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Thriving Communities: A Model for Community-Engaged Grantmaking

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Thriving Communities: A Model for Community-Engaged Grantmaking

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Introduction

Interact for Health is a regional health conversion foundation serving 20 counties in Ohio, Kentucky, and Indiana. Thriving Communities, its current initiative, is a community-learning model that helps embed health promotion and advocacy work in communities while they build an equitable infrastructure with stakeholders to more rapidly spread evidence-based practices.

There are 10 Thriving Communities in Interact's service area. (See Figure 1.) Grantees, which include rural, urban, and cultural communities, are eligible for up to \$50,000 over five years. With five years invested in this work, Interact found that these small, flexible general-operating grants are succeeding in developing infrastructure to continue health promotion after Interact's funding ends. In addition to funding, Interact also provides training, tools and structured quarterly in-person Learning Collaboratives during which grantees network and share best practices.

Three tools were developed for the Thriving Communities initiative: Success Markers, the Developmental Pathway, and Relationship Mapping. Interact has found that these tools build core competencies, confidence, and a process for engagement that produces results at the local level.

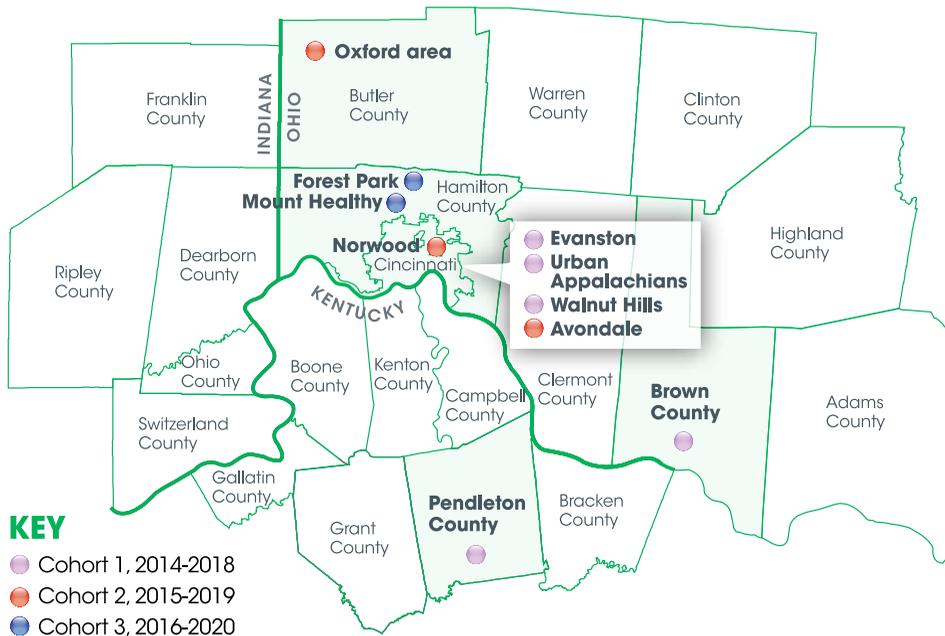
Background

Interact for Health's mission is to improve health by promoting health equity in the Greater Cincinnati region through community engagement, grants, research, education, and policy. It began its work by looking at community health

Key Points

- Interact for Health is a health conversion foundation serving the three-state region of Greater Cincinnati, Ohio. Its current community change initiative, Thriving Communities, is a community-learning model that helps embed health promotion and advocacy work in communities while those communities build an equitable infrastructure with stakeholders to more rapidly spread evidence-based practices.
- This article explores the three tools developed for the Thriving Communities initiative: Success Markers, the Developmental Pathway, and Relationship Mapping. Interact for Health has found that these tools build core competencies and confidence among grantees as well as a process for community engagement that produces results at the local level.
- Thriving Communities grantees are eligible for up to \$50,000 in funding over five years. In addition to the general operating grants, Interact provides training, tools, and structured-learning collaboratives where grantees can network and share best practices. With five years invested in this work, Interact has found that these small, flexible grants are succeeding in developing infrastructure to continue health promotion after funding from the foundation ends.

needs and identifying prevention as an area of grantmaking. Community-led initiatives started in 2000 with the Assistance for Substance Abuse Prevention (ASAP) Center, an operating program

FIGURE 1 Thriving Communities in Interact for Health's Service Area

that provided one-year minigrants of \$500 to \$5,000 to nonprofits with strong community links. By working collaboratively with traditional sources of prevention — coalitions, prevention providers, resource centers, and other organizations — the ASAP Center helped community groups incorporate substance abuse prevention methods into everyday activities. While this work was viewed as organic, it was also intentional and created incremental but important change within communities and among systems that engaged with the center.

