intended audience, as well as any short, intermediate, and long-term outcomes anticipated. This document should be shared with coalition members and all stakeholders and community partners who will be involved in implementation.		
Develop a comprehensive action plan for each strategy selected	In collaboration with those who will be responsible for implementing each strategy, develop a comprehensive action plan that outlines every key activity or task related to implementing that strategy. For each activity or task, outline material resources needed, human resources needed, who is responsible, an accountability check, due date, and any other notes that may be helpful. The more detailed and comprehensive the plan, the better. Activities should include anything that needs to be done in order to prepare for successful implementation, such as securing training, ordering materials, planning meetings, developing communication plans, etc.). Activities that support the best practices and core fidelity components of the strategy should be included. Anyone responsible for any of the activities should receive or have access to the action plan. Because these will be "living documents" and will need to be updated from time to time, consider using an online format such as Google Docs or Dropbox to share the document with everyone involved in the implementation of the strategy.		
Develop a comprehensive capacity-building plan	This plan should include general capacity-building activities or "internally focused" tasks that build relationships, leadership, overall readiness to address the issue, coalition awareness, etc. These tasks are not specific to a single strategy and are based on gaps identified in the assessment. Additionally, include activities that will lay the groundwork for future strategies and set your coalition up for sustainability. Make sure this plan is reviewed and disseminated to coalition members and appropriate partners in the community.		
Revisit your evaluation plan	In collaboration with your evaluator, revisit your Step 1 evaluation planning work. Update your evaluation plan as appropriate for the strategies / programs selected.		

Ongoing Tasks	Frequency	Resources/Tips	Who is Responsible	Status
Convene regular strategy selection meetings	As needed during Step Four; at least annually thereafter	In order to ensure strategy selection is a collaborative process, plan specific meetings to discuss progress and reassign tasks as needed throughout Step Four. It's recommended that a smaller group of coalition members create an ad-hoc committee to guide the strategy selection process, and regular meetings will help keep everyone informed about what the group has learned. Though it often takes more than a year for a strategy to get up and running and most strategies need several years of implementation to create sustainable outcomes, it's important to review strategies annually. The evaluation plan should identify key process measures that should be reviewed to ensure each strategy is on track to achieve its intended outcomes.		

STEP 5.
Pilot and Refine

Tasks	Areas for Capacity Building
⊡→ **Plan for piloting strategies including evaluation**	⊡→ **Resources for evaluation**
⊡→ **Implement and evaluate pilot**	⊡→ **Evaluation methods**
⊡→ **Revise strategies based on evaluation**	⊡→ **Resources for strategy development**
	⊡→ **Strategy development process**

The purpose of the fifth step is to pilot and refine strategies. Successfully navigating this step leads to better outcomes in the subsequent step when strategies are implemented at a large scale. Problems can be addressed much more easily on a small scale, so investing in pilots often saves time and resources over the long term.

⊡→ ## Task

Plan for piloting strategies including evaluation

Piloting (or testing) strategies before full deployment allows for meaningful learning and revisions. Often, strategies will need to be adapted to local environments, and the pilot process allows these issues to be surfaced and corrected on a small scale. The appropriate settings for the pilot need to be selected. Selecting pilot sites involves balancing factors including readiness, local capacity, political pressures, and fairness (e.g., do just the "good schools" get to test the new strategy?). Some strategies require recruiting and engaging new partners (e.g., law enforcement leaders, school teachers, and elected officials). Specific training may be required. The logic models for each strategy developed in the previous step provide guidance for planning the implementation of pilots.

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Evaluation is critical to maximize learning from the pilot. An evaluation plan should be developed as a part of the pilot implementation plan. Evaluation of pilots should include capturing process measures (measures of how many are served or impacted by the strategy, when, and how often) and short-term outcomes (such as predictive beliefs or supportive behaviors like parents or workplaces establishing rules or policies). If feasible, pilots may also collect intermediate or long-term outcome measures (engagement in risky behaviors and/or consequences from engaging in risky behaviors). The coalition will need to decide about the level of rigor for the evaluation addressing such issues as whether comparison sites should be used. A more rigorous evaluation would compare changes in the pilot site with similar measures collected in a comparison site where no strategy took place. This comparison provides a higher level of assurance that the changes measured resulted from the pilot strategy. However, using comparison sites also increases costs (evaluation measures need to be collected in two sites instead of one). These decisions need to be addressed by the coalition.

Task

Implement and evaluate pilot

After careful planning, the pilot should be implemented. The coalition will need to monitor the pilot's progress, address unforeseen issues that arise, and make sure that the evaluation measures are being captured. Assessing the fidelity of the implementation is essential. Fidelity of implementation describes the rigor with which a strategy adheres to the developer's model (Center for Substance Abuse Prevention, 2002; Senge, 2006). Often, those engaged in implementing the pilot have multiple responsibilities (e.g., teachers, law enforcement officers), and the pilot is viewed as "additional work." When problems arise, they may skip steps, become disengaged, or simply stop. Consistent monitoring and support are critical. The results of the pilot should be analyzed by an experienced evaluator for evidence of change and lessons learned. Trained evaluators can assist in this effort. Gathering evaluation data can be viewed as an additional burden or interpreted as a mechanism to evaluate the implementer's performance; therefore, carefully explaining the purpose and value of the evaluation is critical. Because of the additional burden collecting evaluation measures entails, extra compensation may be appropriate.

Task

Revise strategies based on evaluation

The results of the evaluation should be reviewed by the coalition though the lens of "What did we learn?" not just "Did it work?" The entire pilot process should be reviewed for opportunities to improve. Issues like readiness and training are important factors that can significantly impact the success of a strategy (Nation et al., 2003). If others developed the strategy, the coalition should re-engage the developers to share the results and identify potential revisions. Revising strategies should be done with great care to avoid removing or changing critical components as that can reduce effectiveness.

Areas for Capacity Building

Critical areas for capacity building during the fifth step include identifying resources for evaluation and strategy development and learning about evaluation and strategy development. Resources for evaluation include private consultants and local institutions of higher learning (e.g., colleges and universities). Graduate students may be willing to take on the evaluation of a project as a thesis project. Resources for strategy development include program developers, consultants, and universities. The coalition needs to identify potential resources and develop working relationships as needed.

Additionally, the coalition members need to learn about the basics of evaluation and strategy development. Resources are available to learn about evaluation; fewer are available to learn about strategy development. University researchers and consultants can provide training on these more complex issues.

