



Hebrew  
SeniorLife



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# Formulating Strategic Business Plans for Healthy Aging Programs

A toolkit for Community-  
based Organizations



## Table of Contents

About Us	2
Special Thanks	3
Introduction	4
How to Use This Toolkit	4
Case Study: My Life Senior Center	5
Process Flow Chart	7
Beginning the Process: Identify Internal Stakeholders and A Planning Team	8
Assessing Readiness: Is My Organization Ready to Offer Evidence-based Programs?	12
Formulating a Vision and Mission	18
Piloting Your Evidence-based Program	23
Evaluate Your Pilot Sessions	34
Finding New Partners	37
Developing an Implementation Plan <ul style="list-style-type: none"><li>• Overview</li><li>• Programs and Services</li><li>• Assessing Need</li><li>• Environmental Analysis</li><li>• Program Objectives</li></ul>	43
Pulling it All Together: Formulating a Business Plan	62
Appendix: Toolkit Worksheets	80

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## About Us



**Hebrew SeniorLife (HSL)**, founded in 1903 and an affiliate of Harvard Medical School, is a nonprofit, non-sectarian organization devoted to innovative gerontology and geriatric research, senior health care, long-term nursing home care, and senior housing communities that improve the lives of older adults. Through its Institute for Aging Research, HSL conducts rigorous geriatric research and applies its findings to shape health care policy and improve geriatric care. HSL's Department of Medicine oversees evidence-based wellness programs that help diverse populations of vulnerable older adults to improve their health.



**Elder Services of the Merrimack Valley (ESMV)**, a private non-profit agency, has provided a range of programs and services to help older people remain in their own homes and communities. Community programs organized and funded by Elder Services, serve 25,000 elders and older adults annually. Elder Services is an Area Agency on Aging and an Aging Service Access Point (ASAP) and Protective Service agency based in Lawrence Massachusetts and serves 23 cities and towns in the Merrimack Valley.

### **Healthy Living Program Center of Excellence** The Healthy Living Program Center of

**Excellence** is an innovative collaborative between a community based organization (ESMV) and a medical provider (HSL), with a goal of helping seniors remain independent and in the community as long as possible. By combining our expertise in the aging services and medical networks, the collaborative encourages older adults to become active partners in managing their health.

**For additional copies of this toolkit or for additional information on healthy aging programs, contact: Jennifer Raymond, Director of Evidence-based Programs, Hebrew SeniorLife, 1200 Centre Street, Boston, MA 02113 or [JenniferRaymond@hsl.harvard.edu](mailto:JenniferRaymond@hsl.harvard.edu)**

## ***Special Thanks ...***

Action for Boston Community Development

Elder Services of the Merrimack Valley

Healthy Aging Program Leaders

Healthy Aging Program Participants

Hebrew SeniorLife

Massachusetts Department of Public Health

Massachusetts Executive Office of Elder Affairs

Massachusetts Statewide Disease Self-Management Coalition

Massachusetts Regional Coalitions

National Council on Aging – Center for Healthy Aging Programs

Planet MassConnect

Stanford Patient Education Research Center

Tufts Health Plan Foundation

U.S. Administration of Aging

### ***Funded in part by:***



**Tufts Health Plan Foundation's** mission is to promote healthy lifestyles and the delivery of quality health care in our communities. The Foundation's focus is Healthy Aging - improving the lives of adults 60 and older. Through the programs we fund in Massachusetts and Rhode Island, we hope to elevate the well-being of older adults so as to enable them to live healthier lives. The Foundation funds over \$2 million annually in grants to more than 60 Massachusetts and Rhode Island nonprofit organizations.

Historically, evidence-based healthy aging programs have been funded through a variety of sources: federal and state grants, private foundations, Title III-D allocations, philanthropy, and through herculean volunteer efforts. As many of these sources, particularly federal and state grant funding diminish, community based organizations are presented with the challenge and opportunity to explore unique and diverse resources to continue program efforts. Further, the shift in the health care environment towards more accountable care presents significant opportunities for continued evidence-based program funding, particularly for those programs with proven outcomes and disseminated consisted with proven program models.

The purposed of this toolkit is to aid organizations in the development of business plans necessary to secure further program funding. The kit provides not only a template for a business plan, but more importantly walks organization through the strategic thinking process necessary to formulate a specific, achievable, innovative and competitive plan worthy of funding.

### **How to Use the Toolkit**

Much like many of the healthy aging evidence-based programs we seek to promote, it is the *process* by which we reach develop business plans that is as important, if not more important than the plan itself. This toolkits starts at the beginning, well before the actual drafting of your business plan. Organizations are encourages to begin by identifying internal stakeholders and a planning team, assessing their organizational readiness, and formulating a vision and mission for their programs. The kit then provides insight into piloting programs, partnering with other community-based organizations, performing market analysis, and crafting program objectives. At each stage of the process, organizations are provided with “worksheets” designed to aid the thinking and dialogue processes. It is anticipated that through the use of these worksheets, organizations are able to accumulate the knowledge needed to finally complete an individualized business plan, with the provided template and

worksheets as guides. These business plans may then be customized and submitted to potential funders. *To facilitate this process, the toolkit uses the following case study of a fictional municipal senior center, **The MyLife Senior Center**.*



## Case Study: My Life Senior Center

My Life Senior Center, located in a diverse suburban community, serves more than 10,000 older adults annually. My Life is a place where seniors can gather for support, socialization, fitness and fun. Services provided include:

- Senior Lunches, Monday through Friday
- Blood Pressure and other health clinics
- Physical Activity classes
- Social events and games
- Case Management Services
- Support Groups
- Music, Art and Entertainment
- Transportation services
- A monthly legal aid clinic
- Individual, couples and group counseling
- Tax Assistance
- Health Insurance Education

My Life is staffed by seven (7) employees, including the center's director, two coordinators, a social worker, an outreach worker, and two part time assistants. They are further supported by a corps of over 150 volunteers, many members of the center itself. Volunteers perform duties which include leading classes, helping with transportation, serving lunches, and providing administrative support.

My Life is funded primarily through public funds, including city, state and federal grants. They also receive private donations from community members and small businesses. They are now interested in offering healthy aging evidence-based programs.

Process Flow Chart





**Beginning the Process:  
Identifying Internal Stakeholders and A  
Planning Team**

## Beginning the Process: Identifying Internal Stakeholders and A Planning Team

Implementing evidence-based healthy aging programs is both rewarding and challenging. All too often, however, an organization's trained class leaders are left to bear the full responsibility for all aspects of program implementation, from planning to marketing; from leading workshops to evaluating outcomes.



Not only does this present significant, sometimes insurmountable barriers for workshop leaders, but it robs an organization of the opportunity to leverage all of its talent and resources towards the most effective modes of implementation. Further, trained leaders lose the opportunity to secure organizational buy-in which will come in handy when future funding or resources are needed. Through these efforts, an organization can begin the work of embedding evidence-based programs within its existing organizational structures and processes. For all these reasons, it is imperative that each organization identify internal partners who will contribute to the implementation process. These will be your **Internal Stakeholders**.



To determine who your Internal Stakeholders might be, reflect on the following questions:

1. Who might be essential? Take a look at your organization as a whole, even those departments or personnel you don't generally have cause to collaborate with. An organizational chart is a great place to start. Ask yourself, "Which parts of our organization would add value to our program efforts?" For example, Case Managers often won't have time to lead workshops but they have regular contact with your target

***But no one in my organization has time for this!***

*The time commitment doesn't have to be extensive. Just making key internal partners aware of your programs and needs may be enough to vastly improve your program outcomes. Educating case managers in your organization about your Healthy Eating program, for example, will provide them with yet another resource for their clients. If they see value, they are likely to be able integrate marketing of your programs in what they already do.*

*Don't assume! One of the most common answers given by people as to why they don't get more involved in community projects is that they have never been asked.*

*Seek assistance from organizational leadership. If your leadership is supportive of programs, s/he can send an email or make a quick announcement during staff meetings to encourage participation.*

*Be very specific about what you are asking for stakeholders or planning team members to do (and the time commitment you will need).*

*If you still can't get support from internal stakeholders or planners, think about whether the organization is really ready to offer programs (See page 10.)*

participants and can help both determine which programs are in greatest need and marketing these programs once they are scheduled.

2. Who specifically should we ask to participate? Within each department who will be your best champion? Do they have time? Will their manager or supervisor approve?

3. What are we asking each stakeholder to do? Do we want them to be trained as program leaders? As we asking them so assist with planning? Can they help secure funding and other resources? Do we just want them to be aware of program efforts?

4. Among these **Internal Stakeholders**, who do we want to be part of the **Planning Team**?



**Planning Team:**

Among your newly identified internal partners, create a planning team. These are the organizational members that have the capacity to commit more deeply to your planning efforts. Be sure to think about time commitment and communicate that commitment to all

potential planning team members. The time commitment need not be significant – it is likely that just an hour or two a month will do it.