The ASAP Center also provided technical assistance, such as educational workshops, coaching, and connections to resources, that allowed partners to build organizational capacity as they implemented proven prevention approaches in their communities. Support was tailored to meet the unique needs of organizations and communities, with particular attention to developing prevention and early-intervention activities that

reached the faith community, the Hispanic community, rural communities, and older adults.

Many of these entities formed or were associated with substance abuse prevention coalitions. In general, federal and state funding and technical support to such coalitions come with specific requirements for community-led projects that meet certain funder needs. Encouraging active connection between ASAP minigrants and a substance abuse prevention coalition increased the likelihood that the effort would be sustained and that common outcomes could be tracked across communities. However, those funding requirements also can make it difficult to enter into substance-use prevention work, especially for small, grassroots organizations. Interact for Health chose to support communities regardless of whether they qualified for federal and state funding, and to help align substance abuse prevention work with evidence-based practices. Grantees were connected to resources such as the federal Youth.gov website¹ and University

¹ See www.youth.gov.

Grantees said they needed more specific tools to guide their progress, identify each aspect of the work needed to produce results, and improve their intentionality. They also requested more evaluation support so they would be ready to apply for other, larger sources of funding.

of Colorado-based Blueprints for Healthy Youth Development,² which identify core prevention components and programs for various populations and settings that have been proven to work. Interact provided more flexible funding, but recognized that its level of funding did not allow for rigorous evaluation of projects; the goal was that grantees adopt proven approaches.

After 10 years of grantmaking by the ASAP Center, Interact for Health saw that some of the grantees incorporated regular community engagement processes that increased community ownership of solutions. The community tested ideas, got support to sustain projects, and returned to Interact for additional minigrants. The foundation conducted focus groups with grantees who demonstrated a willingness to work hard to make change happen. Interact wanted to learn what it did as a funder that was helpful or that created barriers for grantees. Grantees said they needed more specific tools to guide their progress, identify each aspect of the work needed to produce results, and improve their intentionality. They also requested more evaluation support so they would be ready to apply for other, larger sources of funding. Interact

still follows this model and used this input to develop its Thriving Communities initiative.

The Thriving Communities Model

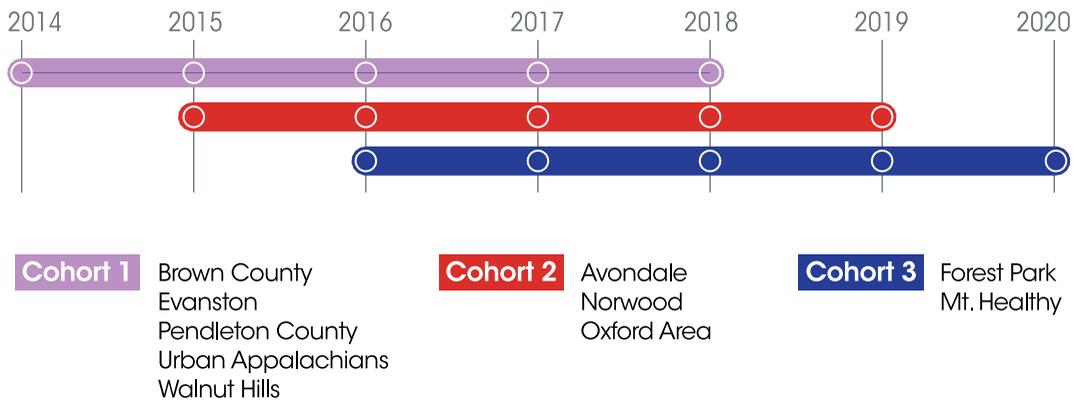
In 2013, Interact for Health decided to add healthy eating, active living, and mental and emotional well-being to its substance abuse prevention work, all with a concentration on health promotion. It replaced the ASAP Center with the Thriving Communities model, increasing funding to fewer communities and providing that funding over a five-year period rather than annually. Interact selected 10 grantee communities — three rural, two suburban, four urban, and the Urban Appalachians cultural community — and grouped them into three cohorts. (See Figure 2.) Cohort 1 started in 2014 with five grantee groups; three grantee communities — Cohort 2 — were added in 2015; and two more were added in 2016 to make up Cohort 3.

The grantees were selected through a public, competitive Request for Proposals (RFP) process, in which potential grantee communities submitted letters of intent that were assessed by an external review committee.³ The applicants' readiness to participate in community-led health promotion was reviewed and if specific criteria were demonstrated, the prospective grantees were invited to submit a full proposal (typically five to eight pages).