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Positive Culture Framework Step 5 Workplan

Step 5 Tasks: Pilot & Refine	Resources/Tips	Who is Responsible	Status
Review selected strategies for pilot testing opportunities	Think about how each strategy could be implemented on a smaller scale or with a representative subset of the larger focus population, prior to moving into full implementation. For example, if one of your strategies is to pass local ordinances in each of the communities you serve, instead of moving the process forward in all communities simultaneously, you could first attempt to pass it in a single community in order to be better prepared for a larger, more coordinated effort moving forward. If you selected a classroom curriculum, pilot the curriculum in a single unit or class before implementing it school-wide. If you are developing any sort of communication effort, test the materials with a subset of the focus audience, etc.		
Update your action plans with pilot testing details	If pilot testing activities were not already included in your action plans, update these to include the detailed plans to do so for each strategy.		
Conduct pilot testing	Implement your plans to pilot test each strategy. Depending on the strategy, pilot testing will look a bit different, but generally speaking, it's best to continue to pilot test until you are no longer receiving new feedback or ideas for changing the strategy.		
Review pilot testing results	After pilot testing, review the feedback and reflect on potential changes. It's important to refer back to the best practices or core fidelity components before deciding on any adaptations. If possible, discuss potential changes with the program developer. Though feedback from the focus population is extremely important, it must be weighed against the research about what is required to create the change in the behaviors you are addressing.		
Refine your strategies and update your action plans	Based on the results and experience you gained during pilot testing, select strategic adaptations to your strategies and revise your action plans accordingly in preparation for full implementation.		
Communicate and prepare for adaptations	Ensure all key stakeholders receive the revised action plans are aware of the changes. Additionally, make sure those who are implementing the strategy are adequately prepared for the changes (e.g. receive new training). Make sure all materials, processes, or procedures are updated.		

Ongoing Tasks	Frequency	Resources/Tips	Who is Responsible	Status
Maintain communication with those conducting pilot testing	Regularly throughout Step Five	In order to capture timely feedback about the process, check in regularly with those who are implementing the strategy during the pilot testing phase and every step of this process. Document what's going well, in addition to what challenges and barriers are being encountered. Continue to engage, or at minimum, maintain communication as you explore, select, and implement adaptations.		

STEP 6.

Implement Strategies

Tasks	Areas for Capacity Building
⮕ **Revise implementation plans based on pilot results** ⮕ **Implement strategies** ⮕ **Hear and steer the public conversation**	⮕ **Monitoring fidelity**

The purpose of the sixth step is to implement the strategies on a larger scale seeking sustainability. The core tasks are described below.

⮕ Task

Revise implementation plans based on pilot results

Based on the lessons learned from the pilot testing (previous step), plans for implementing strategies across the community can be developed. Commitment from additional partners (such as additional schools or law enforcement agencies) may be required, as may additional training. Mechanisms to sustain implementation (like codifying the new strategies in operating policies or practices) should be pursued. In addition, systems to support ongoing evaluation should be put in place. This may require developing or revising data collection systems by changing or adding new components to existing reporting systems or databases. Deployment may occur in stages and over time to overcome potential resistance from partnering agencies.

⮕ Task

Implement strategies

The coalition should actively support the implementation of the new strategies. This means the coalition may need to host the required training and pay for (or contribute to) costs associated with required changes. The coalition should also monitor implementation and make sure the strategy is being implemented as it was designed (i.e., with fidelity). Agencies may decide to make modifications independently; these should be carefully reviewed and assessed for potential impact on outcomes.

Task

Hear and steer the public conversation

The coalition should actively monitor (hear) and engage (steer) the public conversations taking place about the issue that the implementation of strategies may trigger. This is a time when misperceptions can surface. The coalition needs to actively address these misperceptions and use the opportunity to clarify norms and correct cultural factors. Coalitions should develop and practice speaking points. Engagement by leaders should be viewed as opportunities for further change.

Areas for Capacity Building

Critical areas for capacity building during the sixth step focus on monitoring for fidelity. As strategies are implemented at a greater scale, more opportunities occur for those implementing the strategies to adapt components, take shortcuts, or even eliminate components. Maintaining fidelity during broader implementation is important to achieve desired outcomes. The coalition will need to develop methods to ensure the fidelity of the strategies during implementation.

Positive Culture Framework Step 6 Workplan

Step Six Tasks: Implement Strategies	Resources/Tips	Who is Responsible	Status
Ensure all individuals responsible for implementation are adequately prepared to carry out each activity identified in the action plans	Ensure all key stakeholders have the most recent versions of the action plans and understand their roles and responsibilities. Additionally, make sure those who are implementing the strategy have all materials, toolkits, and information necessary to implement with fidelity. Tip: A little organization goes a long way. You can be immensely helpful to the busy people who are implementing strategies (especially law enforcement, school staff, and policy makers) by organizing and prepping materials, printing off and highlighting activities they are responsible for or other pertinent information, coordinating logistics ahead of time, providing an implementation packet and including things like a list of FAQ's and a contact list, etc. The easier it is for people to implement a strategy with fidelity, the more successful it will be.		
Ensure all individuals who have a role in implementing the capacity-building plan are adequately prepared	Ensure all individuals involved in implementing the capacity-building plan understand their roles and responsibilities and have what they need to carry out their assigned activities.		
Initiate implementation of your action plans and capacity-building plan	Give implementers the "green light," a word of encouragement or thanks, and/or a reminder on the days outlined in action plans and capacity-building plan for each activity, as appropriate. For some strategies, a press release or kick-off event may be appropriate to educate and engage the broader community.		
Shortly after implementation begins, check-in with those implementing each strategy	Connect with all individuals who play an important role in implementing your action plans. Assist in answering any questions and determine whether or not strategies are being implemented with fidelity. Tip: You want to come off as a helpful resource instead of someone who is checking in on people. Be thoughtful in how you approach these conversations. It's often important, however, for people to understand that delays in certain activities may impact the overall timeline and unplanned adaptations can hinder success.		

Ongoing Tasks	Frequency	Resources/Tips	Who is Responsible	Status
Ensure accountability checks are being done and update the action plans and capacity-building plan to track progress	As needed throughout Step Six	Add progress notes and completion dates to the action plans and the capacity-building plan after accountability checks have been conducted and/or activities have been completed. It helps to have a centralized location with notes, even if you are not responsible for each accountability check.		