Identifying Stakeholders and A Planning Team

For My Life Senior Center (organization name)

Division or Department	Individual	Role	Planning Team (yes/no)
Case Management	Emma Raye	Marketing, deciding which programs are needed,	Yes
Volunteer Services	Nathan Jones	Identifying roles for volunteers (leaders, help with coordinating, participant champions, marketing)	Yes
Center Director	Marcus Smith	Support from Leadership	No
Nutrition Services	Sally Anderson	Marketing	No
Volunteers	James Frost Peggy Frost	Potential leaders, participant champions	Yes
Programs	Karen Adams, Jean Abreau	Trained program leaders, coordinators?	Yes

*Potential Roles include: Program leader, program coordination, marketing, technical assistance, evaluation assistance, etc*

**Assessing Readiness:  
Is my Organization Ready to Offer  
Evidence-based Programs?**

## Assessing Readiness: Is my Organization Ready to Offer Evidence-based Programs?

One of the first charges for your newly formed internal **planning team** is examining whether your organization is “ready” to deliver the evidence-based program in question. Performing a “Readiness Assessment” will help you take a good look at what it takes to successfully implement programs and whether your organization possesses those necessary elements. Many organizations find that they are “ready”, either alone or through partnering, to

### ***But we REALLY want to do this!!***

*Remember the importance of readiness and fidelity. If you try to do a program when you aren't ready, either on your own or with partners, you hurt your opportunity to reintroduce the program later. Think instead about what you need to get ready. For examples, if you lack organizational support to allocate staff time to implementing programs, consider instead partnering with a neighboring agency who is offering the programs. Refer your participants there. Get testimonials from them as to how the program worked for them and whether they think it would be beneficial to offer the program at your agency. Take those testimonials back to your leadership to revisit organizational support*

offer programs. Others uncover missing elements that must be addressed. It is much better for organizations to find they lack readiness prior to implementation that to embark on programs that will be unsuccessful and make future efforts at implementation difficult.

Don't assume that because they offer one evidence-based program, you automatically possess readiness for other programs. Perform a readiness assessment for each program you intend to offer as each has differing needs and levels of commitment.

Ask **each planning team member** to individually complete the four page “readiness assessment tool” (adapted from NCOA Center for Healthy Aging) in the Worksheet section. Having everyone complete the assessment individually will help gather a variety of perspectives. After each member has completed the assessment, convene as a group to review the tool. Don't forget to communicate the results to the rest of your internal stakeholders. Ideally, your organization and partners will find they have organizational readiness and can move forward. If not, all is not lost as you can now work on overcoming those barriers and challenges that prohibit you from moving forwarding immediately.



Readiness Self-Assessment for My Life Senior Center  
(Organization Name)<sup>1</sup>

Planning Team Member Emma Raye

**1. Is the organization, alone or as part of a partnership, committed to doing evidence-based programs in a manner that stays true to the original, proven model?**

- Can the organization distinguish between evidence-based health programs and other programs?

**Yes**                      No                      Maybe

- Can the organization build off existing health programming experience?

**Yes**                      No                      Maybe

- Can the organization gain and keep the support of local or regional health care organizations?

**Yes**                      No                      Maybe

- Can the organization preserve fidelity to key interventions and provide quality control while making necessary modifications?

**Yes**                      No                      Maybe

What barriers exist? How might these barriers be overcome in a way that advances organizational readiness?

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<sup>1</sup> Adapted from National Council on Aging's Center for Health Aging "Readiness Tool"



**2. Is there funding for the program? If not, is there willingness to reallocate current resources to support evidence-based health programming or is the organization or partnership willing to allocate human resources to securing new funding for the program?**

- Can the organization secure sustainable funding for evidence-based health promotion programs?

Yes                      No                      **Maybe**

- Can the organization build engage a variety of funders in the importance of evidence-based programs?

Yes                      No                      **Maybe**

- Can the organization reallocate current funds to support evidence-based programs?

Yes                      **No**                      Maybe

- Can the organization meet the demands of continuously increasing numbers of program participants?

Yes                      No                      **Maybe**

What barriers exist? How might these barriers be overcome in a way that advances organizational readiness?

*I'm worried about this one. With so many budget cuts, it is difficult to keep the programs we have up and running. I don't know enough yet about what it costs to run these programs. How will we pay for it? Can we charge participants? Can we get donations from visiting nurses or from the hospitals? I support these programs but I think we need to look at this more deeply.*





**3. Is there access both to personnel with the expertise to do these programs and to the population that needs these programs?**

- Can the organization recruit and retain staff or contractors who have knowledge of specific health promotion topics and/or behavior change methods?

Yes                      No                      Maybe

- Can the organization recruit and retain lay leaders, lay supporters and other volunteers?

Yes                      No                      Maybe

- Can the organization draw upon appropriate experts to offer any necessary introductory and follow up training and guidance?

Yes                      No                      **Maybe**

- Can the organization attract the target population and continue to recruit on an ongoing basis?

Yes                      No                      Maybe

- Can the organization offer programming at times and places that are convenient for the target population?

Yes                      No                      Maybe

What barriers exist? How might these barriers be overcome in a way that advances organizational readiness?

**Finding time and space will be a challenge but I think we can do it. The large meeting room seems to be empty every Tuesday morning. I'm not sure what experts are needed for the program so I think we need to learn a little more about that first.**



**4. Is there buy-in from senior leadership and key partners as reflected in both programmatic and financial support?**

- Can the organization ensure that programs receive necessary time and attention by knowledgeable staff and agency leaders?

Yes                      No                      Maybe

- Is the organization's Board aware of and supportive of the move to evidence-based health programming?

Yes                      No                      Maybe

- Are there partners that can commit existing funds or identify new funding sources to build and sustain the programs?

Yes                      No                      Maybe

What barriers exist? How might these barriers be overcome in a way that advances organizational readiness?

**Does the Board know? The chairperson of the Board, I think, really likes these kinds of programs so we should at least make her aware. She might even make a good program leader.**

**We should also do some brainstorming about potential partners who can provide funding or resources. Dr. ABCD's office provided the snacks for the dementia education seminars last year ... maybe he will do the same for this?**

**Formulating a Mission and Vision:  
What do we hope to accomplish?**

## Formulating a Mission and Vision: What do we hope to accomplish?

Before jumping into offering any evidence-based healthy aging programs, it is important to first understand what it is that you hope to accomplish. In other words, what is your **vision** and **mission**?

What is the difference between Vision and Mission?

Essentially, a **Vision** Statement describes a future you want to create, regardless of how achievable it might be. It's that big picture, "change the world" type of statement that encapsulates your core organizational beliefs. It inspires, motivates, and brings people together in the quest of a shared future better than today. Some examples of ambitious vision statements are:

- American Hospital Association: The AHA vision is of a society of healthy communities, where all individuals reach their highest potential for health. (<http://www.aha.org/about/mission.shtml>)
- The American Cancer Society Cancer Action Network works to secure policies that will enable access to quality cancer care, regardless of people's insurance status or ability to pay. (<http://www.acscan.org/volunteerstructure/vision/>)
- American Diabetes Association: to prevent and cure diabetes and to improve the lives of all people affected by diabetes. ([www.diabetes.org](http://www.diabetes.org))
- Susan G. Komen for the Cure is fighting every minute of every day to finish what we started and achieve our vision of a world without breast cancer. (<http://ww5.komen.org/AboutUs/OurWork.html>)

Most organizations already have a **mission** statement that describes the organizations reasons for existing, what they hope to accomplish, why they belief those accomplishments are important and how they seek to achieve the mission. The following are some examples of diverse but well constructed mission statements:

- The National Association of Area Agencies on Aging's primary mission is to build the capacity of its members to help older persons and persons with disabilities live with dignity and choices in their homes and communities for as long as possible.  
(<http://www.n4a.org/>)
  
- Newton Senior Center: The Newton Senior Center is a place for older adults to gather in an atmosphere that promotes and utilizes life experiences and skills. The Center's goal is to provide an environment that validates the changing needs and interests of the individuals and enhance growth, dignity and connection with each other and the greater community. Through creative programming, The Newton Senior Center provides participants opportunities and resources in the areas of physical and mental health, nutrition, recreation and education.  
(<http://www.newtonseniors.org/Volunteer/information.htm>)
  
- Robert Wood Johnson Foundation: Our mission is to improve the health and health care of all Americans, and we concentrate our grant making on meeting four goals: to assure that all Americans have access to quality health care at reasonable costs; to improve the quality of care and support for people with chronic health conditions; to promote healthy communities and lifestyles; and to reduce the personal, social and economic harm caused by substance abuse – tobacco, alcohol and illicit drugs.  
([http://www.rwjf.org/files/publications/annual/2004/mission\\_statement.jsp](http://www.rwjf.org/files/publications/annual/2004/mission_statement.jsp))

Even if your organization has a preexisting vision and/or mission statement, those statements may be outdated or that may not encompass the goals you have for your evidence-based programs. The worksheets that follow can aid in the analysis of the fit between your programs and your organization's Vision and Mission.



Vision and Mission Statement Analysis for

\_\_\_**My Life Senior Center**\_\_\_

(Organization name)

**Vision Statement**

1. Does your organization have a Vision Statement?

Yes

No

If yes, move on to Question #2.

If no, skip to Question #4

2. If yes, what is that statement?

3. Does the organization's vision statement adequately convey the vision for our evidence-based healthy aging programs?

Yes

No

If yes, skip to Question #6.

If no, move on to Question #4

4. Think about a new vision statement for your organization's evidence based programs by reflecting on the future you want to create:

- All seniors live without pain from their chronic diseases
- All seniors participate in managing their health care, regardless of their income
- No senior is isolated because of their health conditions

5. Insert Vision Statement here: **My Life Senior Center envisions a future where all seniors, regardless of income, can manage their health by becoming engaged and active partners in their own medical care.**



### Mission Statement

1. Does your organization have a mission Statement?

Yes

No

If yes, move on to Question #2.

If no, skip to Question #4

2. If yes, what is that statement?

**The mission of the My Life Senior Center is to provide services for seniors over 65 and their spouses, regardless of age.**

3. Does the organization's mission statement adequately convey the mission for our evidence-based healthy aging programs?

Yes

No

If yes, skip to Question #5.