The committee recommended inviting full proposals only from well-established community groups led by people with roots in the affected communities. Thriving Communities is rooted in the strong belief that grantees need to be representative of community residents and seen as community leaders. In the full proposal, a potential grantee is required to demonstrate that at least five community leaders have agreed to collaborate and that those leaders have experience working together to solve community issues. Such leaders seen as able to initiate and activate change have included city council members, community organizers, college professors,

² See www.blueprintsprograms.org.

³ The external review committee included representatives from Interact and several members of the Cincinnati community familiar with place-based funding, as well as experts in community engagement and health promotion.

FIGURE 2 Thriving Communities Cohorts, 2014–2020

school superintendents, fire chiefs, pastors, promising local youth, coordinators of social service agencies, university extension officers, and influential community residents who are unaffiliated with any organization but display a passion for changing neighborhood conditions. No prior focus on health was required.

Thriving Communities grantees are eligible for up to \$50,000 of general operating support over five years – a \$15,000 grant in year one and up to \$7,500 in challenge grants in years two through five. Up to \$5,000 in pay-for-performance incentives are built in to increase participation and build shared leadership. To obtain the year-one grant, grantees have up to four months to submit an action plan that details how the grant will be used in the next calendar year. (See Appendix.) If grantees meet the regular Thriving Communities reporting deadlines and challenge-grant matches (most have in most years) and identify time-sensitive projects that arise, they can apply to Interact for additional funding. These responsive grants, of \$5,000 to \$25,000, must align with the grantee’s existing action plan; such flexibility allows grantees to

leverage resources when new opportunities arise to increase their reach or intensify their efforts.⁴ In most years, three to four responsive grants are awarded among the 10 grantees. Five years into this 10-year initiative, Interact has found that these small, flexible general operating grants are succeeding in developing infrastructure to continue health promotion after the foundation’s funding ends.

In addition to funding, Interact for Health provides technical assistance, tools, and in-person learning-collaborative meetings, which are structured, four-hour quarterly gatherings that support grantee learning. The content of each meeting varies and can include general nonprofit education and skills development. Attendees also present a written and oral report, share best practices and lessons learned, and network with their peers. Additionally, grantees participate in on-site coaching, workshops, and annual site visits for the duration of the grant. During that time, the grantees adopt evidence-based practices, carry out activities, and develop community infrastructure to sustain community-led health promotion.

⁴Examples of responsive grants include funding to Brown County for a Poverty Simulation Kit, allowing the grantee to host trainings for adults from several systems to experience a day in the life of a public assistance recipient. Avondale used a grant to leverage an opportunity to build an elementary school track that is available for use by neighborhood residents year-round.

Successful Thriving Communities grantees:

- Build coalitions that are capable of taking on multiple health initiatives;
- Expand their ability to plan and execute health-promotion activities;
- Improve community engagement; and
- Sustain their health promotion projects.

The Thriving Communities staff includes a full-time senior program officer who leads the initiative, a dedicated portion of time from an internal evaluation officer, administrative support, and access to communications staff members as needed. For additional technical assistance, Interact also provides grantees with access to consultants who specialize in communications, evaluation, fundraising, and sustainability.

Thriving Communities Tools

Measuring community change can be complex and difficult. In developing the Thriving Communities initiative, Interact for Health staff and consultants reviewed existing literature and consulted with experts in the field to design three tools to measure and promote the growth and development of the grantee communities — tools can be easily transferred to other projects in other sectors:

- Success Markers – key infrastructure, programming, and sustainability capacities that grantees must cultivate for effective community health promotion;
- The Developmental Pathway – a way to understand a Thriving Community’s progress from emerging to expanding to sustaining practices; and
- Relationship Mapping – a collaborative, hands-on approach to assess and build the network of stakeholders with the right type and depth of relationships in the grantee’s community.

Success Markers

The literature review and Interact’s own historical experience made clear that there are critical ingredients to successful health promotion (Bandeh, Kaye, Wolff, Trasolini, & Cassidy, 1995; Barnes & Schmitz, 2016; Best et al., 2003; Brennan, Ramirez, Baker, & Metzler, 2008; Chaskin, 1999; Chehimi & Cohen, 2013; National Prevention Council, 2011; Davis, Rivera, & Fujie Parks, 2015; Active Living by Design, n.d.; Kania & Kramer, 2011; Lee, 2014; LeRoy, Bibeau, Steckler, & Glanz, 1998; Mansuri & Rao, 2003; Healthy People 2020, 2018). The Thriving Communities Success Markers help grantees develop seven key dimensions or capacities identified as being essential to executing community-led health promotion efforts. These include an emphasis on the empowerment and participation of community members in addressing health issues, the use of a range of strategies, and a concern with equity. The markers also reflect a shift from the traditional focus on individuals to one that encompasses social and environmental influences (Merzel & D’Afflitti, 2003). The Success Markers provide a way for communities to give adequate attention to both process- and outcome-oriented steps and to adopt a common language for planning and measuring progress.

