COMMUNITIES OF PRACTICE

Physical Activity and Health

Physical Activity Plan Alliance
WEBINAR PRESENTERS

- **Russell Pate**
  Professor of Exercise Science
  Arnold School of Public Health
  University of South Carolina

- **Jon Morgan**
  Public Health Educator
  Wisconsin Department of Health

- **Karma Harris**
  Lead, Walkability and Healthy Communities
  National Association of Chronic Disease Directors
PURPOSES OF WEBINAR

- Familiarize attendees with communities of practice
- Overview a framework for evaluation of communities of practice
- Discuss two examples of communities of practice in the area of physical activity and public health
NATIONAL PHYSICAL ACTIVITY PLAN ALLIANCE (NPAPA)

- Non-profit coalition of national organizations that have come together to insure that efforts to promote physical activity in the American population will be guided by a comprehensive, evidence-based strategic plan.

- Mission: to maintain and expand the impact of the National Physical Activity Plan, a comprehensive strategic plan for increasing physical activity in all segments of the U.S. population.
A FRAMEWORK FOR EVALUATION OF COMMUNITIES OF PRACTICE
CDC FUNDED PROJECT

- **Scope of Work**
  - Create a conceptual framework for evaluation of Communities of Practice formed among participants of DNPAO-supported professional development programs
  - Design framework to consider the processes, costs and benefits of CoP for both participants and DNPAO
  - Draw on resources available through the National Physical Activity Plan Alliance
WHAT IS A COMMUNITY OF PRACTICE?

“Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an on-going basis.”

PRIMARY ACTIVITIES TOWARD DEVELOPING AN EVALUATION MODEL FOR COMMUNITIES OF PRACTICE (CoP)

- Literature review
  - Key constructs
  - Indicators

- Advisory committee
  - Review materials
  - Provide input

- Key informant interviews
  - Provide CoP practice perspective

Evaluation Model for Communities of Practice
Community of Practice (CoP) Evaluation Framework

**Logic Model**

**Inputs**
- A CoP, initiated in a particular way, made up of a certain set of people and, at a particular stage of development,…
- …that is characterized by facilitating conditions at the individual and collective levels will have members that…

**Outputs**
- …participate and engage in CoP activities and discussions which will result in…

**Outcomes and Impacts**
- …benefits at the individual level, as well as…
- …benefits at the collective level, which will, over time, result in…
- …a CoP that achieves its goals and aims which will ultimately result in…
- …improved health impacts

**Indicators**

**Characteristics of members and group**
- Facilitating conditions to CoP development and effectiveness
  - Resources
  - Strategies
  - Emergent states

**CoP member engagement and participation**
- Activities organized & performed
- Quantity & quality of interactions
- Relevance of activities

**Outcomes for individuals**
- Human capital
- Social capital
- Reputational capital
- Political capital

**Outcomes for group**
- Mechanisms for sharing established
- New guidelines, models, etc. developed
- Joint activities undertaken

**Achieving CoP goals/aims**
- Population impact
Physical Activity Community of Practice Evaluation Example

**PA CoP**
- Newly initiated CoP of recently funded local PA coalitions leaders.
- CoP coordinator funded by sponsor:
  - sought member input on best e-interaction approaches & topics
  - helped clarify CoP focus, objectives
  - engaged in activities to build cohesion, trust and commitment
- CoP members initially met face-to-face in a workshop
- Agreed to participate monthly in on-line meetings, as well as to share ideas, resources and tools online.
- Activities, based on participant input, were relevant to members’ work

**Evaluation Questions**
- What types of opportunities to interact are provided?
  - What is the level of interaction?
  - How do participants rate the quality of interactions?
  - To what extent are opportunities provided relevant to participants?
- What are the characteristics of participants? How homogeneous are they?
  - How many participants are involved? What is their geographic spread?
  - What resources are available and how are they mobilized?
  - What strategies are used to cultivate community and clarify the CoP focus?
- What are specific benefits of participation to CoP members?
  - What are the costs of participation to CoP members?
  - To what extent are CoP members satisfied with CoP?
  - To what extent has the CoP developed the infrastructure to sustain the CoP and sharing among members?
  - To what extent has the CoP developed new guidelines or practices?
  - To what extent are the new guidelines or practices implemented in member organizations?