If no, move on to Question #4

4. Craft a new mission statement for your organization's evidence based programs by thinking about the following:

- a. What do we hope to accomplish?
- b. Why is our accomplishment important?
- c. How do we seek to achieve our accomplishments?

5. Insert Mission Statement here: **My Life Senior Center seeks to promote the independence and vitality of older adults by offering quality, proven healthy aging interventions addressing issues including, but not limited to, the management of chronic illness, the role of nutrition, the importance of physical activity, and methods to both prevent and manage falls.**

# **Piloting Your Evidence-based Program: Implementation and Evaluation**



## Piloting Your Evidence-based Program: Implementation and Evaluation

Once you have determined that your organization has all the necessary elements to implement a healthy aging evidence-based program, you can begin the exciting work of piloting your first session. The success of this pilot will help determine what, if any, future modifications you need to your process in order to move forward. You already have an internal planning team and internal stakeholders in place, giving your pilot a head start and you will have already thought about of this in your readiness assessment. Here's a checklist for setting up your pilot:

- Does your organization have leaders trained? Who are they? Will you need to have them trained? Can you partner with another organization with leaders already trained? Examples of the pros/cons of developing your own leaders vs. partnering with other organizations include, but are not limited to:

Using your Own Leaders	Partnering with other agencies
<ul style="list-style-type: none"><li>• Helps build sustainability</li></ul>	<ul style="list-style-type: none"><li>• More experienced leaders</li></ul>
<ul style="list-style-type: none"><li>• Is a significant investment of time and resources without knowing how successful programs will be received in our community</li></ul>	<ul style="list-style-type: none"><li>• Saves time and resources that might otherwise be expended to train our own leaders</li></ul>
<ul style="list-style-type: none"><li>• Our own staff and leaders are already known to potential participants and this might make recruitment easier</li></ul>	<ul style="list-style-type: none"><li>• Can begin implementation sooner because you don't need to wait for new leaders to be trained</li></ul>
<ul style="list-style-type: none"><li>• Good Test of Organizational Commitment (can leaders really be freed to market/run workshops?)</li></ul>	<ul style="list-style-type: none"><li>• Joint marketing and coordination of efforts</li></ul>

- Other than leaders, who else will you need? Leading the EBP is only a small part of an effective pilot. Be sure to determine who will perform the following tasks:
  - Marketing
  - Coordination
  - Registration
  - Leading Sessions
  - Other professional: Does the program call for participation or support by other professionals (physical therapist, nutritionist, social worker, etc)
  - Evaluation

- When do you want to hold your program? Finding what is generally a two or two and one-half hour block of time to offer sessions can be challenging and it will be tempting to grab any available slot. Think, however, about the best fit for your program. Is the time slot one in which potential partners is already accustomed to coming to your facility? Will you be competing with another program likely to target the same population? Can you do consecutive weekly sessions without being interrupted by a holiday or other event? Such interruptions often lead to a loss of program momentum and participant attrition.

**Tales from the Field:** One program leader shares the challenges that present themselves when scheduling conflicts aren't fully researched:

*In planning our Healthy Eating session at a low-income housing facility, my co-leader and I were careful to make sure to the proposed date and times were convenient. We made sure both of us were consistently available and that we'd have access to the same room each week. We checked to be sure that no sessions fell on holidays that would requires us to skip a week. We made sure we had at least ten participants to start with. Weeks 1 & 2 went fabulously. Then, on Week 3, only 3 participants showed up. This was when we first learned of the annual free flu clinic being held at the facility! Participants came and went throughout the 2.5 hours as their scheduled flu shot appointments came. Week 3 was a disaster and we never really got full momentum back.*

- Where will you hold sessions? Does your facility have an accessible room that will comfortably meet the needs of your participants? Each evidence-based program has specific requirements for room set-up and needs. Be sure to confirm the proposed space meets those needs. If not, think about which community partners might have adequate space.

**Tales from the Field:** *Our organization offers a number of evidence-based programs and was thinking about adding a new Tai Chi class. Unfortunately, we weren't certain we had sufficient staff time to devote to the program. Another community organization provided the perfect solution: they were offering the Tai Chi program but didn't have adequate space. By allowing the class to move forward in our large exercise room, we were able to successfully partner to better meet the needs of participants for both organizations. **Lesson learned?** You don't have to fully "own" every program. Leveraging the combined resources of multiple partners can maximize the benefits for everyone.*

**Tales from the Field:** *My co-leader and I were so busy that we neglected to make a site visit to the space we were using for our Chronic Disease Self-Management program at a local housing authority. When we arrived on the first day of the workshop, the room looked great. It was large, had ample room for participants to sit comfortably, and was accessible. Very quickly, however, we encountered a major problem. The room also housed the building manager's office. In other words, tenants were constantly entering and exiting the room, interrupting the class to pay their rent or see the manager for maintenance issues. There was no other convenient space so we were stuck there for six weeks, doing the best we could. **Lesson learned?** Don't take short cuts. Either the program leaders or someone familiar with the program needs should make a visit to check out any new implementation site.*

○ How will I market program? For many evidence-based health aging programs, participant recruitment remains among the most challenging aspects of workshop dissemination. In order to maintain fidelity to program models, it is important to start each program when no fewer than the minimum number of required participants (8-10, depending on the program). Starting with fewer participants negatively impacts participant retention and workshop participation. The Stanford Patient Education Resource Center ([www.patienteducation.stanford.edu](http://www.patienteducation.stanford.edu)) provides the following lists of successful recruitment tips:

1. Announcement in your organization's publications as well as in local agency newsletters, local community newspapers, radio, etc.
2. Include an invitation with physician appointment slips
3. Put flyers or brochures in pharmacies, labs and clinics. Send to people identified as having certain diseases.
4. Advertise to people in other health education classes, including classes sponsored by other organization.
5. Work with voluntary health agencies in your area
6. Talk to support groups in the hospital and in your community
7. Talk to local pharmacists in and out of your organization. They often counsel many people and can recommend the program.
8. Publicize in senior community centers. May even offer classes at these centers.
9. Publicize in local churches, maybe in bulletins or announcements after services. Also, may offer classes at the churches.
10. Put flyers on exam room doors and brochures in waiting areas.
11. Contact and invite patients on the hospital discharge list, hospital auxiliaries or consortiums.
12. Work with home health agencies.
13. Contact local schools to send home information to parents in school kids' notices or newsletters.
14. Get the word out by email to your entire facility.
15. Track referral sources of participants to help you determine the most effective recruitment strategies.

Among the most proven participant recruitment techniques is the Information Session, often referred to as “**Session Zero**” since it occurs in the weeks prior to Session One of any evidence-based program. The goal of session one is to most accurately describe your program in an exciting and innovative way such that potential participants both understand what you are offering and are motivated to participate. Session Zero can last anywhere from 10 minutes to 60 minutes and should be held at times and places where potential participants already gather. The following page provides one example of a Session Zero script for the Chronic Disease Self-Management program as developed by Elder Services of the Merrimack Valley, Lawrence, Massachusetts.

**Tales from the Field:** *My organization really wanted to increase the reach of our evidence-based program offerings. We identified a town within our service area that had not yet held any Chronic Disease Self-management Programs. The senior center was more than pleased to have us offer this session and agreed to host a Session Zero where we could recruit participants.*

*Prior to the Session Zero, we were sure to have a workshop already scheduled at a time when the senior center experienced high levels of traffic. We also secured two experienced lay leaders to run the program. We also prepared a sign-up sheet and brought flyers with the date, time and location of all six sessions.*

*When I arrived at the center for the Session Zero, I was disappointed to see that only a couple seniors were present. After a little digging, I learned that all the seniors were instead in another area of the center, having their lunch. We quickly packed our materials and moved the Session Zero to the lunch room. At the end of our short information session, 18 participants signed up for the program. All 18 also showed up for Session One two weeks later. What could have been a disastrous waste of resources turned into one of the most successful CDSMP session we’ve held. **Lesson Learned: When marketing programs, don’t expect your audience to always come to you. Most of the time, we have to go to them.***

The following worksheet provides a checklist of potential marketing activities.

## Session Zero for CDSMP

**Handouts:** Flyer for workshop you are promoting (you must have a workshop scheduled), Symptom Cycle, Chart 2

**Materials:** Symptom Cycle Chart, Easel, Easel Paper, Markers, Sign Up Sheet for workshop, List of Chronic Conditions, List of Problems Caused by Chronic Conditions

**Script:** Thank the hosting entity. Introduce yourself and give an interesting overview of the agency you represent and how the workshop fits in to the mission statement of your agency. For example: Our agency wants to help individuals remain independent, therefore we offer this program to help people become better self managers of their health. Try to engage people right away, you may even ask them what is something you need to stay independent? *Your health!*

Explain that we are going to do a Brainstorm, and encourage individuals to shout out answers to the question:

Brainstorm: **What Are Some Chronic Conditions?** Remember the rules of brainstorming: No comments, write down exactly how they say it. Once the brainstorm is over, usually because you have run out of room on the paper...Let everyone know that it's a great list and go over all the conditions people have brainstormed. If they did not include the following, be sure to mention: Diabetes, Depression, COPD, Anxiety, Heart Disease, Arthritis, Obesity...you may have more conditions that you want to be sure is included. Refer to the list you brought, so you don't forget one.

Brainstorm: **What Are Problems Caused by Chronic Conditions?** Make sure to follow the rules of brainstorming and to include: Pain, Fatigue, Poor Communication, Stress, Fear of Future, Breathing Problems, and Not sure what to eat. Refer to the list you brought, so you don't forget one.

