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## The focus of this feature is Renewing Community Action



Inside, you will find concepts, tools, resources and stories to assist coalitions in defining their future.

## From the HHRC...

In the words of Max DePree, "We cannot become what we want to be by remaining what we are." With a new phase of heart health on the horizon, it is an opportune time to re-examine or re-new "what we want to be" and then adapting the "what we are" as necessary. What is presented in the next few pages, in our new "Feature" format, is intended to assist heart health coalitions with addressing this transition, or, in the words of our esteemed colleague, Karen Bays, a "renewal".

As the diagram above illustrates in the triangle of transition, this phase can evoke some negative implications such as low stability; high, often undirected energy; past patterns of behaviour become highly valued; high emotional stress; control becomes a major issue, and conflict increases. Should this be the case in your community, you will find some tips on page eight that assist in the management of change.

However, in the spirit of renewal, the theme of this Feature, transition can be a time of growth; building on successful elements of the past and adding in new components to enhance what and how things happen. The heart health initiative in Ontario and Canada has been through these transition phases before. Each and every time we have come out the other side a stronger and more productive effort that is now one of the most highly regarded in the world.

Four aspects of this renewal have been addressed in the Feature, as outlined by our Editor, Nancy Dubois, on page two. Coalitions may want to consider their strategic direction, their initiatives or programs, their identity and/or their partnership. Community examples, recommended tools and resources and related tips can be found in the pages that follow.

Leadership will be key to renewal and as I encourage you to turn the page and read on, I am reminded of the words from the Wisdom Organization:

"There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success than to take the lead in the introduction of a new order of things."



Anne Lessio,  
Manager, HHRC

Anne

## Things to Consider at the 5-Year Mark

The opportunities presented at this time for the current Ontario heart health coalitions are significant. We know from successful endeavours such as the North Karelia Heart Health Project in Finland, that fifteen years or more are often required to see real changes to the disease state in a community. Five years into the task of programming and community activation in most of Ontario, the time is ripe to undertake strategic thinking and consider a "renewal" for the next phase. Resurrecting that "Four Year Plan" that everyone worked so painstakingly on a few years ago may be a good starting point. With the shifts that could occur through this review process, managing the resulting transition will require strong leadership, a variety of skills and dedicated resources.

In considering the future of your coalition, it occurs to me that there are several elements that it would be timely to consider in planning for the next phase.

- *The strategic direction*, as this is the glue that ties all programs and partners together with a common view.
  - **VISION:** How are we doing in reaching our Vision? Is the Vision still a "realistic stretch" for our group? Should it be adapted to reflect any related shifts in the environment?
  - **MISSION:** Does this still clearly describe what our coalition's unique contribution is to reaching the Vision? Is it compelling enough to sustain current partners and perhaps entice others to participate? Should it be adapted given what others are doing in our community or what we see ourselves focusing on for the next phase?
  - **GUIDING PRINCIPLES:** Based on the values and beliefs that your group has used to make decisions in the past, what are the principles that should guide you into the future?
  - **STRATEGIES:** How will you achieve your vision? Will there be any shift related to more of a chronic disease prevention (CDP) focus? If CDP is part of the new landscape, would it help to better understand the etiology of the disease?
- *The initiatives* that you undertake to affect the changes you envision and that your partners will attach themselves to.
  - What risk factors do you see as the focus for the next phase? What else is happening in the community around each risk factor? What gaps are apparent that your coalition could fill?
  - Have your programs been effective in meeting your objectives? Do they need to be enhanced in any way to increase the impact?
  - Are the people who were reached by a program reinforced in their behaviour change process with supportive environments, policies and/or booster sessions?
  - Do any new initiatives need to be added or current ones adjusted to address a broader CDP focus or engage other partners? Are there effective programs on which to draw as examples?
- *The identity* of your coalition as the face that the public will see and one of the common threads that tie all your pieces together.
  - Does your current identity reflect the tone and presence that is still appropriate for your group?
  - Has your identity been successful in "branding" your project?
  - Will it carry you into the next phase if your strategy has evolved to a CDP focus?
- *The partnership* that makes the vision, initiatives and identity come alive.
  - Do you spend as much time or more strategizing about the future as you do managing the present?
  - Does the structure still suit the strategies identified or would a shift improve effectiveness?
  - Are there skills, roles, connections or other needs that should be filled with new partners?
  - Are the current partners committed to being involved in the next phase?
  - Is there any training, information, supports that partners need?
  - Have all partners committed to the renewed strategy and initiatives for the next phase?