**Specific Indicators**
- Member demographics
- Impetus for formation: mandated
- Inter-organizational with wide geographic spread
- Stage of development: initiation
  - Resources available: funding for coordinator
- Document strategies to cultivate community
- Number and types of activities and events organized and carried out
  - Rating of quality of interaction among members
  - Rating of relevance of activities, events, and interactions to members
- Member report of specific benefits such as increased knowledge, skills, and social networking
  - Member report of costs or barriers to participation
  - Member satisfaction assessment
  - Documentation of infrastructure development
  - Report development and/or implementation of new guidelines or practices
THE VALUE OF A COMMUNITY OF PRACTICE

Jon Morgan (WI)
Examples:

- **National Level** – State funded Nutrition, Physical Activity and Obesity (NPAO) Prevention states

- **Regional Level** – Midwest Physical Activity Coordinators (NPAS member Coordinated and Peer Led)

- **Small Regional Level** – Four-State meeting (CDC Funded and Peer Coordinated and Led)

- **State and Local Level** – WI coalitions (State Supported & Led)
COP AT VARIOUS LEVELS
(A LITTLE HISTORY)

- CDC/National Meetings
  - 40+ States
- Regional
  - 4 State Meeting & Midwest PA Coordinators
- State NPAO Program
- State/Local Agencies
  - Varies
COP AT VARIOUS LEVELS

CDC / National Meetings
40+ States

CDC Supported and CDC and Peer Led.

Focused 2-3 days with presentations and lots of peer interaction
NATIONAL MEETINGS/COP

- Annual Physical Activity Practitioners Course
- **June 2005** Charleston, SC - CDC Grantees
- **February 2006**, San Antonio, TX – CDC Grantees
- **June 2011**, Salt Lake City, UT – National PA Society
- **June 2011**, San Diego, CA – Childhood Obesity Conf
- **May 2012**, Washington DC – Weight of the Nation
- **October 2012**, Raleigh NC – Obesity Prevention Course

Fewer national meetings increases the need for regional, state and local sharing (CoP)
Midwest PA Coordinators

10-12 States

Substitute for CDC meeting.

Primarily peer sharing.
Midwest Physical Activity Coordinators 2019

Kelly Corbin 507-206-2717  Kelly.Corbin@state.mn.us  MN
Emily Smoak  402-699-4739  emily.smoak@state.mn.us  Ellen Pillsbury 651-201-5493  ellen.pillsbury@state.mn.us

Jon Morgan  WI  608-266-9781  Jonathon.morgan@wi.gov

Janna Pastir  ND  ilpastir@nd.gov  Sarah Massey  Smassey@nd.gov

Linda Scovern  OH  614-728-2722  Linda.Scovern@odh.ohio.gov
Chelsea Hudson  Chelseah.Hudson@odh.ohio.gov  Josh Winn  winn.50@osu.edu  Ryan Vollrath  Ryan.Vollrath@odh.ohio.gov

Lindsey Bouza  IN  317-234-3580  Lbouza@isdh.in.gov  Pete Fritz  PeFritz@isdh.IN.gov  Kelsey Barrick  KBarrick@isdh.IN.gov

Brian Coyle  402-471-1045  Brian.Coyle@nebraska.gov

Sarah Taylor-Watts  515-242-6709  Sarah.TaylorWatts@idph.iowa.gov
Sample Agenda

1. 5-minute state update

2. Share a resource (toolkit, guide, fact sheet, web page, etc.) that everyone should know about

   OR

   Ask a question of the group
4-State Regional Meeting

Pilot funded by CDC.

Deep dive and relationship building.
4-State Mentoring Meeting

October 2009
“4 – State Meeting”
or
“The Midwest Symposium of Cellulite Scientists”
MEETING PURPOSE:
SHARE/COOPERATE INSTEAD OF DUPLICATE

MEETING OBJECTIVES:

• Provide an opportunity to share ideas with counterparts from other states.

• Learn three or more new ideas from other states that can be adapted for use in your state.

• Develop ongoing relationships with staff from neighboring states that can be mutually beneficial to all parties involved.

• Set up work groups that will continue to work on common issues after the October meeting.