The Success Markers are divided into three categories: infrastructure, implementation, and sustainability. (See Table 1.) The Success Markers for infrastructure are foundational and represent the importance of engaging community members throughout the process, development of a shared vision, and the type of leadership needed to steer community efforts. The Success Markers for implementation focus on the need for a variety of community-based health promotion strategies, including programs and policy, systems, and environmental change. The Success Markers for sustainability emphasize the importance of fundraising and friend-raising.⁵ Grantees report progress on the Success Markers annually.

The Developmental Pathway

The Developmental Pathway is designed to assess a community’s progress each year on each

⁵Friend-raising refers to the process of growing a larger network of allies.

TABLE 1 Interact for Health's Thriving Communities Initiative Success Markers

Success Marker Category	Success Marker
Infrastructure	People see that everyone has a role to play in health promotion. ⁶
	People are engaged in a shared vision for health promotion. ⁷
	Health promotion efforts are coordinated. ⁸
Implementation	People understand and are using evidence-based practices. ⁹
	Health promotion efforts focus on a variety of approaches. ¹⁰
	Health promotion efforts are data-informed. ¹¹
Sustainability	Health promotion efforts are sustained. ¹²

of the seven Success Markers. The tool helps grantees manage changes in goals and available resources that occur over time. Communities are able to track their progress in developing clearer visions and expanding networks, and on shared leadership. These critical components, when addressed, increase the capacity of groups to effectively recruit partners who will expand their ability to carry out the projects.

Communities initially used a color-based scale to assess their progress: If a community rated itself as “red” on a given success marker, the community had not yet taken action on the marker; yellow indicated that action was in progress; and green indicated that a marker had been achieved. But communities found the three-color system to be inadequate. Some communities thought it was punitive to report themselves as red in

any category but did not want to report more progress than they had achieved, and decided to use colors such as orange or lime to represent stages between the three original categories. Too much time was being spent struggling to accurately report progress, and the color system was abandoned.

The redesigned Developmental Pathway describes three phases of change that communities use to examine their work on each Success Marker. The “emerging,” “expanding,” and “sustaining” phases characterize the approaches needed over time to initiate and sustain community-level change. In the emerging phase, grantees are developing a plan for health promotion and identifying the right resources or participants to engage in the planning process; limited activities may be occurring. In the

⁶Fredericks & Carman, 2013; Gopal & Clarke, 2015; Mind Tools, n.d.; Taylor et al., 2015; Schiffer, 2007

⁷Prevention Institute, 2016; Mattessich, Murray-Close, Marta, & Monse, 2001; Pankaj, Athanasiades, Kat, & Emery, 2014; Healthy People 2020, 2010a?b?

⁸Community Tool Box, 2018a; Fisher et al., 2006; Kretzman & McKnight, 1993; Healthy People 2020, 2010a?b?

⁹National Prevention Council, 2011

¹⁰Brennan, Ramirez, Baker, & Metzler, 2008

¹¹Centers for Disease Control and Prevention, 2013; Community Tool Box, 2018b; Fisher, et Al, 2006; Kretzman & McKnight, 1993; Sharma, Lanum, & Suarez-Balcazar, 2000; Shea, Jones-Santos, Byrnes, 2012

¹²(Active Living by Design, 2016)

To assist communities in assessing and planning for collaboration, the Interact team facilitated a Relationship Mapping process with each grantee.

expanding phase, proper resources and participants have been identified and engaged, and evidence-based activities are being undertaken. During this phase, the foundation's program officer provides coaching to help grantees connect with allies and select evidence-based practices that will help them reach their goals and allow their work to be sustained. This coaching may include bringing together grantees and expert consultants at learning collaboratives, directing grantees to resources, or sharing program officers' own experience with various practices. In the sustaining phase, grantees have experienced success in their health-promotion efforts and work on ways to maintain that success.

On the annual report form, grantees are provided with examples of what each phase means for each Success Marker. (See Appendix.) For the "People see everyone has a role to play in health promotion" marker, for example, a community that has a "narrow/limited group not fully representative of the community demographic" is in the emerging phase; a community that has "health-promotion efforts that are community led" is in the sustaining phase. These examples help grantees assess the phase their work is in, write about their achievements, and indicate the next steps to continue progress. The goal is for communities to move through the phases of change for each Success Marker. But if a community experiences a setback, the examples in the Developmental Pathway show key activities that can help get back on track.

The Developmental Pathway is used not only for grantee self-reflection, but also for Interact to develop technical assistance to grantees.