As we explore in the next few pages, ideas and resources to support your group in addressing some of these questions, I will leave you with a quote that reinforces my own bias on the above suggestions:

*Nancy Dubois*  
Editor, @heart

*"Coalition building is probably the most neglected step in the change process."*

*Rosabeth Moss Kanter*



## Renewal... of your Strategic Direction

### A Community Example: Niagara



Mirroring the process used in the initiation of the project five years ago, a large community forum was held with current members of Niagara Heart Health and many potential partners. Current risk factor data was presented by the Medical Officer of Health and a HHRC consultant guided the group of 60 or so through discussions on the potential future of the

project. To follow-up on the suggestions made, a strong work group was struck which included six current partners and six new ones. After meeting four times between June and October, a series of strategic recommendations have gone forward for presentation to the large group in November. They will then address the activities that are best suited to meeting the strategies.

*"Bring together people at many levels to talk about shared goals & the future of the alliance in general, not just the small functional tasks. You have to make sure that the goals of people at all levels are aligned & that people get the change to get to know each other, before you can expect them to build trust." Rosabeth Moss Kanter*

### A Suggested Tool

The Health Communication Unit suggests that before making decisions related to your plan, a Situational Assessment is undertaken in order to gather the contextual information that will assist in planning. This process is outlined in their *Introduction to Health Promotion Planning* workbook, available at:

[http://www.thcu.ca/infoandresources/planning\\_resources.htm](http://www.thcu.ca/infoandresources/planning_resources.htm)

In it, it is recommended that you look at the following internal and external perspectives:

- What are the relevant needs in your community that make your health promotion project necessary? You may undertake a Needs Assessment.
- What are the relevant assets in the community that will contribute to the success of your project? You may undertake Community Asset Mapping.
- What political, economic, environmental, social and technological trends will affect the direction of your project (a PEST Analysis)?
- What are the internal and external strengths, weaknesses, opportunities and threats related to your current work that inform the future direction (A SWOT Analysis)?
- Once all of this information is gathered you might undertake a map of those forces that are driving vs. restraining your issue (Force Field Analysis).

### Recommended Resources

**Strategic Planning Workbook for Nonprofit Organizations.** Bryan W. Barry. Amherst H. Wilder Foundation. ISBN 0-940069-008. This resource outlines a very typical planning process complete with recommended timing and responsibilities, as well as tools and worksheets to apply the process.

**Effective Organizations: A Consultant's Resource.** Judy Kent. Skills Program for Management Volunteers. \$119.95. Order by calling the "sportalliance" at 416-426-7053 or 1-888-843-6772. This binder outlines a chronological process organizations typically progress through including planning, but also sections on hiring consultants, decision-making, problem solving and conflict resolutions models. Each section includes actual tools and examples a facilitator might use to guide a group in developing that component of their organization.

**Strategic Planning (in non-profit and for-profit organizations).** Carter McNamara. This on-line manual is very detailed and provides a series of steps and examples to guide a group through understanding and developing all the elements of a strategic plan.

[http://www.mapnp.org/library/plan\\_dec/str\\_plan/str\\_plan.htm](http://www.mapnp.org/library/plan_dec/str_plan/str_plan.htm)



Check your vision against these criteria<sup>1</sup>:

- Represents the collective values of the community and is inclusive of the community's diverse population.
- Expresses qualities that emphasize the community's uniqueness.
- Denotes the high standards of excellence and achievement within the community.
- Provides direction and motivation for change.
- Focuses on people and quality of life.
- Becomes a binding force in people's hearts and minds.
- Is evolving and never static (but doesn't change too often).
- Issues a challenge that can be translated into day-to-day behaviours.
- Compels us to change as we are attracted to the desired state.
- Answers the question "What do we want to create?"
- Contains positive, present-tense language.
- Uses words that are easily understood by all.