• HAVE FUN & LEARN A FEW THINGS!
COP AT VARIOUS LEVELS

State NPAO Program & Local Agencies

- Local Coalitions: ~50 in WI
- State/Local Agencies: Varies
- State/Local Organizations: Varies

Backbone infrastructure for local implementation.
Provide trainings and forums for local groups to learn best practices
STATE/LOCAL

State Role:

Training
• Monthly Webinars
• Local or regional workshops

Technical Assistance

Resource Development

In many states, local groups are interested, but need someone else to lead/coordinate.
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>Coalition survey results, coalition needs, sharing, etc.</td>
</tr>
<tr>
<td>Feb</td>
<td>Re-energizing Your Coalition Using Best Practices</td>
</tr>
<tr>
<td>March</td>
<td>Frameworks &amp; Strategies for Community Engagement in Coalition Work</td>
</tr>
<tr>
<td>April</td>
<td>Coalition Evaluation</td>
</tr>
<tr>
<td>June</td>
<td>Communicating with a Purpose: Communications Planning for your Coalition</td>
</tr>
<tr>
<td>July</td>
<td>Wisconsin Health Improvement Planning Process (WI-HIPP)</td>
</tr>
<tr>
<td>Sept</td>
<td>Policy, Systems and Environmental</td>
</tr>
<tr>
<td>Oct</td>
<td>Input Session - Making WI Healthiest State Summit</td>
</tr>
<tr>
<td>Nov</td>
<td>healthTIDE 101</td>
</tr>
</tbody>
</table>
RESOURCE SHARING
Absolutely!

(But it does require some work)

jonathon.morgan@wi.gov

608-266-9781
NACDD and Communities of Practice (CoP)

Using CoP Groups to Enhance the Member Experience and Spur Best Practice Chronic Disease Prevention

Karma E. Harris, MSPH March 16, 2020
State Health Departments
(7,000 members)

Disease Specific and
Addressing Risk Factors

42!!!

Staff Headquarters in
Decatur, GA

120 Walkability Regions and
Local Healthy Communities
since 2008

All Things Chronic Disease Prevention
What Is A CoP?

A CoP is a group of people who share a concern, a set of problems, focus area, or a passion about a topic, and who deepen their knowledge and expertise by interacting on an ongoing basis to learn, share expertise, and problem solve.

https://www.cdc.gov/phcommunities/resourcekit/glossary.html
At NACDD, A CoP…

• Ongoing continuously or time-based …
• May focus on generating an output from the group or not …
• Formal or informal …
• SME speakers, guest speakers, participant speakers, and/or round robin …
• Facilitated by NACDD or 3rd parties …
• May take on a variety of names …
<table>
<thead>
<tr>
<th>NACDD CD Focus Area</th>
<th>Name/Type of CoP Group</th>
<th>Group Specifics</th>
</tr>
</thead>
</table>
| Cancer              | Colorectal Peer-to-Peer Group | → More formal  
 |                     |                        | → Outside org facilitates  
 |                     |                        | → Engages SMEs through webinars  
|                     | Colorectal Peer-to-Peer Series | → More informal  
 |                     |                        | → Peer participants talking about best practice or specific tool that others in group may want to use  
|                     | Breast Cancer CoP | → Increases state capacity and understanding in identifying and implementing PSEs for reducing breast cancer  
 |                     |                        | → TA provide in partnership with ASTHO  
|                     |                        | → More informal  
|                     | Pharmacist Learning Collaborative | → More formal  
 |                     |                        | → Topics revolve around advancing pharmacy related interventions to manage hypertension and manage cholesterol  
|                     | EHR-Based Surveillance Learning Community | → Co-led by Public Health Informatics Institute  
 |                     |                        | → Series of 60-minute monthly calls  
 |                     |                        | → Meeting topics revolve around MENDS Project and EHR surveillance  
|                     |                        | → More informal  
| CVD/Stroke          |                        |  