The foundation finds common themes among grantee reports and addresses educational needs at the quarterly learning collaboratives. Topics covered to date included coalition building, visioning, youth engagement, storytelling, and fundraising.

Relationship Mapping

Thriving Communities prioritizes collaboration and the development of relationships within a community. To assist communities in assessing and planning for collaboration, the Interact team facilitated a Relationship Mapping process with each grantee.

Relationship maps, also known as systems, network, or actor maps, are visual tools to identify the components of a system and how they interact with and influence one another (Gopal & Clarke, 2015; Taylor, Whatley, & Coffman, 2015).

Actor mapping explores the relationships and connections among actors, as well as their relationships to a given issue, project or intended outcome. The purpose of actor mapping is to identify opportunities to improve a system's overall performance by, for example, strengthening weak connections or filling gaps in the system. (Gopal & Clarke, p. 2)

For a community, a relationship map can help display the connections — or lack of connections — between important stakeholders that may have power or influence over a community's ability to change. Power or influence can be formal or informal, financial or political, direct or indirect, structural or relational.

Thriving Communities grantees are led through a facilitated, hands-on process to develop their relationship maps. Key community leaders and partners are convened for the mapping exercise, typically conducted as part of an existing planning meeting. Discussion begins with the vision for the initiative — an important, level-setting activity: The participants have to agree on the vision, goal, and scope (e.g., geography, population) for the initiative. The vision becomes central to the map itself, serving as the hub from which all relationships develop.

- How dependent is the network on a small number of individuals?
- What are the opportunities for growth and improvement? What is the appropriate timing for growth?
- How can existing relationships be leveraged to accomplish the next steps?
- What are potential challenges or constraints?

From these conversations, communities then develop a plan of action to build and strengthen their networks. Communities most often focus on building relationships with stakeholders that were not yet connected, but that were identified as having a great deal of influence over the community's ability to meet its goals.

As part of the Thriving Communities initiative, communities are asked to update the relationship map each year. The update serves two purposes: to encourage communities to revisit their maps and look for opportunities to build further relationships, and to document the growth of a community's network for evaluation purposes.

Grantees' Experiences With the Tools

Current Thriving Communities vary greatly. One of them is a large, rural county that covers 492 square miles, has nearly 45,000 residents, and contains several towns and five school districts that serve as hubs for community engagement. Another is an urban community of about 6,000 residents that spans 1.5 miles and has a single school district. The Urban Appalachians community is a cultural community and not identified with a single, bordered locale. Because every grantee is unique, each had a different experience with adopting and using the tools. Some did so quickly and began to benefit right away. Others did not initially see the value of the tools; for those communities, it took longer to experience the advantages.

Grantees that had experience addressing prevention issues were generally familiar with common evaluation practices used by funders that support community-led initiatives, and therefore often had fewer problems adopting the tools. One such community used the Success Markers to identify infrastructure and implementation as its initial strengths. Knowing early on that sustainability was a weakness compelled the group to focus on that aspect of the work, and it began to use a membership model to seek donations from the community. After three years, the model is so robust that the group receives annual renewals before it even requests them. This community also reported that the phases of the Developmental Pathway helped its members recognize the steps needed to evolve their work from something new to something established, and then to something flourishing. This allowed them to set realistic expectations for new programs, avoid frustration, and "not get tired of doing good," according to a team leader who shared the community's experience with the tools. And Relationship Mapping, though a struggle at first, allowed the community to see the priorities of each member of its coalition and identify groups with whom they needed to engage more, such as the business and faith-based communities.

In contrast, another urban community took longer to achieve success with the tools. The coalition's main organization was primarily concerned with community redevelopment and had not worked previously in prevention or health promotion. At first the community did not see value in the quarterly reports used to describe progress toward Success Markers; the reports were thought to be too much work for such small grants. But at a quarterly learning-collaborative meeting, a grantee from a rural community shared how it was using what it learned from the Success Markers to garner more support and additional funding from its community. This inspired the urban community to start completing the Success Markers, and as a result it was able to rapidly connect to more residents, attract other funders, and be viewed as a partner in addressing health.

For another grantee, a lack of shared community leadership resulted in problems with growth and sustainability. The community had completed a relationship map, but its ability to use the map to bring new people into the initiative was limited because the group had a strong individual leader. This leader's connections and influence contributed to some successes, such as a city grant for a new play space, but also contributed to some problems. Other members of the coalition often deferred to the leader on direction and action; the leader was also dedicating time to multiple pressing priorities outside the initiative. Momentum was lost and progress stalled. After the leader retired in 2018, the community was able to use its relationship map more effectively, allowing more coalition participants to find their voices and engage more residents, including the faith community.