Using the Problem List you just brainstormed and Chart 2, show people that the CDSMP workshop will go over these problems. Be specific, for example: On week 3 we learn about ways to deal with Pain & Fatigue, Week 4 we discuss communication, week 5 we talk about medication and so on.

Explain the format of the workshop: Meets for 2.5 hours for 6 weeks, because we are learning about a lot of ways to manage our chronic condition. I always share a story about how I've attended many 1 hour lectures, that had really good ideas to improve my health. But, I'll come home with all the handouts, determined to start tomorrow...then I put on PJ's, watch tv and tomorrow comes and I've forgotten what the lecture said that I should do or change and the flyers on my counter, eventually end up in recycling! (Everyone will nod their head because they have had a similar experience). Share with them that a 6 week workshop will gently guide them to positive incremental behavior change where we not only learn from Stanford University and but each other!

Ask if there are any questions.

Then ask people to sign up for the workshop. It's good to have another person going around with a sign up sheet



## Marketing Possibilities (Organization *\_My Life Senior Center\_*)

- Announcement in your organization's publications as well as in local agency newsletters, local community newspapers, radio, etc. *Center Newsletter, Family Health Center Newsletter, Hospital bulletin boards, Dr. ABCD office, WBZ radio show*
- Include an invitation with physician appointment slips *Dr. ABCD office*
- Put flyers or brochures in pharmacies, labs and clinics. Send to people identified as having certain diseases. *Can't do in pharmacies but can add to brown bags and meals on wheels*
- Advertise to people in other health education classes, including classes sponsored by other organization. *Can make announcement before each exercise class two weeks before*
- Work with voluntary health agencies in your area
- Talk to support groups in the hospital and in your community
- Talk to local pharmacists in and out of your organization. They often counsel many people and can recommend the program.
- Publicize in senior community centers. May even offer classes at these centers. *Send flyer to other senior centers in our county. Can we offer any transportation? Can they offer transportation?*
- Publicize in local churches, maybe in bulletins or announcements after services. Also, may offer classes at the churches. *Church bulletin*
- Put flyers on exam room doors and brochures in waiting areas.
- Contact and invite patients on the hospital discharge list, hospital auxiliaries or consortiums.
- Work with home health agencies.

- Contact local schools to send home information to parents in school kids' notices or newsletters.
- Get the word out by email to your entire facility. *Announce at September staff meeting. Can staff attend if they would like?*
- Track referral sources of participants to help you determine the most effective recruitment strategies. *Create tracking spread sheet*
- Other: *Brown bags, meals on wheels, public access network*
  
- Other:
  
- Other:
  
- Other:



## **Holding your Pilot Session**

## Holding your Pilot Session

The single most important element of program implementation is maintaining fidelity. Be sure to implement your program consistent with the original model. Any questions about fidelity or permissible cultural or other adaptations can be directed to program coordinators or developers.

Other pilot suggestions are:

- Invite organizational leadership to observe part of one session. Nothing sells a program like seeing it in action. While it would be wonderful for an organizational leader to be present for a full session, 2 – 2 ½ hours might be an impossible time commitment. Instead, ask leadership to observe one of the following more engaging program activities: feedback session where participants share the results of prior action planning; a problem solving or brainstorming session; setting of new weekly goals; etc. Be sure to inform the participants in advance that they will have this special observer and only proceed if all participants are comfortable.
- Administer a Satisfaction Survey at the end of the workshop. This will provide participants the opportunity to share what worked well for them, what they would have like to have seen done differently, and whether they would recommend the program to a friend. Be sure to offer participants the opportunity to make their survey responses confidential. Be brave .... Offer participants who “dropped out” of your program the same opportunity to complete a survey, or at least share their thoughts via a phone call or 1:1 follow up. It is often helpful to have someone other than the workshop leaders solicit this information.
- Hold a focus group. If completion of a satisfaction survey doesn’t get you the information you need, invite former participants to come together as a group to share their thoughts.

## Evaluate Your Pilot Session

## **Evaluate Your Pilot Session**

In order to determine next steps in your healthy aging program dissemination, it is important to evaluate your pilot session. Convene a meeting of your planning team, including any willing and available external partners. Information you've collected in the form of leader's feedback, observations from organizational leadership, participant satisfaction surveys, and focus groups will help inform your discussions. What went well? How can you expand on successes? Where are improvements needed? Be sure to examine all aspects of the pilot: marketing, recruitment, fidelity, etc. Do you need another pilot before fully committing or are you prepared to move forward in your planning process?

Often these evaluation efforts lead to an organization's realization that they need additional partners, both within the organization itself and among the larger community, to improve program success. These partners can assist in any number of ways, from marketing, to implementation or funding. Selecting the best partners for specific tasks requires significant initial thought but can offer meaningful long term dividends.



## Lessons Learned (Pilot program) (Organization *My Life Senior*

Center)

### What went well?

*We had very good luck recruiting from the info session held here at the Center. We had 15 people sign up and 12 of them showed up for the first class. 10 completed 4 out of 6 sessions. Many participants said they would recommend this to a friend. The leaders were well prepared and engaging. The room worked out well, for the most part. We had a few participants ask if a friend or spouse could join the program but the program was already in the 3<sup>rd</sup> or 4<sup>th</sup> week at the time so we had to say no. The cost was just about what we thought it would be.*

### Where are opportunities for improvement?

*We didn't get any patients referred from Dr ABCD or from the family health center. We should follow up and see if we can do an info session at those sites next time. A couple of the participants who dropped out thought the class was too long and thought we should have better explained that the leaders weren't health care professionals. The room was ok but it would be better if we could get something on the first floor next time because some of the participants had a hard time getting upstairs, even with the elevator.*

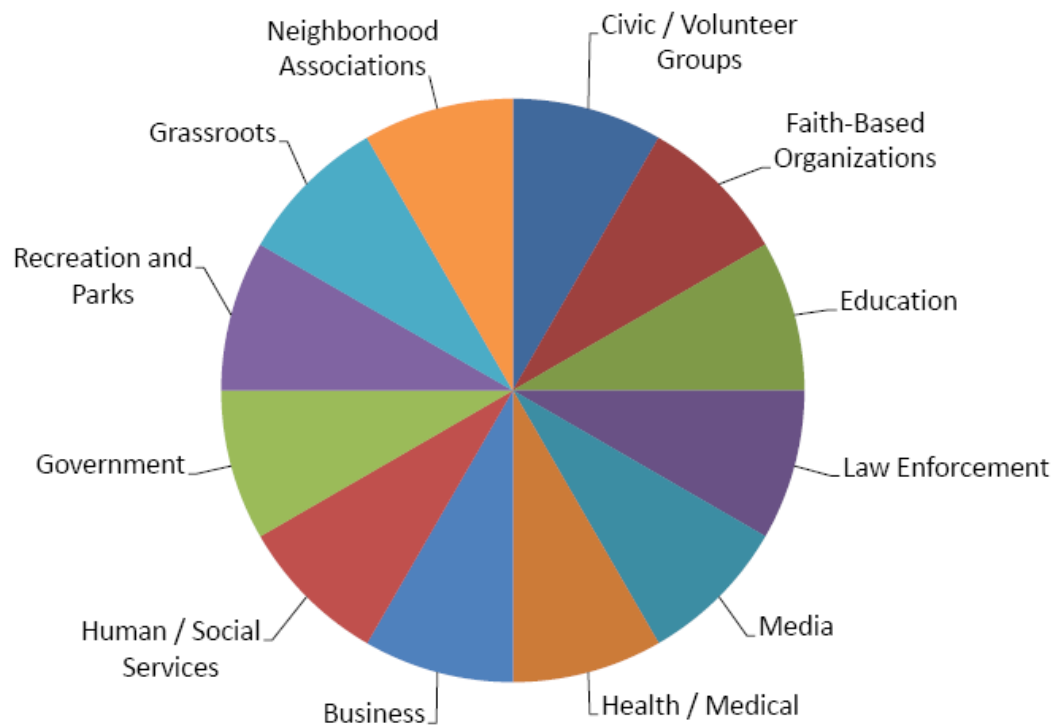
**Do we need another pilot?** *No – this was a success! We can move forward with our plans.*

## Finding New Partners

## Finding New Partners

Most organizations have already developed and nurtured some community partners that can be included in your healthy aging program efforts. This might include neighboring Councils on Aging, regional Independent Living Centers, and local hospitals or health care providers. Be sure to include an analysis of these organizations when thinking about program partners. However, the most successful organizations have learned to look beyond their usual partners to explore the value of new relationships. Potential funders will want to see that you have an existing capacity not only to form and leverage existing partnerships, but also to more fully engage multiple community stakeholders in the pursuit of your common goals. The Community Wheel below, adapted from the Marin Institute helps formulate the exploration of diverse community stakeholders and potential partners.