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Name/Type of CoP Group</th>
<th>Group Specifics</th>
</tr>
</thead>
</table>
| Diabetes   | CoP Groups             | Implemented nine CoP groups around NDPP components since 2015  
                                                      | More informal   |
|            | Employer Learning Collaborative | Focused on employer coverage of NDPP  
                                                      | More formal/intense  
                                                      | Online training, in-person training, large group calls, individual TA calls |
|            | Medicaid Learning Collaborative | More formal  
                                                      | For states who are covering NDPP through Medicaid |
|            | Medicare CoP           | More informal  
                                                      | For Medicare NDPP Suppliers |
| Healthy Communities | State Expert Advisor Peer Learning Network (PLN) | More informal  
                                                      | Geared for the five State Disability and Health State Expert Advisors for Inclusive Healthy Communities national pilot project |
|            | Community Coach PLN    | More informal  
                                                      | Geared for the 10 local communities/20 Community Coaches for Inclusive Healthy Communities national pilot project |
|            | Walkability CoP Group  | More informal  
                                                      | Targeted for WAI Alumni teams to share, learn, mentor walkability related implementation and TA  
<pre><code>                                                  | In partnership with Healthy Places by Design |
</code></pre>
<table>
<thead>
<tr>
<th><strong>NACDD CD Focus Area</strong></th>
<th><strong>Name/Type of CoP Group</strong></th>
<th><strong>Group Specifics</strong></th>
</tr>
</thead>
</table>
| **GEAR Groups** (Generate, Educate, Activate, Respond) | GEAR Groups (n=5/6) | → More formal  
→ Built around UNM Echo Model  
→ Fast-paced, SDOH topic specific, case presentations by participants, didactic guest speakers, networking challenges, 7/30/90-day plans |
<table>
<thead>
<tr>
<th>NACDD CD Focus Area</th>
<th>Name/Type of CoP Group</th>
<th>Group Specifics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>CoP Groups</td>
<td>Implemented nine CoP groups around NDPP components since 2015, More informal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employer Learning Collaborative</td>
<td>Focused on employer coverage of NDPP, More formal/intense, Online training, in-person training, large group calls, individual TA calls</td>
</tr>
<tr>
<td></td>
<td>Medicaid Learning Collaborative</td>
<td>More formal, For states who are covering NDPP through Medicaid</td>
</tr>
<tr>
<td></td>
<td>Medicare CoP Group</td>
<td>More informal, For Medicare NDPP Suppliers</td>
</tr>
<tr>
<td>Healthy Communities</td>
<td>State Expert Advisor Peer Learning Network (PLN)</td>
<td>More informal, Geared for the five State Disability and Health State Expert Advisors for Inclusive Healthy Communities national pilot project</td>
</tr>
<tr>
<td></td>
<td>Community Coach PLN</td>
<td>More informal, Geared for the 10 local communities/20 Community Coaches for Inclusive Healthy Communities national pilot project</td>
</tr>
<tr>
<td></td>
<td>Walkability CoP Group</td>
<td>More informal, Targeted for WAI Alumni teams to share, learn, mentor walkability related implementation and TA, In partnership with Healthy Places by Design</td>
</tr>
</tbody>
</table>
Inclusive Health Communities PLN

- **Two** groups ...
- Since **2018** ...
- **Nine** meetings each ...
- Making healthy community PSEs inclusive to PWD ...
- **Participants** drive the topics ...
- **Products:**
  - Best practice 1-pager
  - Planned related trainings
Walkability CoP

• Since **2015** ...
• **Two** groups (state and regional) merged into **one WAI Alumni group** ...
• **State** Group:
  – **17** meetings, **173** duplicated ...
  – **10.2** avg
• **Regional** Group:
  – **11** meetings, **189** duplicated ...
  – **17.2** avg
• **Joint** Group:
  – **Seven** meetings, **189** duplicated ...
  – **27** avg
• **Walkability related implementation, TA, and support** ...
• **Participants drive the topics** ...
• Mix of **guest speakers, peer presentations** on best practices, **round robin report-outs** ...
• **Goal** = at least **20% of WAI alumni teams** actively participating ...
Benefits of CoP Use:

- Cost-efficient
- Time-efficient
- Works well with virtual meeting platforms
- Ability to serve as a private space for participants to dialogue transparently about sensitive issues
- Forum for sharing, mentoring, learning, and engaging peers
- Can influence best practices, promising practices, PSE changes, and policy
What Do CoPs Do for Us?

- Enhance member experience
- Spur best practice chronic disease prevention
Thank You!!!

Karma Harris, MSPH
Walkability and Healthy Communities Lead, NACDD
kedwards@chronicdisease.org
904–608-8315