A Feature from Ontario's Heart Health Resource Centre

## Community Examples

Community coalitions in Ontario, as of October, 2002, are considering the future of their programs in a variety of ways. These could be depicted as:

a) Have already broadened to a CDP focus and are into planning accordingly. *E.g. Peterborough*

b) Programs will likely not change a lot, with or without renewed MOHLTC funding, but a local strategic planning process will inform this decision. *E.g. Ottawa, Niagara, HKPR, Bruce-Grey, Durham, Thunder Bay*

c) Programs will likely not change a lot, however the MOHLTC funding guidelines will inform the decision. *E.g. Wellington-Dufferin-Guelph, Waterloo, Peel, Windsor-Essex, Toronto, Perth, Simcoe County, York Region*

d) Programs could change a fair bit based on new funding guidelines and a re-visiting of current directions. *E.g. Renfrew*

e) Programs will likely not continue at all unless significant changes to the grant requirements are made. *E.g. North Bay*

Many communities do intend to position their programs within a chronic disease framework, which will serve to potentially expand their partnership, influence their identity perhaps but likely not significantly change their programming.

<sup>2</sup>Ontario's Program Training and Consultation Centre is currently in the process of reviewing the Ontario tobacco projects funded under the Ontario Tobacco Strategy renewal, and will be posting those judged by independent reviewers as "recommended" or "promising" in an on-line searchable toolkit within the PTCC website. Projections for a launch date for the site to become public is December 2002 or January 2003.

## Renewal... of your Initiatives

### Selecting Best Practices

If you are considering any new programs to address your strategic direction, it is recommended that you first search for existing programs that have been identified as effective. Outlined below are some suggested starting places for the various program areas. If undertaking a search yourself, be sure to closely examine the credibility of the source of information and the methods by which programs were assessed.

Program Area	Source	URL
Physical activity	<ul style="list-style-type: none"> <li>• CDC</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.cdc.gov/nccdphp/dnpa/physical/recommendations.htm">http://www.cdc.gov/nccdphp/dnpa/physical/recommendations.htm</a></li> </ul>
Nutrition	<ul style="list-style-type: none"> <li>• What Works in Nutrition Promotion, Nutrition Resource Centre</li> <li>• Washington State Dept. of Health</li> <li>• NGA Center for Best Practices (WIC program)</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://action.web.ca/home/nutritio/attach/what-works.pdf">http://action.web.ca/home/nutritio/attach/what-works.pdf</a></li> <li>• <a href="http://www.doh.wa.gov/here/howto/images/BPNutri.html">www.doh.wa.gov/here/howto/images/BPNutri.html</a></li> <li>• <a href="http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF%5ED_1657,00.html">http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF%5ED_1657,00.html</a></li> </ul>
Tobacco <sup>2</sup>	<ul style="list-style-type: none"> <li>• CDC</li> <li>• CDC</li> <li>• Indigenous Peoples</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.thecommunityguide.org">www.thecommunityguide.org</a></li> <li>• <a href="http://www.cdc.gov/tobacco/bestprac.htm">http://www.cdc.gov/tobacco/bestprac.htm</a></li> <li>• <a href="http://www.indigenouspeoplestf.org/pdfs/Tobacco_20Prevention_20Web_20Resources.pdf">http://www.indigenouspeoplestf.org/pdfs/Tobacco_20Prevention_20Web_20Resources.pdf</a></li> </ul>
Heart Health	<ul style="list-style-type: none"> <li>• HHRC</li> <li>• Canadian Heart Health Initiative – Program Database</li> </ul>	<ul style="list-style-type: none"> <li>• see International Scans listed in Recommended Resources below</li> <li>• <a href="http://www.med.mun.ca/chhdbc/">http://www.med.mun.ca/chhdbc/</a></li> </ul>
Diabetes Prevention	<ul style="list-style-type: none"> <li>• Diabetes Quality Improvement Project</li> <li>• International Scan of BP's in Diabetes Type II Prevention</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.dqip.org/compendium/index.html">http://www.dqip.org/compendium/index.html</a></li> <li>• HHRC - work to begin in January 2003. Anticipated completion March, 2004</li> </ul>
Stroke	<ul style="list-style-type: none"> <li>• HHRC</li> </ul>	<ul style="list-style-type: none"> <li>• Searchable database and document to be available from the HHRC in March, 2003</li> </ul>
Schools	<ul style="list-style-type: none"> <li>• CDC</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.cdc.gov/nccdphp/dash/healthtopics/nutrition/guidelines/index.htm">http://www.cdc.gov/nccdphp/dash/healthtopics/nutrition/guidelines/index.htm</a></li> <li>• <a href="http://www.cdc.gov/nccdphp/dash/healthtopics/physical_activity/guidelines/index.htm">http://www.cdc.gov/nccdphp/dash/healthtopics/physical_activity/guidelines/index.htm</a></li> </ul>
Workplaces	<ul style="list-style-type: none"> <li>• National Quality Institute</li> <li>• Health Canada, Workplace Health</li> <li>• Dr. Martin Shain, "Best Advice on Stress Risk Management in the Workplace"</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.nqi.ca">www.nqi.ca</a></li> <li>• <a href="http://www.hc-sc.gc.ca/hppb/ahi/workplace">www.hc-sc.gc.ca/hppb/ahi/workplace</a></li> <li>• <a href="http://www.hc-sc.gc.ca/hppb/ahi/workplace/pdf/stress_risk_management_1.pdf">www.hc-sc.gc.ca/hppb/ahi/workplace/pdf/stress_risk_management_1.pdf</a></li> </ul>