## THE COMMUNITY WHEEL



Adapted from Marin Institute – Community Organizing Action Pack ([www.marininstitute.org](http://www.marininstitute.org))

Some suggestions steps in analyzing potential community partners are:

**Step 1:** Think about why you need partners. A partnership should help advance your program goals in one or more ways. Will your partner host programs at their site? Will they help in participant recruitment? Will they train program leaders? Will they be a funding source? For purposes of partnering with you to offer healthy aging programs in your community, partnerships might have one of more of the following general purposes:

1. **Implementation:** These partners will provide space for to offer your programs in the community. Examples might include libraries, YWCAs, residential facilities, faith based-organizations, fitness clubs and gyms, etc.
2. **Host:** These partners will not only provide the space, but they will also work to market the program at their site and may often also provide trained leaders to offer the program. Examples might include senior centers, family health centers, adult education centers, etc.
3. **Marketing:** These partners don't have capacity to offer programs or to have leaders trained, but they have meaningful outreach to the population you wish to recruit. Examples might include physician groups, hospitals, Veteran's Administration, civic and volunteer groups, local media, etc.
4. **Training:** These partners may not have ready access to the populations you seek to reach, but may be able to provide access to lay leaders willing to be trained to offer programs at implementation sites. Examples might include retired teachers associations, academic centers with graduate intern programs, senior employment programs, etc.
5. **Technical:** These partners have special expertise in one or more area needed to advance your program or to increase reach to diverse populations. Examples include nutritionists, business consultants, language translators, etc.
6. **Resource:** These partners have the capacity to provide resources to implement or sustain programs. These resources may come in the form of financial funding, sponsorship of books or materials, or providing snacks or incentive items for programs or marketing events. Examples might include area foundations, hospital giving departments, or area grocers and other businesses.
7. **Policy:** These partners have expertise and capacity to collaborate in attempts to affect policy change to improve program implementation, funding and sustainability. Examples might include local representatives, state units on aging, departments of public health, academic centers, etc.
8. **Other:** Are there other benefits, not listed above, a potential partnership can provide?



**Step 2:** Using the *Community Wheel*, brainstorm potential partners in your region from each of the community sectors. Remember, the goal of brainstorming is not to judge or evaluate each thought, but instead to get as many thoughts on paper as possible. For example, the local police department (Law Enforcement) may not end up being the strongest partner for implementing your healthy aging program, but listing them at this brainstorming stage is important. Be sure to include current partners in this brainstorming exercise.

**Step 3:** Determine which potential partners can help you achieve your program goals. Asking the following questions will help guide these decisions:

- A. Is there similarity between our program vision and mission and that of your potential partner? What, if any, purpose(s) will be partnership fulfill (implementation, host, marketing, training, technical assistance, resource, policy, other)?
- B. What, if any, challenges will the partnership present?

Use the attached Partnership Matrix for each of the twelve community sectors (Human/Social Services, Business, Health/Medical, Media, Education, Law Enforcement, Government, Civic/Volunteer, Grassroots, Parks & Rec, Faith-based Organization, Neighborhood Association) to analyze each potential partner from the Brainstorming activity.



Partnership Matrix

Organization Name: *My Life Senior Center*

Community Sector (circle one):      Human/Social Services      Business      **Health/Medical**      Media      Education  
 Law Enforcement      Government      Civic/Volunteer      Grassroots      Parks & Rec  
 Faith-based Organization      Neighborhood Association

Partner	Common Vision or Mission?	Partnership Purpose							Challenges?
		Implementation	Host	Marketing	Training	Technical	Resource	Policy	
<i>ABCD Hospital</i>	X	X	X	X					<i>Hard to find committed staff people to coordinate efforts</i>
<i>WXYZ General Hospital</i>	X	X	X	X		X			<i>None: Our case manager has good relationships here and can identify a support person</i>
<i>Dr. Jones Office</i>	X			X					<i>Says he will send patients</i>
<i>Community Health Center</i>	X	X	X	X		X	X		<i>They have one program leader and need one of ours to partner with</i>



*Which partnerships should be pursued?*

**WXYZ General Hospital**

**Dr. Jones Office**

**Community Health Center**

*How will partners be approached? (Who, what, where, when, why, how)?*

*Emma is the case manager who has good connections at WXYZ General Hospital so she will set up a meeting to talk about the partnership and next steps. We will aim for a meeting in the next two weeks.*

*Jane will call Dr. Jones Office to confirm he would still send patients and to let him know we will be holding sessions at WXYZ General Hospital and Community Health Center. We will let him know the dates in advance.*

*Jane will follow up with Community Health Center by email to confirm we can partner our leaders to offer a session. We will aim to get a session on the calendar within the next month so that we can give the dates to Dr. Jones' office.*

## **Developing Implementation Plans:**

**✓ Overview**

**Programs and Services**

**Assessing Need**

**Environmental Analysis**

**Program Objectives**

## Developing Implementation Plans: Overview

Now that you have engaged multiple partners, or determined that you have full capacity to implement your mission and vision as a singular agency<sup>2</sup>, you have the ability to develop implementation plans for the future. An implementation plan is key for a variety of reasons:

- Allows an organization to assess current needs and methods implement to address needs
- Provides an opportunity to compare current need to current capacity and identify areas where additional resources are required
- Shows potential funding sources that an organization is thinking and planning for the future
- Helps improve future marketing efforts

Each plan should address the following:

- **What** do you want to do? (*Programs and Services*)
- **Who** do you want to reach? (*Assessing need*)
- **Why** is what you want to do important and **why** are you better situated to do it than anyone else? (*Environmental Analysis*)
- **When, Where** and **How** are you going to do this? (*Program Objectives*)

The following sections will address each of the above.

When thinking about implementation plans, many organizations opt to create of two distinct plans:

**Can:** Given the current resources of the organization and partners, what can you do **now** to address your Mission?

**Want:** If additional resources allows, what more would you want to do to further achieve your Mission and come closer to you Vision?

It is this second plan, that which focuses on what you would like to do if resources allowed, that will become the basis for future funding requests.

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<sup>2</sup> Very rare and generally not preferred. Good to collaborate. Impressive to funders; healthy aging program communities, etc

## **Developing Implementation Plans:**

### **Overview**

#### **✓ Programs and Services:**

*What do you want to do?*

#### **Assessing Need**

#### **Environmental Analysis**

#### **Program Objectives**

## **Outlining Programs and Services**

When developing your implementation program, it is first important to be clear about what healthy aging program(s) you are intending to offer. This may first seem straightforward and simple, but is crucial to remember that the many potential funders will not be familiar with how concepts such as “evidence-based programs”, “chronic disease self-management”, “peer leader” or “maintaining fidelity” relate to your program offering. Be sure to outline the key components of your program including the following:

- What is the purpose of your program
- Complete program description
- How often the program meets
- What happens in program sessions
- Where programming is held
- Who participates in programs
- How programs are staffed and coordinated
- Evidence / outcomes supporting the program
- How will you measure success
- Why fidelity is important in evidence-based programs
- How you intend to maintain fidelity

Be sure to describe each program or service separately. Although there are likely similarities in many program elements (where programs may be held, who participates, and the importance of fidelity), thinking about each program separately and distinctly will allow for greater insight into the level of resources needed for implementation before you turn to drafting your business plan. For example, even though Healthy Eating for Successful Living, the Diabetes Self-Management Program, and A Matter of Balance all rely on a peer leader model, is it reasonable to assume that the same leaders and coordinators will be involved in all programs?

Utilize one of the attached worksheets for each program you intend to offer.



Center \_)

## Program/Services Description (Organization *\_My Life Senior*

1. Name of Program/Service:

*Healthy Eating for Successful Living in Older Adults*

2. Complete program description (how often it meets, what happens in program sessions, where programming can be held, who participates in programs, how programs are staffed and coordinated):

*In the Healthy Eating program, between 10 and 16 participants meet for one 2.5 hour session a week for six weeks. Each group is facilitated by two lay leaders who have been trained by HSL master trainers. Lay leaders use a scripted curriculum that incorporates information on each level of the food pyramid and teaches goal-setting, problem-solving, group support, self-assessment and management of dietary patterns. Sessions are highly participatory and include hands-on activities such as visiting the grocery store, learning to read nutrition labels and maintaining food journals. Participants are introduced to an exercise component that is discussed, demonstrated and then practiced for endurance, strength, balance and flexibility. Consultants are available regarding any health-related questions or concerns. In 2007, HSL conducted a program assessment study with 82 participants. 84% of participants successfully completed the program, with 80% reporting a healthier change in their diet and/or physical activity.*

*Six consecutive 2 ½ hour sessions are followed by a Healthy Eating™ restaurant outing:*

*Session 1: MyPyramid™, Label Reading, Portion Control and Exercise*

*Session 2: Grains, Vegetables, Fruits, Water and Exercise*

*Session 3: Meat, Eggs, Legumes, Milk and Exercise*

*Session 4: Fats, Sweets and Exercise*

*Session 5: Grocery Store Outing*

*Session 6: Meal Preparation or Cooking Demonstration    Session 7 (optional): Restaurant Outing (one month after Session 6)*





## Program/Services Description (con't)

3. What evidence/outcomes support the program:

*See #2 above. See also page 18 of the HE toolkit for additional outcomes.*

*See also research project at*

*<http://www.reeis.usda.gov/web/crisprojectpages/212397.html>*

4. Why fidelity is important in evidence-based programs

- *Maintain evidence base*
- *Consistency for funders*
- *Need to continue evaluation*
- *Need to be sure participants are not harmed due to not following curriculum*

5. How you intend to maintain fidelity:

- *Fidelity checks for all new leaders during first session*
- *Fidelity training activities during initial training*
- *Ongoing (bi-monthly) continuing education webinars*
- *Annual conference*
- *Ongoing technical assistance from My Life Senior Center Coordinator*
- *Website where leaders can share challenges and best practices*

## **Developing Implementation Plans:**

### **Overview**

### **Programs and Services**

### **✓ Assessing Need**

*Who do you want to reach?*

### **Environmental Analysis**

### **Program Objectives**

### **Assessing Need: Who do you want to reach**

When describing your Programs and Services above, you briefly identified the type of participant for whom the program is designed to benefit. Organizations should now determine whether such a population exists in the geographic area served. This analysis will form the basis of a needs assessment for your program. Research must be compiled to show that adequate number of participants with the characteristics you seek can be targeted to enroll and benefit from your offerings. Areas of potential research include:

- Overall Population
- % of population over age 65
- Gender statistics
- % with one or more chronic health conditions
- Language or ethnicity characteristics
- Number of older adults living alone
- Disability statistics
- Obesity rates
- Disease specific rates
- Income levels
- Educational level

Not only will it be important to gather this data for the geographic area you intend to serve, it will also be beneficial to compare your data to state or national averages. For example, if the incidence of diabetes in your services area is 20% higher than the state average, this information makes the need for intervention (and financial resources) all the more compelling to potential funders.