All in all, Interact for Health has found that regardless of their size and composition, Thriving Communities grantees are achieving similar results when led by passionate residents equipped with the right tools to engage community members who would benefit most from health promotion.

Evaluation

Interact's evaluation was designed to measure progress and gather learnings both for the individual grantees and for the Thriving Communities portfolio as a whole. That said, Thriving Communities and other community-led, grassroots efforts to execute health promotion often do not follow a defined path and must constantly respond to change. To meet these challenges, and using the initiative's three tools as cornerstones, Interact adopted a developmental evaluation approach, which focuses on improving innovation, providing information to support timely decision-making, and engaging participants to build capacity (Patton, 2011; Parkhurst, Preskill, Lyn, & Moore, 2016). The evaluation team supported the communities' use of the tools described in this article and served as a valued outside expert in identifying areas of development for the community.

All in all, Interact for Health has found that regardless of their size and composition, Thriving Communities grantees are achieving similar results when led by passionate residents equipped with the right tools to engage community members who would benefit most from health promotion.

Upon becoming a Thriving Community, grantees completed an initial Success Markers assessment and relationship map. These served as a baseline for their work and helped kick-start the development of an action plan with key activities and milestones to be achieved. The Success Markers are used as the foundation for quarterly reports to the learning collaborative, in which communities share key activities, challenges, and opportunities. Grantees submit an annual evaluation report that includes an update of the relationship map and Success Markers, using the Developmental Pathway to assess a community's progress on each dimension of community-based health promotion. Throughout the process, grantees are asked to offer feedback on the tools to ensure that they provide value to them as well as to Interact for Health.

The annual report also includes a narrative and a financial report. (See Appendix.) Grantees are asked to:

- Provide a brief summary of their Thriving Community's efforts.
- Discuss goals that have been achieved and those that are in progress.
- Identify up to five lessons they learned because of the grant.

Adopting all three tools allows community-led initiatives to be viable, ongoing sources of health promotion that can reach beyond institutions to engage community members who otherwise might be left out.

- Share a brief story that illustrates the effects of their Thriving Communities efforts.
- Discuss the long-term vision for their Thriving Communities work.
- Describe what they want to accomplish in the upcoming year to move closer to their vision.
- Provide an updated action plan for the next year.

The Thriving Communities evaluation team reviews each quarterly and annual report to document changes in community capacity for health promotion, noting progress in achieving the Success Markers, identifying facilitators and barriers for both individual communities and for the portfolio of grantees; and tracking the financial health and sustainability of the initiatives.

In November 2018, Interact for Health completed an internal, midpoint evaluation of its Thriving Communities grantmaking. As part of this evaluation, 100 people involved in the initiative who agreed to be contacted were asked to assess the value of the three tools in their community work. The 41 who responded overwhelmingly rated the tools as highly valuable and attested to their importance in the success of community-led initiatives; many respondents said coaching from the program officer helped them adopt and use the tools. On a scale of 1 to 5, all three tools received an overall rating higher than 4. Regarding the Success Markers, one grantee

said that evaluating its strengths and weaknesses at the beginning

helped us set our direction and vision. The act of reporting on our Success Markers has kept us focused on what we need to do — as evidenced by the fact we have often reported out activities related to Success Markers that at the beginning we said were our weakest areas.

The results of this evaluation will help Interact improve practices with Cohorts 2 and 3 as these groups complete their five-year Thriving Communities journeys.

Conclusion

The development of the three Thriving Communities tools is driven by the need to create methodologies that build capacity to lead community-engaged health promotion and to document the impact of Interact for Health's financial and technical support. Each tool plays a unique role in a continuous learning process with grantees. The Success Markers focus grantees on the key aspects of community-led health promotion. The Developmental Pathway documents communities' adaptations and progress for each of the Success Markers. Relationship Mapping provides communities with a visual representation of their stakeholders and connections to improve their community-building activities. While Interact is still learning from this evaluation model, early evidence of its effectiveness is promising.

Adopting all three tools allows community-led initiatives to be viable, ongoing sources of health promotion that can reach beyond institutions to engage community members who otherwise might be left out. When more of these community members participate in planning and implementing proven approaches and have consistent access to coaching and tools to build and strengthen each component, the initiative advances more rapidly and devises new practical solutions that can have long-lasting effects on the community.

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APPENDIX Annual Report Template

Annual Report

Grantee:

Name of project:

Project goal:

Project ID:

Date final report is due:

Program officer:

Please provide the following information.

Date annual report is submitted:

Reporting Period:

1. Grant Summary

Provide a brief summary (2 to 4 paragraphs) of your Thriving Communities efforts in 2017. Discuss the goals (infrastructure, programming, sustainability) that have been achieved and those that are still in progress. (Please reference the 2017 Action Plan).