## Managing the Program Transition

This is a perfect time to look at the sustainability of your programs and decide if some should be dropped or integrated into the work of a partner. This transition of ownership or discontinuation needs to be handled carefully but is often neglected in favour of getting on with the new approaches.

### Suggested Tool

Built on work done in Perth, Lambton and Toronto, this checklist was designed for Algoma Heart Health to assist coalition members in determining where they will go. It is built around the Needs/Impact-based Planning Model developed by the Central West Health Planning and Information Network ([http://www.cwhpin.ca/cwhpin/projects/planning\\_framework.pdf](http://www.cwhpin.ca/cwhpin/projects/planning_framework.pdf)). Some of the "mandate" items could be adjusted based on MOHLTC Funding Guidelines and the "Local HH Values" would need to reflect local input.

For "Program Review Checklist" and Recommended Resources, please see page 7

## Renewal... of your Identity

### Three Community Examples

**Renfrew** – This coalition elected from the outset for an identity that did not specify the heart. It sprang from strong feelings of the Cancer Society and Lung Association reps who wanted to participate but could not justify doing so if the focus was primarily on the heart. No one else felt strongly that the identity needed to include a focus on the heart because they felt it was the risk factors that were important. Looking back, the identity has served them well, although a change in local and provincial priorities has caused the Lung Association and Cancer Society partners to leave the group.



Others that began with a "non-heart" look include Brant "Healthy Living", "Durham Lives", "Healthy Rhythm" in Eastern Ontario, "Heart Action" in Haldimand-Norfolk, and Halton "Choices for Health".



**Haliburton, Kawartha, Pine Ridge** – Originally known as "The Heart Connection", they recently changed their name and look to "Health for Life". Part of the reason for this shift was to better reflect their work, which now includes the management of a workplace diabetes prevention project.

## Brand<sup>1</sup>

Sometimes referred to as your "brand", your program identity is a significant part of your overall initiative. As you consider a transition to such things as chronic disease prevention, you may want to consider your identity and the degree to which it describes well what you intend to do. Any change to your identity should come after considering strategic and program shifts as your identity should complement and reinforce your direction. A change should be carefully considered as you now have five years of history invested in your current "brand". Taking your group through a Pro's and Con's exercise may help with your decision-making. Alternatively, input from your intended audiences might provide insight into the degree to which your identity is already well-recognized.