Activity	Timing	Details
Update activities within the action plans and the capacity-building plan	As needed throughout Step Six	Update your plans as needed based on feedback received, changing timelines, resources, and evaluation of effectiveness. Should you be considering any substantial changes, be sure to review core fidelity components or best practices first and reach out to program developers if possible. Continue to engage, or at minimum, maintain communication with implementers as you explore, select, and carry out any adaptations.
Maintain communication with those responsible for implementation	Regularly throughout Step Six	Continue to check in regularly with those who are implementing activities within the action plans and capacity-building plan. Document what's going well in the notes section, in addition to what challenges and barriers are being encountered. Make sure those who are implementing strategies get timely answers to any questions that arise. Serve as the liaison between all individuals who have a role in implementation and send revised versions of the relevant plans out to assist in keeping implementation on track, and others informed of the progress of preceding activities. Tip: Though email is a terrific tool, face-to-face communication and phone conversations may provide deeper insight into how implementation is going. Additionally, hard copies of revised plans may have a higher likelihood of being read.
Ensure that prevention leaders hear and steer conversations	Regularly throughout Step Six	Ensure that coalition members, strategy implementers, and other stakeholders hear and steer the conversation about your issue and are prepared and feel comfortable correcting misperceptions. Strategies seek to change something, and change is never easy. There will likely be conversation around each of your strategies among the focus populations, indirect populations, or among the greater community. It's important your prevention leaders are listening to what audience members are saying, are participating in those conversations and are providing information that supports implementation in a positive way. Tips: Add a standard agenda item to your coalition meetings for members to report back on what they're hearing and how they're responding (or perhaps just a reminder to keep you informed if they are hearing things). Ongoing training may be necessary to develop an adequate level of comfort among members to lead these conversations. Tools such as talking points and strategy briefs may be helpful in promoting consistent communication.
Encourage leaders to foster engagement with strategies within their spheres of influence	Regularly throughout Step Six	Your stakeholders and partners can help bring others in and spread the implementation of effective strategies. Remind your leaders that the coalition relies on them to engage their respective sectors and contacts. This also builds sustainability. The more people who are familiar with the details of the implementation, the more likely it will continue if the current implementers are no longer able to carry the strategy forward.

STEP 7.
Evaluate Effectiveness and Needs

Tasks	Areas for Capacity Building
→ **Monitor evaluations and revise strategies as needed** → **Reflect individually and collectively** → **Identify future needs**	→ **Using quantitative and qualitative evaluation approaches** → **Understanding evaluation results**

The purpose of the seventh step is to learn what has been effective in changing behavior, what needs still exist, and how best to apply this knowledge in the future.

Evaluation is a critical component of the transformation process. By evaluating process and outcomes, it is possible to not only refine programs to become more effective, but the evaluation data can support future policies to sustain efforts based on cost-benefit analyses. A combination of both qualitative evaluation methods and quantitative evaluation methods leads to better insight and understanding.

Ultimately, evaluation is about capturing transformation. Transformation is manifested in changes in behavior as well as changes in language, understanding, and interactions. A qualitative evaluation process is often more effective than quantitative approaches in capturing transformation. Capturing the stories of the unfolding process, documenting success and challenges, and measuring behavior change guide learning about how to improve in the future.

→ ## Task

Monitor evaluations and revise strategies as needed

The coalition should continue to gather and review evaluation data over time. Strategies may require further refinements. Furthermore, other systems may change (e.g., new laws or practices are enacted) which might impact the strategy and require changes. Outcome evaluation findings should be given back to those implementing the strategies so they see the value of their efforts and can improve their quality as well. Showing those doing the work that they are making a difference is a powerful mechanism to foster sustained engagement.

QUANTITATIVE AND QUALITATIVE EVALUATION

QUANTITATIVE	QUALITATIVE
Numbers	Words
Point of view of researcher	Points of view of participants and/or stakeholders
Researcher distant	Researcher close
Theory testing (hypothesis, controls)	Theory emergent
Static	Process
Generalization	Contextual understanding
Hard, reliable data	Rich, deep data
Macro	Micro
Behavior	Meaning

Qualitative evaluation strategies involve the collection of words and the subsequent processing of those words through content or document analysis. In qualitative research methods, "the stress is on the understanding of the social world through an examination of the interpretation of that world by its participants" (Bryman, 2012, p.380). These designs provide rich, contextual data about the process and outcomes of the prevention strategy. This is due to the data collection methods and highly participatory nature of qualitative designs. However, qualitative evaluation approaches often lack generalizability and, compared to some quantitative approaches, have potential for increased bias (such as subjectivity).

Examples of qualitative methods for data collection include content analysis, examining documents, direct observation, interviews, and focus groups. Examples of how to capture transformation through qualitative methods include:

- Involvement of leadership group (collaborative) - monitor involvement

- Stories told among community members (interviews/focus groups) include baseline discussions

- Newspaper/online articles

- Meeting minutes

- Evolution of media/prevention materials

- Self-reflection memo- biannually tracking/capturing coordinator story - how have they changed, how have they transformed

- Policy narratives - speeches or changes to law/regulations/policies directly related to the work

(Adapted from Bryman, 2012; Posovac, 2010)

Task

Reflect individually and collectively

Continual learning is critical to effectiveness. This should occur both individually (by members of the coalition) and collectively (as a coalition). Committing time to pause, look back, discuss, make meaning, and gather wisdom is an important step in the evaluation process. We often move to the next issue, the next step, without benefiting from the past.

Reflection is a critical process to foster transformation and challenge existing mental models (Senge, 2006). However, we often create generalizations too quickly – without enough information. Slowing down, gathering extensive information from multiple perspectives, and exploring the data with minimal interpretation can help us draw better conclusions. We must question our existing assumptions as we interpret the information and avoid dismissing data that contradicts our mental models or simply highlighting data that confirms our assumptions. We must ask how our assumptions might be wrong altogether.

Important questions to ask include:

- **?** What has happened? How do I know?
- **?** How does what happened align with or challenge my/our assumptions?
- **?** How might my/our understanding of this issue change as a result of our recent efforts?
- **?** What might I/we do differently based on what we have learned?

Task

Identify future needs

Throughout the process and especially in this last step, we need to listen for future needs and opportunities to improve health and safety. We may learn that as we work on a specific issue, we see challenges and problems in a related issue. As our understanding becomes more sophisticated, we see that many of the issues impacting health and safety are related – the misuse of substances, mental health, traffic safety, and violence have many common cultural factors.

The PCF process is very intentionally designed as a cycle. Processes to improve health and safety are often repeated iteratively because we are never "finished" improving health and safety (Foster-Fishman & Behrens, 2007). Even though the process is repeated, the details of the actions performed in each iteration are different because the community has changed, and the repetition is valuable because it moves the community towards improved health and safety.

Areas for Capacity Building

The coalition will need to learn how to interpret and make meaning of evaluation results. This often involves more than reading a report; issues to address include understanding the limitations of the evaluation design, inherent variability in the results (e.g., statistical significance), and how to use the results in the future.

Because transformation involves changing systems and mental models, qualitative evaluation is often valuable to assess changes that are hard to measure quantitatively. The coalition will need to develop a basic understanding of qualitative evaluation and how to use the results.