2. Action Plan Summary

Discuss the long-term vision for your Thriving Communities work. What would you like to accomplish in 2018 to help move closer to your vision? (Please provide an updated 2018 Action Plan as an attachment to the report.)

3. Success Markers Summary

Please provide a summary of your communities' progress for each of the seven Success Markers in the section below.

	Success Marker	Emerging	Expanding	Sustaining
Infrastructure	People see everyone has a role to play in health promotion.	<ul style="list-style-type: none"> Narrow/limited group is not fully representative of community demographic. Community engagement is not a key organizing principle for the group and is often overlooked or forgotten. The group understands that broad engagement is essential to success, but has yet to identify and/or execute strategies to act on that. An initial plan is developed for broader engagement. 	<ul style="list-style-type: none"> There is the right mix of community members and organizational representatives invested in the work. There is intentional discussion on who to connect and how (relationship map). Strategies are executive to develop broad community representation (an open invitation/door). A variety of community members are engaged, but power (decision-making, information) is centralized within a small group. 	<ul style="list-style-type: none"> Health promotion efforts are community-led. Relationships are strengthened/deepened. Relationships are intentionally leveraged to build broader engagement. Specific calls to action-right time and right way to engaged-very focused and targeted efforts. Leadership is shared between community members and professionals. Refinement of community engagement strategies is intentional and ongoing. Structures/systems enable ongoing engagement and participation.

A. Progress and Achievements: What has been achieved under the Success Marker? (Please be specific in terms of the characteristics from the Developmental Pathway.)

B. Next Steps: What are the next steps to ensure progress?

APPENDIX (continued)

	Success Marker	Emerging	Expanding	Sustaining
Infrastructure	People are engaged in a common/shared vision for health promotion.	<ul style="list-style-type: none"> • There is no vision. • There is shared belief. • The focus is on a single health priority. 	<ul style="list-style-type: none"> • Opportunities are in place for community members to influence the development and refinement of the vision. • A broad vision for health promotion is under development. • Conversion from priority-focused to health-promotion vision is underway. • Vision serves as cornerstone for community efforts (decisions and activities). 	<ul style="list-style-type: none"> • A collaboratively developed vision is in place. • The vision is communicated frequently to create shared ownership, and is known by the community. • There is a process to validate vision-revisiting.

A. Progress and Achievements: What has been achieved under the Success Marker? (Please be specific in terms of the characteristics from the Developmental Pathway.)

B. Next Steps: What are the next steps to ensure progress?

	Success Marker	Emerging	Expanding	Sustaining
Infrastructure	Health-promotion efforts are coordinated.	<ul style="list-style-type: none"> • There is awareness of other community efforts, but no coordination. • An Action Plan is in development. • Activities are sporadic and piecemeal. • There is no communication across groups working in the community. • Leadership is limited and centralized. 	<ul style="list-style-type: none"> • An Action Plan is developed. • A subset of activities is coordinated, but there is no broad communication. • A formal infrastructure for supporting communication and coordination is in development. • Multiple people are leading activities (programming, fundraising, infrastructure). • There is a plan for leadership development. • There is a shared-leadership model. 	<ul style="list-style-type: none"> • A formal, effective infrastructure supports coordination and communication. • Community recognizes them as “go to” resources. • There are clear communication streams/networks. • The vision, activities, and action plan are linked.

A. Progress and Achievements: What has been achieved under the Success Marker? (Please be specific in terms of the characteristics from the Developmental Pathway.)

B. Next Steps: What are the next steps to ensure progress?

APPENDIX (continued)

	Success Marker	Emerging	Expanding	Sustaining
Programming	People understand and are using evidence-based practices (i.e., programs, frameworks).	<ul style="list-style-type: none"> • There is no knowledge of these practices. • Self-created practices are in place. • Practices are in place without intentionality. • Emerging/evidence-based practices are being investigated. 	<ul style="list-style-type: none"> • Investigation of emerging or evidence-based practices is guided by the community vision and research • Self-created practices are aligned with knowledge, research, emerging or evidence-based practices. • Evidence-based practices are implemented when appropriate and with intentionality. 	<ul style="list-style-type: none"> • Planning is data-driven. • Emerging or evidence-based practices are responsive to community needs and are fully executed, with monitoring procedures in place. • The community infuses continuous improvement practices into emerging- or evidence-based-practice activities.

A. **Progress and Achievements:** What has been achieved under the Success Marker? (Please be specific in terms of the characteristics from the Developmental Pathway.)