THCU suggests whether working with an existing, or developing a new one, your identity should serve to define, distinguish and synergize all your efforts. Your identity may be made up of all or some of the following components:

- a name
- a positioning statement or copy platform
- a logo
- images.

In addition, there are many other considerations, from how personnel dress, to where you hold meetings, to the kind of paper you use, to the way the telephone is answered that all contribute to your identity. Once established, or revised, display it visibly anywhere and everywhere that it is appropriate; make it available to community partners who share your goals; and protect it so that you have complete control over how and when it is used.

If you are considering a change to your identity, consider the various channels in which it will be used to ensure that you create something that is versatile enough to be seen on business cards and a billboard. Some elements of the identity, like the name, will need to stand-alone without any visuals when such things as radio is used.



**Ottawa** – This identity blends the word "heart" with the more generic "healthy living" approach. Because of their significant history with the name "Heart Beat", there is no intention to change the identity for the next phase. Their strategy has been to build on the vitality and energy associated with the "heart of the community" as opposed to the organ.

## Suggested Tool

The Health Communication Unit provides this worksheet as a tool for developing an identity in their Overview of Health Communication Campaigns resource.

What four things regarding styles, attitude and relationships do you want people to think about you, your issues, and your services?

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

How do you want people to feel?

What distinguishes your project from others?  
What makes yours particularly effective?

How does your project complement or build on others?

## Recommended Resources

<sup>1</sup>Overview of Health Communication Campaigns. The Health Communication Unit. [www.thcu.ca](http://www.thcu.ca)

## Renewal... of your Partnership

This aspect of renewal is about people – the volunteers, the partners, and the staff. Before deciding how the partnership might evolve in the next phase, a survey may be a good idea. Surveys are a good way to build buy-in for a change process because<sup>1</sup>:

- if you involve people in design and feedback/action planning, it shows your intent more than words
- they provide a way to get everyone, including nay-sayers, involved
- the data usually provide an impetus for change
- the feedback meetings may break the resistance of individuals who are afraid to speak as others chime in.

Once you have an idea of where people stand, consider integrating these three approaches to providing support to the process<sup>2</sup>:



- 1 People's HEADS need understanding – the reasons for change, the problems with staying the same, the advantages of the new direction. Only when they understand why they should change will people begin to devote energy to the change effort.
- 2 People's HEARTS need to be engaged in the change – you need their commitment and enthusiasm, energy and willingness. This is often the hardest element to affect, but can make or break your transition efforts.
- 3 People's HANDS need to be given tasks to do to make the change happen, as well as the tools and resources to enable them to perform in the changed environment. Having both the skills/resources and a plan of action gives people an opportunity to demonstrate their commitment.

A shift in the organization usually begins with the appointment of a task force, generally comprised of representatives from most areas of the project. One of their tasks will be to keep the lines of communication open.

Other skills that the partnership may need include<sup>3</sup>:

- Communication
- Conflict management
- Coaching
- Focus
- Knowledge management
- Quality management
- Resource management
- Reward systems
- Team development

According to Peter Drucker in "Change Leaders":

"Everybody has accepted by now that change is unavoidable... it is the norm. Now the real task is to lead change." This means looking for the opportunities to bring change on. This would play itself out within your partnership by spending as much time in your meetings focused on the future and what could be as you do on understanding and discussing what is. This might be a new "front page" to reports that identify opportunities rather than an update of what has happened. Think what would have happened if no one had moved beyond what Thomas Watson, Chair of IBM said in 1943 – "I think there is a world market for maybe five computers."



### A Community Example: Halton

The Coordinating Committee contracted a consulting team to

develop & implement a survey with all members of their Network. The survey asked about their intent to continue participating, their interest in specific initiatives such as a workplace strategy, and feedback on the current "ways of work" in areas such as leadership and communication. Specific follow-up was suggested for many of those interviewed and strategic recommendations generated in order to increase the likelihood that the partnership would be sustained.