Positive Culture Framework Step 7 Workplan

Step Seven Tasks: Evaluate Effectiveness and Needs	Resources/Tips	Who is Responsible	Status
Schedule time to carry out evaluation activities	Set reminders and time aside in your calendar to collect, organize, and report process and outcome evaluation data per your evaluation plan.		
Schedule time to regularly review notes	Set reminders and time aside in your calendar to review notes from your action plans and capacity-building plan and any relevant evaluation data to adapt the activities within these plans for the future.		
Re-assess overall needs and make necessary changes to your portfolio map	Using the qualitative and quantitative evaluation data you've collected, and the prioritization process you've previously implemented, re-assess overall needs to address potential changes in the community, focus audience, or political conditions. After going through any needed strategy selection processes, update your portfolio map as appropriate.		
Share success stories	Present evaluation findings to a variety of stakeholders, including, but not limited to coalition members, school administration, city or county policy makers, business leaders, civic groups, etc. Not only is it important to take time to celebrate and recognize those who were instrumental in the implementation step, it's important for the sustainability of your strategies to let it be known that your efforts have been effective. Tip: A press release is often an effective tool in sharing your success with the broader community. Developing and maintaining positive relationships with media will be helpful in publicizing successes, which may help further change public perceptions and community norms.		

Ongoing Tasks	Frequency	Resources/Tips	Who is Responsible	Status
Implement your planned evaluation activities	Ongoing	Carry out your evaluation plan. Collect process and outcome measures and track your progress on both the action plans and the capacity-building plan. Document anecdotal information, so you can utilize it in combination with other evaluation data to make decisions for the future.		
Update your evaluation plan	As needed	From time to time, you may need to update your evaluation plan as a result of changes made to your action plans or the capacity-building plan.		

V.

PCF Skills

Leadership

As practitioners seeking to improve health and safety in our communities, we are leading people to make healthier, safer choices. In this way, the work of improving health and safety is an act of leadership. Successful leaders know they cannot force people to make these decisions. Instead, effective leaders must create the conditions where people choose to be healthier and safer.

As a person working to improve health and safety, it is important for you to recognize and embrace your role as a leader and facilitator of change. You are leading your community or organization away from risky behaviors and towards protective behaviors. You are leading your community away from a negative, fearful, hopeless image of its future towards a positive, hopeful future. You are building a community that acknowledges and leverages its positive culture.

Many skills are involved in being an effective leader. We recognize the importance of these many skills and acknowledge the excellent resources available to help individuals develop and hone their skills. We strongly encourage people to engage in these resources – even if they feel their skills are strong. A leader can continually improve.

We know that developing leadership skills takes intentional effort and extensive practice. It is paramount that we invest the time necessary. We strongly encourage individuals to block time on their weekly schedule to review and address their leadership development. It is only with this kind of commitment that we will improve.

Building skills also takes practice – practice in the real, everyday world. We encourage you to take one new idea, one new approach, and try it out. Start using it with your colleagues and co-workers. Try it with your coalition. Through practice, you will truly develop the skill and make it your own. This process also helps you, as a leader, to understand the contextual nature of these skills. Not every approach works in every situation. Therefore, it is important to recognize that different audiences and situations require different leadership skills.

Our focus is to address those skills that are most relevant to the PCF and that may not necessarily be addressed by generally available leadership development materials. Specifically, we ask three questions to focus our leadership development:

? How do I embrace a positive/appreciative approach to enhance my leadership effectiveness?

? How do I lead efforts across the social ecology to improve health and safety?

? How am I cultivating transformation to sustain improved health and safety?

The following pages provide tools to help you develop your PCF leadership skills. While we will work with you to start using these tools during our training, we strongly encourage you to review them regularly.

A Positive Leader - Raising Concern and Hope

A critical skill for leaders is the ability to engage their community to address an issue constructively. In other words, we have to get our communities involved. Thus, learning how to raise concern is critical.

Concern is different than fear (Witte & Allen, 2000). Sometimes, we seek engagement by creating a sense of crisis, that can create fear. Fear can result in either shutting down or withdrawing (a form of paralysis) or immediate reaction without in-depth thought. On the other hand, concern creates a sense of urgency without falling into the challenges of fear.

Additionally, we want to create a sense of hope. Hope is not a belief of "don't worry, be happy." Hope is a will to move forward (coming from a sense of urgency) and a belief that there is a path forward (Luthans & Avolio, 2007). Creating a sense of hope builds perceived collective efficacy. Perceived collective efficacy is the perception among a group of individuals that they, as a group, have the skills and capability to perform. A strong sense of perceived collective efficacy predicts group performance (Bandura, 1997; Sampson et al., 1997) and safety outcomes (Eid et al., 2012; Sampson et al., 1997).

We can create a sense of concern by:

■ Raising important facts about the negative consequences of certain health- or safety-related issues in our community. These facts may include the number of fatalities, the number of serious injuries, the number of children or families impacted, and economic costs, including healthcare costs or lost work time or school time.

■ Highlighting discrepancies between shared values (e.g., the health and well-being of our youth) and specific negative consequences.

■ Sharing personal stories of negative impacts. These stories must also be coupled with strategies below to help raise hope.

Strategies to raise hope include:

■ Not getting stuck in a negative story about the community or situation.

■ Sharing positive facts about the culture that cast the negative outcomes as exceptions instead of the rule.

■ Shifting the focus of the problem to system issues instead of personal issues.

■ Sharing strategies that have been shown to be effective in addressing the issue.

■ Highlighting strengths and assets in the community to address the issue.

As leaders, we want to perfect our skills at raising concern and hope with others. However, we must acknowledge that this work begins internally. Do we believe that the solutions are in the community? Are we hopeful that we have a strong will to address the issue and believe there is a path forward? These questions must be answered with an enthusiastic "yes" first.

Extensive research addressing health and safety has documented the value of social ecological approaches. However, it is easy to fall into the trap of focusing on individual behavior as we face challenging issues around health and safety. Our focus becomes getting youth not to drink, bad drivers to obey the laws, arresting people who are violent or abusive, or "fixing" bad parents. A critical leadership skill is to shift our focus to a social ecological perspective.

Adopting a social ecological perspective means that we see (and teach others to see) our communities as complex interactions of systems at various levels (Figure 9).

Figure 9. The Social Ecological Model

By recognizing how these various layers interact, we can see that improving health and safety involves changing many behaviors – not just the behavior that immediately precedes the negative outcome (like driving under the influence or engaging in physical violence). Particularly, we want to understand how values, beliefs, and behaviors across the social ecology impact the cultural factors of individuals engaging in risky behaviors.