In many cases, organizations have accumulated much of this data for previous funding proposals. If not, or is supplemental data is advantageous, the following sites provide excellent health and population related data:

- U.S. Census Bureau (<http://2010.census.gov/2010census/data/>)
- Mass CHIP (community health profiles) (<http://www.mass.gov.dph.masschip>)
- Massachusetts Community Health Network Reports (CHNA) ([http://www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Consumer&L2=Community+Health+and+Safety&L3=Behavioral+Risk+Factor+Surveillance&sid=Eeohhs2&b=terminalcontent&f=dph\\_behavioral\\_risk\\_c\\_chna\\_reports&csid=Eeohhs2](http://www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Consumer&L2=Community+Health+and+Safety&L3=Behavioral+Risk+Factor+Surveillance&sid=Eeohhs2&b=terminalcontent&f=dph_behavioral_risk_c_chna_reports&csid=Eeohhs2))

- Behavioral Risk Surveillance City Reports  
([http://www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Consumer&L2=Community+Health+and+Safety&L3=Behavioral+Risk+Factor+Surveillance&sid=Eeohhs2&b=terminalcontent&f=dph\\_behavioral\\_risk\\_c\\_city\\_reports&csid=Eeohhs2](http://www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Consumer&L2=Community+Health+and+Safety&L3=Behavioral+Risk+Factor+Surveillance&sid=Eeohhs2&b=terminalcontent&f=dph_behavioral_risk_c_city_reports&csid=Eeohhs2))

Needs assessment research is an excellent project for students and interns and can be easily compiled using the attached worksheet.



**Needs Assessment Research (Organization My Life Senior Center)**

Element	Regional Data	State Data	Source	Notes
Overall Population	<i>89,111</i>	<i>6,547,000</i>	<i>US Census</i>	
Population over 65	<i>10,001 (11,22%)</i>	<i>902,888 (13.8%)</i>	<i>US Census</i>	
Male/Female	<i>48:52</i>	<i>48:52</i>	<i>US Census</i>	
#/% living alone	<i>25.5%</i>	<i>21.0%</i>	<i>US Census</i>	
Other: <i>Diabetes rates per 100</i>	<i>7.5</i>	<i>5.0</i>	<i>DPH Data</i>	<i>Higher than state average</i>
Other: Obesity rates over 65	<i>32.2%</i>	<i>28.3%</i>	<i>DPH data</i>	<i>Higher than state average</i>
Other:				
Other:				
Other:				
Other:				
Other:				

## **Developing Implementation Plans:**

### **Overview**

### **Programs and Services**

### **Assessing Need**

### **✓ Environmental Analysis**

Why is what you want to do important and why are you best situated to do it?

### **Program Objectives**

## Analyze the Environment

Competition for limited resources is significant and it may not be sufficient for an organization merely to demonstrate an ability to meet an existing need. Organizations should instead seek to demonstrate why addressing the need is increasingly important and why they are better situated than all others to meet the need. To do so, organizations need to more fully understand the environment within which they operate, be able to identify trends within that environment that may impact their future programs, and be able to sustain advantages over their competitors in addressing those trends. One way an organization can achieve this understanding is through some basic scanning of the following environments<sup>3</sup>:

1. **Social Environment:** What are the trends in population characteristics, lifestyle, values, etc that will support program development? Examples include the number of seniors in a geographic area, prevalence of disease, access to health care, literacy and education levels, etc.
2. **Economic Environment:** What are the local, regional, national or international economic trends that might impact your program development? Examples include inflation, recession, unemployment rates, and other economic indicators.
3. **Political Environment:** This sector addresses factors related to who is in power and what their policies are. Examples include relationship between private enterprise and government, role of government, local administration, etc.
4. **Technological Environment:** Are their issues relative to how things get accomplished? Will tech advancements aid or hinder the way your programs are offered?

In addition to the sites provided in the previous “Needs Assessment” section, the following sources provide information useful in identifying environmental trends:

1. Newspapers (local, regional, nationally, and, using online databases, global). This will keep an organization current on social/cultural, political ecological and economic trends that can lead to opportunity/threat identification.

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<sup>3</sup> SEPTember Model of the Business Environment (Wood, Donna. (1994). Business and Society (2<sup>nd</sup> ed). NY: Harper Collins.

2. Business and health care periodicals, economic reports, and blogs expressing diverse opinions. These will shed light into political, economic and technological issues and a variety of perspectives into how these trends will impact aspects of an organizations business and decision making.
  
3. Conversations with stakeholders, including suppliers, board members, employees, friends, customers, community members, etc. These will help leadership keep their finger on the pulse in an informal way as to social, political and economic issues.

The following worksheet aids in scanning the various business environments.





## Environmental Analysis (Organization \_\_\_\_\_)

Environment	Trends
<p><b>Social</b> (population characteristics, values, lifestyle)</p>	<p><i>Increased baby boomers, more older adults with one or more chronic diseases, obesity rates increasing every year, less availability of fresh food, high need for inexpensive food which is usually preserved and less healthy. More sedentary lifestyle</i></p>
<p><b>Economic</b> (inflation? recession? Employment?)</p>	<p><i>Less ability to purchase and consume fresh food due to increased costs, inflation and recession. Unemployment means older adults working longer and has less ability to attend community session.</i></p>
<p><b>Political</b> (administration policies and changes)</p>	<p><i>Accountable care act, move to outcomes based medicine (as opposed to billing for services); state administrative supportive of increased funding for prevention and wellness efforts, cuts to resources and funding for senior centers</i></p>
<p><b>Technological</b></p>	<p><i>More older adults using social media, online programs, etc</i></p>

Do the trends identified support your assertion that a need for your programs exists? If not, it may be important to return to the programs identified and re-examine whether they are the most appropriate programs to be offering.

If the identification of environmental trends supports the need for identified programs, the next step is to show why **you** and your programs are more uniquely situated to address these needs than other organizations. To do so, reflect on the following:

- **The Question of Value:** In what ways do your programs, services, resources and capabilities enable the organization to respond to environmental threats or opportunities? These are your strengths.
- **The Question of Rareness:** How many competing organizations already possess particular valuable resources and capabilities? If your capacity is valuable, but many others possess it, it is strength but it will only result in **competitive parity**, not an advantage.
- **The Question of Imitability:** Do organizations without your resources or capability face a disadvantage in obtaining it compared to organizations that already possess it? In other words, would it be significantly expensive or otherwise difficult for other organizations to “catch up” to what you do? If your capability is valuable and rare but is easily replicated by your competitors, then it is a strength that only presents a temporary competitive advantage.
- **The Question of Organization:** Is your organization set up to take advantage of your full competitive potential? Do you have adequate leadership support and management structure in place? Only if your answer is yes to each of the previous three questions and this one can your programs, services and other capabilities provide your organization with a sustained competitive advantage.

While it is advantageous for an organization to include many strengths in funding proposal, the greatest focus should remain on those strengths that create a sustained competitive advantage over similarly situated organizations, that is those strengths that are valuable, rare, not easily imitated, and organizationally supported. The following worksheet completed by My Life Senior Center, highlights many such strengths.



## Organizational Strengths (Organization *My Life Senior Center*)

Capacity	Value?	Rareness?	Imitability?	Organization?
<i>Strong existing partnerships with multiple community stakeholders (see community wheel) developed over years</i>	X	X	X	X
<i>Staff already trained and implementing programs: leaders, nutritionists, coordinator, marketing. Infrastructure in place</i>	X	X		X
<i>Successful Pilot</i>	X	X		X
<i>Environmental analysis and trends identified and addressed</i>	X	X	X	X
<i>Strong relationships with community health centers and hospitals</i>	X	X	X	X
<i>Relationship of trust with target older adults, developed over 40 plus years</i>	X	X	X	X

# **Developing Implementation Plans:**

## **Overview**

### **Programs and Services**

### **Market Analysis**

### **✓ Program Objectives**

When, where, and how will you implement programs and services?

## Crafting Program Objectives

Objectives are much more specific than either your Vision or Mission. While your Vision and Mission should inspire potential funders and let them know exactly what you hope to achieve, Objectives show you plan to get there. Objectives should be **SMART: Specific, Measurable, Achievable, Realistic, and Time-framed.**

**Specific:** Be clear and specify exactly what is it that you hope to achieve.

**Measurable:** Objectives must be concrete and quantitative. You need to be able to appropriately evaluate success in a measurable way.

**Achievable:** Is the objective attainable? Unlike your Vision, Objectives paint a future you WILL reach. Aggressive objectives are fine, so long as you can reasonably expect to achieve them.

**Realistic:** Given the resources, time, and other potential barriers, even if the Objective is achievable, how realistic is it that you will be successful?

**Time-framed:** When do you expect to achieve your program objectives?

Examples of SMART objectives as they related to evidence-based healthy aging programs include:

- Implementation of four (4) Healthy Eating for Successful Living programs at My Life Senior Center and My Life Independent Living Center within the next 12 months.
- A 20% increase in the number of older adults at My Life Senior Center who read food labels at least once a month within the next 12 months.
- A 10% increase in the number of older adults at My Life Senior Center who consume less than 1500 mg of sodium per day within the next 12 months.