The process required about 6-8 weeks.

### Suggested Tool

Commitment Charting<sup>4</sup> (see example on next page)

- 1 Ask participants to identify the key individuals or groups whose commitment is essential to facilitate the effectiveness of this project. Request participants write the names of each individual or group in the left-hand column labelled "Key Players" on their Commitment Charting worksheets.
- 2 Ask participants to review the simple rating system indicating levels of commitment provided on the column headings on the worksheet.
- 3 Ask participants to rate the minimum level of commitment needed by each key player or group for the project to be implemented. Place an O in the box that indicates a minimum level of commitment needed.
- 4 Ask participants to study the list of "Key Players" to consider current levels of commitment for the project. Using their best judgment, participants place an X in the box that represents the present level of commitment for each of the key players. See sample chart.
- 5 Discuss strategies (e.g., personal contact, letters, recommended readings) to attain the minimum level of commitment identified in the exercise.

<sup>1</sup>Toolpack. Fostering and managing change. [www.toolpack.com/change.html](http://www.toolpack.com/change.html)

<sup>2</sup>Adapted from: Readiness for change in fundraising organizations. Leslie DeAthe. Charity Village [www.charityvillage.com/charityvillage/research/roch4.html](http://www.charityvillage.com/charityvillage/research/roch4.html)

<sup>3</sup>Best Change Practices. Change Central. [www.changecentral.com/bestleadership.html](http://www.changecentral.com/bestleadership.html)

<sup>4</sup>ESD Toolkit. Commitment Charting. [www.esdtoolkit.org/managing\\_change/comm\\_charting.htm](http://www.esdtoolkit.org/managing_change/comm_charting.htm)

## Commitment Charting Worksheet Sample

**Proposed Project:** To advance food policies in school board.

Key Players	Strongly Opposes	Opposes	No Commitment	Let it Happen	Help It Happen	Make it Happen
1 The principal				X		O
2 Superintendent				X	O	
3 Board trustee				O	X	
4 Teachers					XO	
5 Teachers' union			X		O	

X = Present position    O = Minimum desired support

## Renewal... of your Partnership Recommended Resources

• The Partnership Handbook  
Flo Frank & Anee Smith, HRDC  
[www.hrhc-drhc.gc.ca/common/partners/partner.shtml](http://www.hrhc-drhc.gc.ca/common/partners/partner.shtml)



• Partnering Intelligence  
[www.partneringintelligence.com](http://www.partneringintelligence.com)



• Effective Meeting Facilitation:  
<http://arts.endow.gov/pub/Lessons/Lessons/Duncan2.HTML>



## Renewal... of your Initiatives, continued from page 4

### Program Review Checklist

Program: \_\_\_\_\_

### Considerations

#### Need

- Evidence of demand for the program by the intended population
- Evidence of need for the program by intended population
- No other existing similar program

#### Impact

- Evidence exists that the program is effective in meeting the intended objectives ("best practice" or local data available)
- Has the potential to lead to environmental or policy change
- Population health approach
- High reach for cost
- Good return on investment – program has demonstrated that the impact has a greater value than the costs associated with delivery
- Grounded in sound, current theory

#### Mandate

- Aligns with mission, goals of lead organization
- Program is ethical, credible and delivered professionally
- Based in primary prevention

#### Capacity

- We have the resources to deliver the program well
- The program offers enough flexibility to be adapted in various ways based on need
- There are multiple partners directly involved

#### Local HH Values

- Has strong or real potential for integration into another organization
- Participants are respected
- Accessible to the participants
- Has strong or real potential for integration into another organization

#### Other

- \_\_\_\_\_
- \_\_\_\_\_

## Renewal... of your Initiatives Recommended Resources

**Comprehensive Heart Health Program Planning Workbook, 1998.** Heart Health Resource Centre.

Presents steps for a community undertaking long-range heart health planning as well as practical examples from demonstration sites. It links the intervention cube and logic models with comprehensive planning.