For example, we know several cultural factors influence whether underage youth drink. These include a sense of disapproval, a sense of harm, and beliefs about what their peers do and expect. Using an individual perspective, we may focus on ways to change these beliefs among youth. Using a social ecological perspective, we explore how various layers of the social ecology result in these beliefs among youth. Efforts to improve health and safety become strategies across the social ecology to change these systems so youth develop safer beliefs and behaviors.

Strategies to lead across the social ecology include:

- Shifting the focus of the problem to system issues as opposed to personal issues.

- Teaching others to view community using a social ecological perspective (e.g., layers of relationships as opposed to individuals).

- Expanding the focus of efforts to include more aspects of the community.

- Fostering a deeper understanding that culture comes from many sources – not just individuals or from "outside" the community.

This leadership skill begins by shifting our own thinking – to embrace systems thinking and expand our view of the issue and the solutions.

Leading to Transform the Community

Since we want improved health and safety to be a part of our culture, developing skills in cultivating cultural transformation is valuable. Cultivating cultural transformation requires an understanding of the transformation process and the courage to overcome challenges associated with resistance and push-back typical of transformation.

We intentionally use the phrase "cultivating transformation" because we cannot transform someone else; we can only transform ourselves. Just as we cannot make a seed grow, we can cultivate a garden to create conditions where the seed is likely to grow. Similarly, as leaders, we can create conditions that foster or cultivate transformation in our communities.

One way to cultivate transformation is by intentionally seeking second-order change – change in the systems across the social ecology. Thus, efforts to think across the social ecology contribute to cultivating transformation.

Transformation also involves shifting our mental models or how we see and understand the world (Senge, 2006). One way to encourage this is by asking questions that examine core assumptions and make them more apparent. Core assumptions can include misperceptions about what the community currently does or wants (e.g., "most parents in our community don't care, and this is why we have such problems with youth and drugs"); about trends ("drinking and driving is getting worse everywhere, so we would expect it to be bad in our community as well"); about behavior change (e.g., "you can't change other people's behavior"); about prevention (e.g., "prevention doesn't work"); and about existing systems or leaders ("that leader does not care about this issue"). Of course, these are only a few examples; there are many more.

Examining our core assumptions can result in fear and anxiety. For example, we may believe that the program we are implementing in our community (and have for years) is effective. We know it is well understood and popular, and all the stakeholders understand it and know their roles. However, is it effective? Are we willing to ask? We will need to prepare ourselves and others for the process of challenging core assumptions, which may lead to anxiety and resistance, and that this is part of the process.

Leadership strategies to cultivate transformation in the community include:

- Learning to quiet the voices of judgment, cynicism, and fear in ourselves and among others (Scharmer, 2009).

- Asking questions that challenge core assumptions.

- Thinking long term as opposed to only short term.

- Taking a cultural perspective rather than focusing on the beliefs or behaviors of individuals.

- Focusing on systems and the interactions of systems as opposed to individuals.

Communication

Communication is critical for teaching, correcting misperceptions, and changing cultural factors. Communication helps a community better understand an issue, learn how to behave in safer and healthier ways, and gain a better understanding of the positive culture that exists in their community.

Through communication, we tell a new story about our community and its health and safety culture. It is through this new story that the health and safety behaviors we are seeking can become a part of the culture.

A PCF communications strategy seeks to address the specific misperceptions of different audiences to grow protective behaviors that improve health and safety. For example, in the case of underage drinking, youth who perceive that the majority of their peers drink are more likely to drink themselves. Parents who believe most youth drink may be less likely to take protective actions with their own child. School leaders who believe most children drink may consider underage drinking a "rite of passage" and be unwilling to adopt appropriate policies. Law enforcement leaders who believe the community condones underage drinking may be less likely to strongly enforce underage drinking laws.

Communication efforts come in all sizes and shapes. A simple conversation with a key leader is an opportunity to use communication to correct misperceptions and grow behaviors. We may also engage in a larger, longer effort (e.g., a "campaign") that lasts many years and seeks to impact large numbers of people. Such a campaign may take a year or more to design and plan, get key stakeholders aligned, and several years more to implement. As prevention leaders learn the skills of implementing a successful campaign, they will begin to see many opportunities where such campaigns can be used to energize and recruit people to engage in additional behaviors to improve health and safety.

The research is very clear that many large-scale health communication campaigns have been ineffective. For campaigns to be effective, the messages should be developed based a strong theory of behavior (not on what community or coalition members think will be effective), and campaigns should assess exposure and other process measures (Randolph & Viswanath, 2004). It is also strongly recommended that campaigns be coupled with other strategies to be effective (Elder et al., 2004). Communication campaigns can amplify and reinforce other strategies.

Seven Steps Applied to Communication

At the Center, we use a comprehensive seven-step process (based on the PCF process) to guide the development of a communication effort (Figure 10). The following is a brief overview of the seven steps of communication.

Figure 10. The PCF 7-Step Communication Process

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Step 1. Planning and Environmental Advocacy

The primary goal of this first step is to build capacity among key stakeholders toward a comprehensive approach to impacting behaviors associated with a specific issue (such as underage drinking or seat belt use). Investing in building this capacity (as opposed to "hiring out" this work) can then be translated and applied to other issues beyond the life of a single campaign. This more significant investment in planning and capacity building provides opportunities for sustainability and leveraging limited resources. This step involves strategic planning activities, preparing the environment for a successful campaign, and planning for evaluation. For the project to effectively support grass roots efforts, a variety of stakeholders, including citizens at the local level, should be involved in the initial training and development work.

Step 2. Baseline Data

This step involves developing an accurate understanding of the existing positive norms, perception of norms, and the key gaps that provide opportunities for messaging and communications. A key component of this step is to measure the actual and perceived norms of the focus audiences regarding beliefs and behaviors about the issue. Activities include:

- Gathering and reviewing existing data resources.

- Measuring actual and perceived norms among the focus audience and appropriate levels of the social ecology. This may include developing and fielding surveys for data collection.

- Analyzing the responses to the surveys and assessing the critical gaps that should be addressed in a communications effort that will result in the most significant behavior change.

Step 3. Message Development

This step involves understanding the information gathered during Step 2 and generating messages that address gaps identified from the survey work. These messages must be generated specifically to close identified gaps and be tailored to reach the identified focus audience.

We use these seven guidelines for creating messages.

1. Positive. Your messages should promote what is good and healthy in your focus population. They should be positive, hope-based, healthy, legal, and not fear or shame-based. If possible, avoid speaking from the negative with "Don't" messages (e.g., "Don't drink alcohol.").

2. Normative. Technically, a normative statistic is anything over 50%. However, people in your community are unlikely to be happy if you tell them that 51% of youth do not drink alcohol regularly. Remember that some norms are stronger than others; use your best numbers in your messages. Remember that using the word "most" also conveys a norm and may be used in place of a statistic. Your messages should convey a positive norm.