Objectives for  My Life Senior Center  (organization name)

**Vision:** *My Life Senior Center envisions a future where all seniors, regardless of income, can manage their health by becoming engaged and active partners in their own medical care*

**Mission:** *My Life Senior Center seeks to promote the independence and vitality of older adults by offering quality, proven healthy aging interventions addressing issues including, but not limited to, the management of chronic illness, the role of nutrition, the importance of physical activity, and methods to both prevent and manage falls*

**Proposed Objectives**

Objective	Specific?	Measurable?	Achievable?	Realistic?	Time-framed?
Offer three Healthy Eating Sessions at the Senior Center over the next 12 months	Yes	Yes	Yes	Yes	Yes
<del>Increase by 50% the number of Seniors at the Center who read food labels over the next 12 months</del>	Yes	Yes	NO	NO	Yes
Have 25 seniors complete the Healthy Eating Program by attending 4 out of 6 sessions over the next 12 months	Yes	Yes	Yes	Yes	Yes
Increase by 20% the number of Seniors attending the Healthy Eating Program who read food labels over the next 12 months	Yes	Yes	Yes	Yes	Yes

Notes:

# **Pulling it All Together: Formulating a Business Plan**

## **Pulling it All Together: Formulating a Business Plan**

Before you even begin to draft your business plan for funders, take a look at what you've already accomplished:

- Development of program infrastructure
- Internal capacity and commitment
- Planning team
- Demonstrated ability to engage external partners and their resources
- Expertise in piloting and evaluating programs
- Consumer feedback
- Development of implementation plan
- Formulation of Vision and Mission
- Created program objectives
- Environmental analysis
- Analysis of Strengths and Advantages

You are now ready to begin pulling this all together to draft business plans for submission to potential funding sources. It is likely that you will need to make slight adjustments to your core plan depending on who you seek resources. However, it is also important to keep your vision, mission and objectives in mind so that you do not diverge from your core values and intentions when seeking funding. Be sure there is a connection and fit between what you want to accomplish and the goals of your funder.

Before writing your business plan, it is important to review the different parts of a business plan with your planning team. This will help insure you collect all the data you need for the plan before beginning drafting. While the components of a business plan can vary, below is a list of the most essential components of your plan. As you'll quickly see, through good planning, you already have most of these elements in place:



- Cover Page
- Table of Contents
- Executive Summary
- Organization Summary
- Vision, Mission and Objectives
- Programs and Services
- Needs and Environment Analysis
- Objectives
- Marketing Plan
- Management and Operations
- Financial Plan
- Appendices

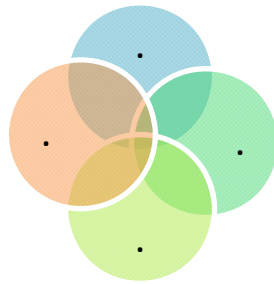
## Cover Page:

Keep this clean and simple. This page should provide very basic but essential information about your efforts:

1. Title of your business plan: This title should include your organizational name and incorporate your intention to offer healthy aging programs. Funders receive many requests for resources and you want your title to clearly indicate what your plan is seeking to advance. Take care not to use language or acronyms that may not be familiar to funders.
2. Organization Name and contact information: Be sure to include not only the name of the organization, but the name of your business plan point person within the organization. Also include the appropriate mailing address, phone number, fax, email and website. When including this website address, be sure to include the specific link to the pages most relevant to your programs. If you are part of a much larger organization, you don't want a funder to get lost on your website while looking for more information about your programs. Provide the web address to exactly where you want them to go. '
3. Date: Since it is very likely that your business plan will be adapted over time, be sure to include a date somewhere on the cover page.
4. Images: Resist the temptation to include multiple photos or other images on your cover page. Keep this area crisp and professional looking. Include your logo and perhaps no more than one professional looking image.

My Life Senior Center

## Business Plan for Community Healthy Aging Programs



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July 1, 2011

## **Table of Contents**

A Table of Contents should be no more than one page and should provide the reader with a list of all sections of the business plan with corresponding page numbers. If subsections are included in your plan, also include them on this Table of Contents. For example, many organizations will opt to write one business plan covering a multitude of different healthy aging programs they offer. Under the “Programs and Services” section, these programs should be listed as subsections, with appropriate page numbers provided.

The appendix section should also include subsections for each appendix. For example, if you have photographs taken at one of your pilot sessions and you think these will help convey the support and networking that occur in the workshop, these should be included in your appendix. Be sure you have the appropriate consents from your program participants to share these images.



# My Life Senior Center: Business Plan for Community Healthy Aging Programs

## Table of Contents

Executive Summary .....	3
Organization Summary .....	3
Vision and Mission .....	3
Programs and Services .....	3
Healthy Eating For Successful Living .....	3
Need and Environmental Analysis .....	3
Objectives .....	3
Marketing Plan .....	3
Management and Operations .....	3
Financial Plan .....	3
Appendices .....	3
A. Focus Group Feedback .....	3
B. Participant Workshop Photos .....	3

## **Executive Summary**

Generally written after an organization had drafted the rest of its business plan, the executive summary is a concise, generally 1-2 page summary. It should not just restate the highlights within the plan itself, but should paint a persuasive and exciting picture of what you propose in a way that makes the potential funder want to continue reading. Many businesses and foundations report that if this executive summary is not well written and compelling, they are unlikely to read further.

Your executive summary should touch upon each of the following elements:

- Brief organizational summary, including at least one significant achievement
- Mission and Vision
- Highlights from Needs Assessment
- Short program description, with SMART Objectives
- The amount of funding you are requesting, accompanied by the amount of “in-kind” or secured resources you already have
- Anticipated Outcomes or Return on Investment

**Dated Collected in the following Worksheets will assist in drafting your Executive Summary**

- 3. *Vision and Mission Statement Analysis***
- 7. *Objectives***
- 8. *Program / Services description***
- 9. *Needs Assessment Research***
- 10. *Environmental Analysis***
- 11. *Organizational Strengths***

## **Organization Summary**

One goal of the organizational summary is to educate potential funders as to the history and structure of your organization as a whole and with respect to its evidence-based health aging programs. It is also one of the first opportunities for you to differentiate yourself from all the other organizations seeking funding.

Elements to include in your organizational summary are:

1. Organization Description
2. Size (# of staff, # clients served, etc)
3. Location(s)
4. Years in operation
5. Key Organizational Accomplishments
6. Program specific accomplishments (Consider describing partnership and pilot efforts here)
7. Current program funding: Include any in-kind or other support your programs receive

***Data collected in the following worksheets will help in drafting your organizational summary:***

- 5. Lessons Learned**
- 6. Partnership Matrix**
- 10. Environmental Analysis**
- 11. Organizational Strengths**

## **Vision and Mission**

Through good planning, you've already drafted this section. However, you've gained significantly more experience and perspective from your partners, pilot workshops, and focus groups. Reflect on your Vision, Mission, and objectives – Are they still accurate or should you make changes?

*Data collected in the following worksheets will help in drafting your Vision and Mission:*

### **3. Vision and Mission Statement Analysis**



## **Programs and Services**

Be sure to outline the key components of your program including the following:

- What is the purpose of your program
- Complete program description
- How often the program meets
- What happens in program sessions
- Where programming is held
- Who participates in programs
- How programs are staffed and coordinated
- Evidence / outcomes supporting the program
- How will you measure success
- Why fidelity is important in evidence-based programs
- How you intend to maintain fidelity

*Data collected in the following worksheets will help in drafting your Programs and Services*

**Section:**

### **8. Programs/Services Description**

## **Need and Environmental Analysis**

In this section, you will more particularly describe the type of participant for whom the program is designed to benefit, as well as making your case that a significant exists in the geographic area served. You should also demonstrate in this section why addressing the need is increasingly important and why you are better situated than all others to meet the need.

***Data collected in the following worksheets will help in drafting this section:***

- 9. Needs assessment research**
- 10. Environmental analysis**
- 11. Organizational Strengths**

## **Implementation Strategy and Objectives**

Set forth here your specific SMART objectives and the methods by which you will achieve these objectives.

*Data collected in the following worksheets will help in drafting this section:*

### **7. Objectives**

## **Marketing Plan**

In this section, you will briefly restate the market you intend to target as well as the plan in place to reach them. This will include some information from your needs assessment, as well as information gathered during your pilot session. Be sure to describe the data collected during your pilot as it relates to marketing efforts, both those efforts that were successful and those that did not achieve the intended results. This will demonstrate your ability to reach the target market, as well as your ability to measure effectiveness of your efforts.

In the section, you will also outline the various marketing techniques you will utilize to educate potential participants about your programs.

***Data collected in the following worksheets will help in drafting this section:***

- 4. Marketing Checklist**
- 5. Lessons Learned**
- 9. Needs Assessment Research**

## **Management and Operations**

This section will educate potential funders as to the personnel necessary to achieve your program objectives. Include descriptions of the roles and responsibilities for each of the following:

- Internal Stakeholders
- Planning Team Members
- External Community Partners
- Training Staff
- Professional Staff (i.e., nutritionist)
- Coordinators
- Marketing staff
- Group Leaders
- Other staff

*Data collected in the following worksheets will help in drafting this section:*

- 1. Identify Stakeholders and a Planning Team**
- 2. Partnership Matrix**
  
- 8. Program/Services Description**

## Financial Plan

This section includes not only information about the funding you are seeking from a given source, but also is designed to ensure the funder that your organization has the capacity to meet all of its financial obligations. You will need to meet with our fiscal department to gather this necessary information.

Perhaps most importantly, this section is the opportunity for you to demonstrate to funders not just the costs of your programs, but that you have ability to consider and measure exactly what those costs are. Typical evidence-based program costs include, but are not limited to, the following:

### Direct Costs:

- Paid staff (coordinators, leaders, trainers)
- Volunteer staff (be sure to assign value to the services offered by volunteers. While this may not be a resource you ask a funder to support, you should let the funder that this is a service you will provide “in-kind”. Annual state-by-state statistics are published to demonstrate the dollar value (per hour) of a volunteer’s service and may be found at [http://www.independentsector.org/volunteer\\_time](http://www.independentsector.org/volunteer_time).
- Costs of a program license, if applicable
- Training costs
- Marketing costs to recruit group leaders
- Marketing costs to recruit participants
- Materials for programs (books, tapes, easels, markets, etc)
- Transportation costs
- Refreshments
- Evaluation costs

Indirect Costs: Your agency may have a standard “indirect cost rate” which represents an additional percentage of the total costs. For example, if the total cost of your project is \$20,000 and your indirect rate is 15%, your indirect costs will be \$3,000, thus increasing the funding you are asking for to \$23,000. Indirect costs cover things like rent, electricity, and other utilities.

The National Council on Aging has developed a “cost calculator” for Chronic Disease-Self Management Programs. Many organizations have also found this calculator helpful for determining costs for other evidence-based programs. The calculator is interactive and may be found at [www.healthyagingprograms.org](http://www.healthyagingprograms.org) and the searching “cost calculator”. Per NCOA: ***The Calculator or any modifications or adaptations may not be reproduced, sold, or used for commercial purposes without the specific permission of NCOA***

You should also include in this section your ability to leverage resources and partnerships to meet program needs. Few funders want to feel that they are the only resource provider for your program.

Finally, be clear about what you are asking the funder to give you. State this dollar figure, followed by specific information about return on investment (ROI) you can expect to see from your program. There may be actual financial revenue generated (if you charge for programs, for example) or the return may be more difficult to quantify in non-dollar terms such as expected improved health outcomes.

## **Appendices**

Include additional information that supports your plan. This may include: resumes of key personnel; memoranda of agreement; licensing contracts; recruitment materials; epidemiological data about your targeted population and those served; press articles; and pictures of participants and program leaders.



## Worksheets

1. Identify Stakeholders and Planning Team
2. Readiness Self-Assessment
3. Vision and Mission Statement Analysis
4. Marketing Checklist
5. Lessons Learned
6. Partnership Matrix
7. Objectives
8. Program /Services description
9. Needs Assessment Research
10. Environmental Analysis
11. Organizational Strengths



## 1. Identifying Stakeholders and A Planning Team

For \_\_\_\_\_ (organization name)

Division or Department	Individual	Role	Planning Team (yes/no)

*Potential Roles include: Program leader, program coordination, marketing, technical assistance, evaluation assistance, etc*



## 2. Readiness Self-Assessment for \_\_\_\_\_ (Organization)<sup>4</sup>

Planning Team Member \_\_\_\_\_

### 1. Is the organization, alone or as part of a partnership, committed to doing evidence-based programs in a manner that stays true to the original, proven model?

- Can the organization distinguish between evidence-based health programs and other programs?

Yes                      No                      Maybe

- Can the organization build off existing health programming experience?

Yes                      No                      Maybe

- Can the organization gain and keep the support of local or regional health care organizations?

Yes                      No                      Maybe

- Can the organization preserve fidelity to key interventions and provide quality control while making necessary modifications?

Yes                      No                      Maybe

What barriers exist? How might these barriers be overcome in a way that advances organizational readiness?

---

<sup>4</sup> Adapted from National Council on Aging's Center for Health Aging "Readiness Tool"



**2. Is there funding for the program? If not, is there willingness to reallocate current resources to support evidence-based health programming or is the organization or partnership willing to allocate human resources to securing new funding for the program?**

- Can the organization secure sustainable funding for evidence-based health promotion programs?

Yes                      No                      Maybe

- Can the organization build engage a variety of funders in the importance of evidence-based programs?

Yes                      No                      Maybe

- Can the organization reallocate current funds to support evidence-based programs?

Yes                      No                      Maybe

- Can the organization meet the demands of continuously increasing numbers of program participants?

Yes                      No                      Maybe

What barriers exist? How might these barriers be overcome in a way that advances organizational readiness?



**3. Is there access both to personnel with the expertise to do these programs and to the population that needs these programs?**

- Can the organization recruit and retain staff or contractors who have knowledge of specific health promotion topics and/or behavior change methods?

Yes                      No                      Maybe

- Can the organization recruit and retain lay leaders, lay supporters and other volunteers?

Yes                      No                      Maybe

- Can the organization draw upon appropriate experts to offer any necessary introductory and follow up training and guidance?

Yes                      No                      Maybe

- Can the organization attract the target population and continue to recruit on an ongoing basis?

Yes                      No                      Maybe

- Can the organization offer programming at times and places that are convenient for the target population?

Yes                      No                      Maybe

What barriers exist? How might these barriers be overcome in a way that advances organizational readiness?



**4. Is there buy-in from senior leadership and key partners as reflected in both programmatic and financial support?**

- Can the organization ensure that programs receive necessary time and attention by knowledgeable staff and agency leaders?

Yes                      No                      Maybe

- Is the organization's Board aware of and supportive of the move to evidence-based health programming?

Yes                      No                      Maybe

- Are there partners that can commit existing funds or identify new funding sources to build and sustain the programs?

Yes                      No                      Maybe

What barriers exist? How might these barriers be overcome in a way that advances organizational readiness?



### 3. Vision and Mission Statement Analysis for

---

(Organization name)

#### Vision Statement

1. Does your organization have a Vision Statement?                      Yes                      No

    If yes, move on to Question #2.

    If no, skip to Question #4

2. If yes, what is that statement?

3. Does the organization's vision statement adequately convey the vision for our evidence-based healthy aging programs?                      Yes                      No

    If yes, skip to Question #6.

    If no, move on to Question #4

4. Craft a new vision statement for your organization's evidence based programs by thinking about the future you want to create:

5. Insert Vision Statement here:



## **Mission Statement**

6. Does your organization have a mission Statement?                      Yes                      No

    If yes, move on to Question #7.

    If no, skip to Question #9.

7. If yes, what is that statement?

8. Does the organization's mission statement adequately convey the mission for our evidence-based healthy aging programs?                      Yes                      No

    If yes, skip to Question #6.

    If no, move on to Question #4

9. Craft a new mission statement for your organization's evidence based programs by thinking about the following:

- a. What do we hope to accomplish?
- b. Why is our accomplishment important?
- c. How do we seek to achieve our accomplishments?

10. Insert Mission Statement here:





#### 4. Marketing Possibilities (Organization \_\_\_\_\_)

- Announcement in your organization's publications as well as in local agency newsletters, local community newspapers, radio, etc.
- Include an invitation with physician appointment slips
- Put flyers or brochures in pharmacies, labs and clinics. Send to people identified as having certain diseases.
- Advertise to people in other health education classes, including classes sponsored by other organization.
- Work with voluntary health agencies in your area
- Talk to support groups in the hospital and in your community
- Talk to local pharmacists in and out of your organization. They often counsel many people and can recommend the program.
- Publicize in senior community centers. May even offer classes at these centers.
- Publicize in local churches, maybe in bulletins or announcements after services. Also, may offer classes at the churches.
- Put flyers on exam room doors and brochures in waiting areas.
- Contact and invite patients on the hospital discharge list, hospital auxiliaries or consortiums.
- Work with home health agencies.
- Contact local schools to send home information to parents in school kids' notices or newsletters.

- Get the word out by email to your entire facility.
- Track referral sources of participants to help you determine the most effective recruitment strategies.
- Other:
- Other:
- Other:
- Other:



## 5. Lessons Learned (Pilot program) (Organization \_\_\_\_\_)

**What went well?**

**Where are opportunities for improvement?**

**Do we need another pilot?**

**6. Partnership Matrix**



Organization Name:

Community Sector (circle one):  
Education

Human/Social Services

Business

Health/Medical

Media

Law Enforcement

Government

Civic/Volunteer

Grassroots

Parks & Rec

Faith-based Organization

Neighborhood Association

Partner	Common Vision or Mission?	Partnership Purpose							Challenges?
		Implementation	Host	Marketing	Training	Technical	Resource	Policy	



*Which partnerships should be pursued?*

*How will partners be approached? (Who, what, where, when, why, how)?*



**7. Objectives for \_\_\_\_\_ (organization name)**

**Vision:**

**Mission:**

**Proposed Objectives**

Objective	Specific?	Measurable?	Achievable?	Realistic?	Time-framed?

**Notes:**



## 8. Program/Services Description (Organization \_\_\_\_\_)

1. Name of Program/Service:
2. Complete program description (how often it meets, what happens in program sessions, where programming can be held, who participates in programs, how programs are staffed and coordinated):







## 9. Needs Assessment Research (Organization \_\_\_\_\_)

Element	Regional Data	State Data	Source	Notes
Overall Population				
Population over 65				
Male/Female				
#/% living alone				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				



## 10. Environmental Analysis (Organization \_\_\_\_\_)

Environment	Trends
<b>Social</b> (population characteristics, values, lifestyle)	
<b>Economic</b> (Inflation? recession? Employment?)	
<b>Political</b> (administration policies and changes)	
<b>Technological</b>	



## 11. Organizational Strengths (Organization \_\_\_\_\_)

Capacity	Value?	Rareness?	Imitability?	Organization?