**Comprehensive Program Planning Facilitator's Guide, 1998.** Heart Health Resource Centre. This is a companion document to the Comprehensive Heart Health Program Planning Workbook.

For those who will be facilitating a community planning process.

**International Best Practices in Heart Health, Part I, June 1998.** Heart Health Resource Centre.

This on-line document outlines nine international heart health programs that have been identified as "Best" or "Promising" practices.

**International Best Practices in Heart Health, Part II, June 1999.** Heart Health Resource Centre. This on-line document outlines nine international heart health programs that have been identified as "Best" or "Promising" practices and is an addendum to International Best Practices in Heart Health, Part I.

**Program Planning and Management.**

Carter McNamara. This site provides a detailed summary of the steps associated with program planning geared to the nonprofit sector.  
[http://www.mapnp.org/library/prog\\_mng/prog\\_mng.htm](http://www.mapnp.org/library/prog_mng/prog_mng.htm)



*"The more input people have into defining the changes that will affect their work, the more they will take ownership for the results." Lynda Rogerson*

A Feature from Ontario's Heart Health Resource Centre

**The Handwriting on the Wall: Lessons from "Who Moved My Cheese? An amazing way to deal with change in your work and in your life."**

Spencer Johnson. ISBN 0-399-14446-3.

**Change Happens** – they keep moving the cheese.

**Anticipate Change** – get ready for the cheese to move.

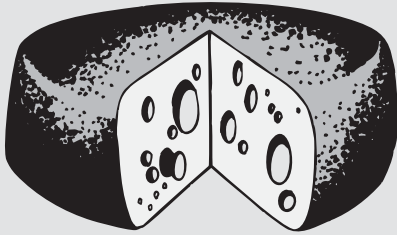
**Monitor Change** – smell the cheese often so you know when it is getting old.

**Adapt to Change Quickly** – the quicker you let go of old cheese, the sooner you can enjoy new cheese.

**Change** – move with the cheese.

**Enjoy Change!** – savour the adventure and the taste of new cheese.

**Be Ready to Quickly Change Again and Again** – they keep moving the cheese.



"Truth is more important during periods of change and uncertainty, than "good news".  
Lynda Rogerson

## Managing Change

Sometimes, a transition or renewal might be seen as a change and this term can evoke fear and apprehension. Why?

Change<sup>1</sup> can mean *an end to certainty*, a leap into the unknown.

Change may *threaten* a system of meaning, organizational system or cultural establishment.

Change may bring *loss*.

Change may *threaten existing power* or other interests.

If you anticipate that partners in your coalition may have one or more of these reactions to the planned transition, you may need to *manage the change*. This will require specific leadership skills. Here are some tips on managing change<sup>2</sup>:

- ❶ Use a team approach that involves many stakeholders in the change process.
- ❷ Make plans, but "hold your plans loosely". Develop plans, but know that they will have to be adapted to change as needs change.
- ❸ Realize that there is a tension between establishing readiness for change and the need to get people implementing new approaches quickly. While getting people intellectually ready for change is something to be considered, it should not take so much time and effort that people lose interest and motivation.
- ❹ Choose innovative practices for and with partners that are research-based and "community-friendly". Picking approaches that have been used or researched can help the implementation of those approaches.
- ❺ Be prepared for "implementation dip" – things often get worse temporarily before improvement begins to appear.
- ❻ Help partners develop an "intellectual understanding" of the new approach. While the outcomes are important to assess, people also need to understand the underlying meanings and functions of the practices.
- ❼ Seek out "paradigm shifters" and "idea champions" who are interested in making substantial changes in practice.

<sup>1</sup>Managing Change. Unit 1 – Why Manage Change. The Wisdom Centre. [www.wisdom.org.uk/u1.html](http://www.wisdom.org.uk/u1.html)

<sup>2</sup>Adapted from: Thirteen Tips for Managing Change. North Central Regional Educational Laboratory. [www.ncrel.org/sdrs/areas/issues/educatrs/leadshp/le5spark.htm](http://www.ncrel.org/sdrs/areas/issues/educatrs/leadshp/le5spark.htm)



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