3. Reflective. Mirror your focus population's best behavior back to them in a way that is designed to change misperceptions. Avoid being prescriptive, preachy, or autocratic. The images and language should reflect the focus audience as well as healthy behaviors that are common. Refrain from using images of the risky behavior you are trying to prevent. Understand that language used for youth is different than that used for adults.

4. Inclusive. Create messages that speak to the diversity of your focus population. Make sure your messages do not exclude members of your focus audience (e.g., those students who do drink).

5. Neutral. State statistics and facts in a nonjudgmental tone. To embrace statistics too positively can create the impression that you do not see a need for further change. Even if 90% of the people in your focus population do not drive while impaired, that number can be improved. Avoid eliciting psychological reactance from being judgmental. Some agencies or peer groups are perceived as having an agenda and not being neutral. Consequently, it would be best if you strived to convey the perception of neutrality.

6. Clear. Keep your messages short and simple. Be as straightforward as possible. The audience should be able to hear and recite one big idea from your message.

7. Data-based and source-specific. Truth and accuracy are central to your campaign. The data source should be an integral part of every message. The print at the bottom of the page should be legible because it provides credibility. Include key information like the name of the survey, number of survey responses, and year.

An integral part of creating messages is putting that message in a context that effectively reaches the focus audience. This will involve using certain kinds of media appropriate for your focus audience (e.g., posters, billboards, radio, TV, internet ads, direct mail) as well as images, voices, and graphics that connect with your audience.

Step 4. Communication Plan

This step involves developing a communication plan to deliver the messages to the focus audience with enough reach, frequency, and duration to impact their beliefs and behaviors. The plan should include a combination of traditional and non-traditional channels, paid and earned media, and opportunities for others to support the message (e.g., through conversation).

To create an effective plan, research may need to be conducted to learn how best to reach your focus audience and what the most credible sources or "voices" for your messaging are.

We strongly recommend developing a communication plan for at least a year at a time that details what, when, where, and who is responsible. Media campaigns require attention to detail and staying on schedule – so good planning is critical. These plans change often, so keep them updated and refer to them regularly. Remember that conversations are a great communication channel and should be incorporated throughout your plan.

Step 5. Pilot Testing and Refining

All messages should be pilot tested with the focus audience to ensure they are culturally competent and honor all citizens. The messages will embrace a positive, hope-based frame seeking to connect with the focus audience. A balance of hope and concern creates a call to action as well as a sense of efficacy to address the issue.

By pilot testing with stakeholders and the focus audience, the messages will align with the local culture and not be perceived as coming from "outside." Pilot testing often takes longer than expected. Groups must be assembled, sample materials created, facilitators arranged and trained, etc. Make sure to allow enough time for this critical step. Also, once we gather information from stakeholders and our focus audience, we will need time to make revisions and conduct future testing.

Step 6. Campaign Implementation

This step includes preparing key stakeholders to support the campaign message as it is released through various media channels. The media creates opportunities for conversations at many different levels. Key stakeholders need to be prepared to take advantage of these opportunities as a way to shift beliefs.

Community stakeholders need to be trained on how to hear and steer the public conversation around increasing positive norms in their communities and foster transformation around their issue. Because the messages in the campaign will challenge existing beliefs (remember, that is the point of the campaign), we can anticipate negative reactions, disbelief, and push-back. We recommend developing speaking points about the campaign and training stakeholders and coalition members to handle negative reactions.

Step 7. Evaluation

This step includes completing an evaluation process to help learn and inform future efforts. While Step 7 is listed as last, evaluation design is completed during Step 1 planning, and data collection for evaluation will likely occur throughout.

Evaluation includes many varieties – process and outcome, qualitative and quantitative. Before you begin, it is essential to decide what you want to be able to measure and report at the end of the project and what information will be helpful along the way. You must think about this before you start. Then, you can design an evaluation plan from the beginning that allows you to capture the information you need.

The seven-step communication process is a powerful tool. It can be used for a large, mass-media campaign lasting years or even just for a single conversation with a key stakeholder. Table 3 shows how the process can inform questions to help make even a simple communication like a one-on-one conversation more effective.

STEP	QUESTIONS
1. Planning and Advocacy	? How will I get access to this person? ? Who can help advocate for me?
2. Baseline Data	? What does this person know now about the issue? ? What is their history on this issue?
3. Message Development	? What will I say? Why should I say it? ? How will this impact their behavior?
4. Communication Plan	? What is the best communication method (e.g., letter, email, phone, face-to-face, meeting)?
5. Pilot Testing	? Who can I have review my message first? ? What did I learn from this review?
6. Implementation	? Quiet the inner voices of judgment, cynicism, and fear and engage in the communication.
7. Evaluation	? What did I learn? ? Was the exchange effective? ? What will I do differently next time?

Table 3. Applying the Seven Steps to a Simple Communication

While communication campaigns are powerful tools, their ultimate goal is foster conversations. Through dialogue, we can change people's cultural factors and foster their own transformation. While "just talking" is often discounted, research shows meaningful dialogue is a powerful tool for fostering transformation.

Conversations can develop spontaneously or be intentionally created. The World Café is a powerful process to facilitate meaningful conversation around an issue (Brown et al., 2005). Coalition members (and community members in general) can be trained on how to host conversation cafes to foster a greater understanding of an issue.

Using Powerful Voices

How local leaders speak about an issue can have a profound impact on how people understand it. Furthermore, we can never forget that as leaders on health and safety in our communities, our voices are powerful agents of change. Community members listen to what we say and how we talk about the issues. Therefore, we need to be mindful of how, in our everyday language, we can start to correct misperceptions and change cultural factors.

Whenever we (or other leaders) speak about the issue, we should share a message combining concern and hope. We should never assume that people know why there is concern around an issue, and we should always provide a path forward for the community. For example, regarding an issue like underage drinking, we want to emphasize:

- Underage drinking is one of the leading causes of death among young people often as a consequence of traffic crashes or overdose (when alcohol is used with other drugs).

- Underage drinking is associated with poor academic outcomes, violence, risky decisions about sexual activity, and property crime.

- While we should be concerned as a community, we know how to address this issue. Most youth do not drink; most parents don't provide alcohol to youth, and most community members disapprove of underage drinking.

In addition, when a negative consequence does occur (such as a fatal car crash involving alcohol or a violent crime), we can both acknowledge the incident and clarify that it does not represent the norm in our culture. For example, in talking about a fatal car crash where the occupants were not wearing seat belts, we can say, "While the majority of adults in our community always wear their seat belts, this tragic incident is a reminder to always buckle up."

We never want to discount pain and suffering; such an incident can remind us why we are engaging in the work. However, we do not want how we discuss incidents to become sources of misperceptions.

Integration

To integrate means to "make whole." Therefore, the work of integration involves filling in the gaps in strategies to improve health and safety in our communities as well as fostering better alignment among these strategies and those implementing them.

Many health and safety issues are very complex. There are no simple solutions to issues like substance misuse, traffic safety, or violence. In other words, no single strategy – no "silver bullet" – will address these issues. Instead, multiple strategies impacting behaviors across the social ecology and the Institutes of Medicine Prevention Classifications are required. There is no silver bullet; however, there is "silver buckshot."

Therefore, a critical task in integration is to understand or "map" the existing strategies in a community addressing the issue. We recommend "mapping" these strategies using two dimensions – the social ecology and the prevention classification system. This map reveals where we have multiple strategies (and perhaps need to consolidate or reduce resources) and where we have few or no strategies (and where we might need to invest). A description of the map can be found in Step 2: Assess Culture.

Once all the strategies (and agencies/organizations supporting these strategies) have been identified, we can work to align these strategies. Alignment results in strategies having a similar purpose and connection to improved health and safety, strategies working well together, and an overall higher level of cooperation among agencies. A portfolio with aligned strategies will be more effective, cost-efficient, and more likely to be sustained.

Basic skills to support integration include strong facilitation skills to create space for good group processes, quieting the voices of judgment, cynicism, and fear, and challenging our own mental models. Integration inherently involves working with multiple agencies and leaders in the community. Thus, good skills in group processes are important. Allowing everyone to have a voice and yet not getting stuck in disagreement are important. Agency leaders will need to be open to challenging their own ways of thinking without feeling threatened; this requires quieting the voices of judgment, cynicism, and fear that often get in the way of us taking in new information. By quieting the voices, we are more able to challenge our own mental models and allow for learning and transformation as individuals.

Advanced integration skills are motivated by three core questions:

- How well do effective strategies reach across the social ecology and the different types of prevention classification?

- How does the culture among stakeholders and community partners foster cooperation and collaboration?

- How do the interactions between systems improve health and safety?

Effective Strategies Across the Social Ecology and Prevention Classification

The steps to develop effective strategies across the social ecology and prevention classifications are included as tasks in the PCF process (Table 4). In this section, we elaborate on how each of these tasks contributes to integration.

STEP	ACTIONS THAT FOSTER INTEGRATION
1. Plan and Advocate	■ Create a sense of concern ■ Identify, select, and recruit diverse stakeholders ■ Create a coalition ■ Establish purpose/mission
2. Assess Culture	■ Gather prevalence and consequence data ■ Assess cultural factors ■ Assess existing interventions (portfolio mapping) ■ Assess system interactions
3. Establish Common Purpose and Prioritize	■ Prioritize health and safety issues ■ Prioritize cultural factors ■ Prioritize opportunities for system change
4. Develop Portfolio of Strategies	■ Refine portfolio of strategies
5. Pilot and Refine	■ Pilot and refine new strategies
6. Implement Strategies	■ Implement strategies ■ Monitor barriers and facilitators
7. Evaluate Effectiveness and Needs	■ Reflect individually and collectively ■ Celebrate success and inform refinements to strategies ■ Identify future needs

Table 4. PCF Process Integration Tasks

1. Plan and Advocate

- Create a sense of concern

  - Creating a sense of concern by educating stakeholders and community members with accurate information about a health and safety issue aligns understanding.

- Identify, select, and recruit diverse stakeholders

  - Engaging a diverse group of stakeholders in open dialogue fosters the exchange of different insights and viewpoints on the issue. This creates a more integrated understanding.

- Create a coalition

- Establish purpose/mission

  - The coalition can act as a new entity, bringing together a variety of organizations and interests to address the issue. By creating a shared purpose, the community begins to align its focus and integrate its efforts.

2. Assess Culture

- Gather prevalence and consequence data

- Assess cultural factors

- Assess existing interventions (portfolio mapping)

- Assess system interactions

  - All the assessment work helps develop a shared understanding of the issue. Shared understanding fosters more alignment around what to do (actions). This results in a more integrated approach.

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3. Establish Common Purpose and Prioritize

■ Prioritize health and safety issues

■ Prioritize cultural factors

■ Prioritize opportunities for system change

■ If efforts to prioritize involve the coalition (as opposed to a few members or a consultant), the process results in a greater understanding of the issue. The dialogue among diverse stakeholders about prioritizing outcomes, cultural factors and opportunities for system change is a tremendous opportunity to foster alignment.

4. Develop Portfolio of Strategies

■ Refine portfolio of strategies

■ Identifying new strategies, removing outdated strategies, and addressing systemic issues are critical steps in creating a comprehensive, integrated portfolio.

5. Pilot and Refine

■ Pilot and refine new strategies

■ The piloting and refining process creates an opportunity for the coalition to become engaged at a deeper level in a single strategy. This facilitates a greater level of shared understanding and more chances to identify systems opportunities for alignment.

6. Implement Strategies

■ Implement strategies

■ Active involvement by the coalition in the broader implementation of strategies creates more opportunities to identify areas for alignment between systems and organizations.

7. Evaluate Effectiveness and Needs

■ Reflect individually and collectively

■ Identify future needs

■ Collective reflection and dialogue about future needs builds trust and allows for a much deeper understanding of the issue. As collective wisdom is created, there is an increased likelihood of alignment, collaboration, and cooperation.

Enhancing the Culture Among Stakeholders

One aspect of integration is creating a stronger culture among the stakeholders and agencies addressing the issue. In this context, we view culture as the shared values and beliefs of the stakeholders and agencies. A subset of this group is represented in the coalition; however, the agencies and organizations supporting the entire portfolio most likely extend beyond just the coalition.

Having a sense of shared values among the stakeholders and agencies creates trust. Trust is important as it supports more cooperation – including sharing resources, information and data, client access, improved services, etc. Also, trust is important to facilitate growing shared beliefs.

Shared beliefs foster a shared understanding of the issue. Shared understanding does not mean that everyone has to agree; it means that people understand one another and share a basic understanding of the problem. Do not assume that people who have been working on an issue for many years have a clear or consistent understanding. A few simple questions asked of your coalition members may reveal significantly different perceptions of the problem (even simple questions like, "What percentage of our youth engage in this behavior?" or "Nationally, what is the trend regarding this behavior?" may reveal a wide variety of perceptions).

Ultimately, we are seeking aligned behaviors across the social ecology to improve health and safety. This does not mean that everyone is doing the same thing; it does mean that the behaviors are aligned in the sense that they have a similar purpose (e.g., reduce violence) and foster shared beliefs. Among agencies, shared behavior can be considered a form of collaboration or shared action – agencies working together on a specific strategy or strategies.

Therefore, we can understand one aspect of integration as a growing a strong culture among stakeholders and agencies represented by the portfolio. We recommend the following steps to build this culture (Figure 11).

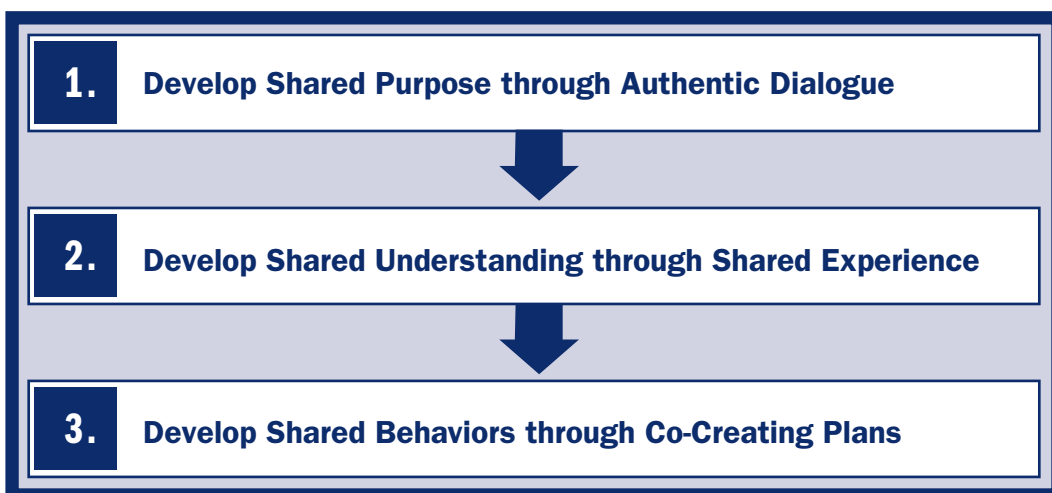| 1. | Develop Shared Purpose through Authentic Dialogue |
| 2. | Develop Shared Understanding through Shared Experience |
| 3. | Develop Shared Behaviors through Co-Creating Plans |

Figure 11. Actions to Enhance Culture Among Agencies and Stakeholders

We recommend beginning with a shared purpose. By developing a shared purpose, the group will establish shared values. While it may seem that everyone knows the purpose (e.g., the mission statement), engaging in authentic dialogue and allowing everyone to participate in the conversation is important. In general, the group will reach agreement on this with little difficulty. However, challenges may arise during the development of a shared understanding and co-creation of action plans. It is during these potential conflicts that people will question the purpose of other stakeholders: "The mayor is only involved because she wants to get re-elected" or "That agency is just protecting their turf." These are examples of when people no longer trust the purpose of various members. Therefore, investing the time in truly building a sense of shared purpose is critical to avoid these challenges later when conflicts arise.

Developing shared understanding requires shared experience. In other words, for a group of people to understand an issue similarly, they need to have some degree of shared experiences with that issue. Shared experiences can include many different things – reading the same report, hearing the same story, discussing the issue together, etc. Of course, not every experience about an issue is shared, and our interpretation of each experience is unique. Nonetheless, as leaders, part of our work is to create shared experiences for stakeholders to foster shared understanding. We cannot assume that because everyone addresses a certain issue as a part of their mission or duties, that we therefore have a shared understanding of the issue. In fact, because most agencies focus on a different piece of the issue, there may be very little shared experience.

Finally, shared behaviors or actions (e.g., cooperation and collaboration) occur as a result of co-creating plans. Often, it is easier for one entity (or even an outside consultant) to create a plan of action. However, ownership and accountability are much higher when we actively participate in the creation of the plan. Group planning takes more time and requires strong facilitation. Nonetheless, the long-term benefits outweigh the short-term costs.

The order matters. Often, we jump right into co-creating plans. Some participants will say, "We need to stop talking and start acting!" The plans are developed quickly without a clear understanding of the issue. The lack of trust inhibits cooperation and sharing. The actions may or may not be effective and often are not sustained.

The challenge is to slow down enough to be effective in the long term. The first phase is to build trust by aligning values with a shared purpose. It is from this sense of shared values and purpose that the group can develop shared understanding. From shared understanding, the group can develop meaningful action plans that are more likely to be effective and sustained.

Once the portfolio is mapped and a culture supporting integration is developed among those implementing the strategy, additional questions can be explored to foster alignment and integration.

Exploring these questions requires a constructive, safe atmosphere. Strong facilitation skills are important. Participants should be reminded about quieting the voices of judgment, cynicism, and fear so they can participate and not become defensive or shut down.

The goal of asking these questions is to identify potential "levers of change." Levers for change are potential changes in how systems interact that may have ripple effects across the entire community. These may be changes in policies (e.g., all underage youth arrested for an alcohol violation will now participate in a diversion program using XYZ evidence-based strategy), new partnerships (e.g., the local mental health/treatment facility is going to co-locate and integrate a full-time counselor in the high school); new resources (e.g., the local government is going to allocate funds to support the coalition).

The following questions are a starting point for dialogue. The intention is to explore the interactions of the various systems (not just the systems themselves) (Foster-Fishman & Watson, 2011).

Portfolio Strategies

- [?] What gaps in services/strategies exist?

- [?] What would a comprehensive prevention effort look like here?

- [?] What additional strategies/supports are needed?

- [?] Are current strategies evidence-based and culturally relevant?
  If not, why not?

- [?] Are current strategies achieving the outcomes needed? If not, why not?

- [?] Where are current programs/strategies located?
  How does this location affect access and use of services?

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Connections

[?] Are services/strategies coordinated in ways that they need to be?
If not, in what ways? If not, why not?

[?] Do local organizations trust each other and share information, data, and resources?
If not, why not?

[?] Can constituents get access to the services they need? If not, why not?

Power and Control Dynamics

[?] Do targeted constituents (adults and youth) have real influence over service delivery decisions, processes, plans, and options? Do their voices matter? If not, why not?

[?] Do organizations share decision-making power?

[?] Does the state (county) share decision-making power with local organizations?

System Regulations

[?] Do any current organizational policies or procedures get in the way of the overall goal?
If so, which ones need to change?

[?] What new policies and procedures are needed to support the overall goal?

[?] Do current organizational policies motivate staff to support proposed changes?

Values and Norms

[?] What does the general public think about the issue/problem?
To what extent do they care about it? Hold positive or negative stereotypes about the focus population? Why do these beliefs exist?

[?] What values and beliefs held by key constituents, staff and leaders might get in the way of the proposed changes?

System Interdependencies

[?] To what extent and how do system components interact and provide each other with feedback? What gets in the way of these interactions?

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