B. **Next Steps:** What are the next steps to ensure progress?

	Success Marker	Emerging	Expanding	Sustaining
Programming	Health-promotion efforts focus on a variety of approaches.	<ul style="list-style-type: none"> • No approaches are identified. • Limited programming is in place, but not linked to a health-promotion framework. • There is no focus or emphasis; targets for approaches are general or unplanned/uncoordinated. • The community is engaging in promotion or programs (universal, selected, indicated). • The community is building an understanding of a health-promotion framework. 	<ul style="list-style-type: none"> • The community is engaging in promotion and programs. • The community starts to explore policy and physical projects. • Efforts are not comprehensive and are limited to a narrow range of approaches (universal, selected, indicated). • Efforts are aligning toward a more comprehensive approach. • The community has identified policies to target for change. • The community is advocating for a shared agenda for change or enforcement of policies. 	<ul style="list-style-type: none"> • The community is using a variety of approaches (universal, selected, indicated) for promotion, programs, policy, and physical projects. • Health policies are adopted and enforced.

A. **Progress and Achievements:** What has been achieved under the Success Marker? (Please be specific in terms of the characteristics from the Developmental Pathway.)

B. **Next Steps:** What are the next steps to ensure progress?

APPENDIX (continued)

	Success Marker	Emerging	Expanding	Sustaining
Programming	<p>Health promotion efforts are data-informed.</p>	<ul style="list-style-type: none"> • Efforts are not guided by data or information, but rather by individuals and agendas. • Evaluation or data-collection efforts are in development. • Activities and efforts are not reviewed for key learnings and do not inform future decisions or work. • Initial needs assessment is complete and may inform decisions. 	<ul style="list-style-type: none"> • The needs/asset assessment is updated and refined. • Appropriate needs assessment is periodically used. • A needs/asset assessment drives the Action Plan. • A system for reviewing data and information is being tested. • Evaluation data are being collected, but do not inform decision-making. 	<ul style="list-style-type: none"> • Needs assessment becomes part of the normal process. • Assessments and Action Plans are updated and reviewed regularly. • Activities have an evaluation component that is reviewed and informs shared decision-making. • The community is driven by its own vision and goals, not those of funders. Data and learning inform the community vision and goals, and support sustainability efforts.

A. **Progress and Achievements:** What has been achieved under the Success Marker? (Please be specific in terms of the characteristics from the Developmental Pathway.)

B. **Next Steps:** What are the next steps to ensure progress?

APPENDIX (continued)

	Success Marker	Emerging	Expanding	Sustaining
Sustainability	Health promotion efforts are sustained.	<ul style="list-style-type: none"> Resources, finances are limited. Fiscal agent/sponsor relationship is established. A budget has been developed. No plan is in place to gather additional resources. No sustainability plan has been developed. There is participation in sustainability consults. An initial community narrative/story is developed. 	<ul style="list-style-type: none"> Income is not diversified (i.e., limited to grants). Infrastructure is developed to support sustainability efforts: fundraising and friend-raising There is committed capacity/ leadership for fundraising accountability. Match dollars are garnered. The budget is monitored and updated. A fundraising plan has been developed. A fiscal structure/ management plan has been developed. Alignment with Thriving Communities and fiscal sponsor is reassessed. Fund/friend-raising activities are being executed. Focus is on diversity of resources. The narrative/story is expanded to include current work and results of efforts, A narrative/story is utilized to garner additional resources. 	<ul style="list-style-type: none"> There is an active, successful friend- and fundraising committee. The fundraising plan successfully executed. Champions, allies, and gatekeepers are supportive and vocal. Funds are in place to support ongoing efforts. Funding is diversified; a multitude of partners are engaged. The Thriving Communities group takes on expanded roles in the community. A narrative/story is continuously updated and shared to grow financial, human, and political capital. <p>Thriving Communities has the financial, human, and political capital to maintain and expand.</p>

A. **Progress and Achievements:** What has been achieved under the Success Marker? (Please be specific in terms of the characteristics from the Developmental Pathway.)

B. **Next Steps:** What are the next steps to ensure progress?

APPENDIX (continued)

4. Lessons Learned

Identify up to five lessons you learned as a result of the grant (e.g., the facilitator and barriers, policy implications, and system changes).

5. Story

Share a brief story (1–2 paragraphs) that illustrates the effects of your Thriving Communities efforts in 2016–2017.

6. Attachments

Please include electronic copies of:

- The 2018 Action Plan (please review your 2017 Action Plan and make edits to reflect your goals for 2018). Action Plans must reflect work in each of the following areas:
 - o Infrastructure or coalition development
 - o Community-based programming
 - o Sustainability
- Any public recognition, awards, press releases, professional articles, presentations, products, etc., pertinent to your Thriving Communities efforts. If you would like to include photos, please send them in a separate Word document.

7. Financial Report

Provide a brief narrative. How did the money get used?

Reporting period: