

Community Engagement Strategy and Communications Plan: 2018 - 2024



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INTRODUCTION

The Jackson Heart Study (JHS) is the largest ever single-site investigation of causes of cardiovascular disease among African-Americans, enrolling more than 5,300 men and women in the Jackson, Mississippi, metropolitan area. The JHS Community Engagement Center (CEC) recognizes the necessity and value of community engagement, at both individual and organizational levels. The CEC will support the JHS in achieving its objectives of continued novel epidemiologic research on cardiovascular and related diseases, serving as a resource to the scientific community for future research, promoting cardiovascular health in the greater Jackson area, and encouraging underrepresented minority students to pursue biomedical careers. The CEC will implement a Community Engagement Strategy and complementary Communications Plan that integrates and leverages resources and opportunities available in the JHS to communicate study findings and health promotion messages, conduct an evidence-based program of activities and events, and build trust in the community.

The CEC sets a historic precedence for Mississippi public health practice. The Mississippi State Department of Health (MSDH) traditionally implements programs based on research and evidence-based practices, essentially the translation of research into practice. CEC creates the potential for the study to affect communities statewide and nationally by informing others about the art and science of community engagement, and the translation of practice into research.

Over the past 18 years, JHS outreach efforts and activities have focused mostly on retaining, informing, and updating study participants. The CEC will test and employ innovative approaches for bringing cardiovascular risk reduction and awareness of health and wellness to households throughout the greater Jackson metropolitan area (Hinds, Madison, and Rankin Counties) and beyond. To extend the broadest reach for heart health messaging and health behavior change, CEC will collaborate with local, state, and national partners that possess strong reach into varying segments of the community.

The CEC Community Engagement Strategy and Communications Plan presents a process for developing and disseminating messages, materials, and presentations to the community and how the community will be engaged and provide input. Specifically, CEC's Tracking and Evaluation Plan defines the metrics, methods, and tools to be employed for assessing all stakeholder involvement and satisfaction with CEC's activities. Strategies include implementation of policy, systems, and environmental change activities at municipal levels designed to reduce risk factors for CVD. Activities will include improving access to healthy foods, physical activity, and smoke-free air through the establishment of Mayoral Health Councils; CVD risk-reduction screening and healthcare provider referral in partnership with churches and barbershops; establishment of a Community Health Worker Network to provide ongoing health education and navigation of local healthcare systems; consistent messaging on heart health; and training of Community Health Advocates to address priority public health concerns. This plan will be continuously evaluated, and revised as necessary, to ensure relevance and efficacy.

CEC MISSION, VALUES, AND VISION

The mission of the Jackson Heart Study Community Engagement Center (CEC) is to employ communities in promoting healthy lifestyles and reducing cardiovascular disease risk burden. CEC values accountability, collaboration, equity, inclusiveness, and transparency through grass roots action. The mission and values will be demonstrated through implementing a strategy focused on innovative approaches for program planning, coordination, and evaluation with outcomes that increase communication, partnerships, behavior change, and sustainability. The Jackson Heart Study CEC vision is to optimize the success of the JHS in promoting cardiovascular health in the Jackson community and beyond and translate the practice of community engagement into research.

JHS MISSION, VALUES, AND VISION

The mission of the Jackson Heart Study is to elucidate the reasons for the greater prevalence of cardiovascular disease among African Americans and to uncover new approaches for reducing this health disparity. In addressing its mission, the Jackson Heart Study values accountability, commitment, competency, collaboration, excellence, respect, teamwork, and trust. The Jackson Heart Study will transform a history of African Americans' heart disease into a legacy of heart health through research, and by translating and disseminating research results. The Jackson Heart Study will involve the community in research approaches and prepare young African American/minority students for careers in health sciences.

CEC VALUES AND PRINCIPLES

CEC values and principles will guide all CEC activities.

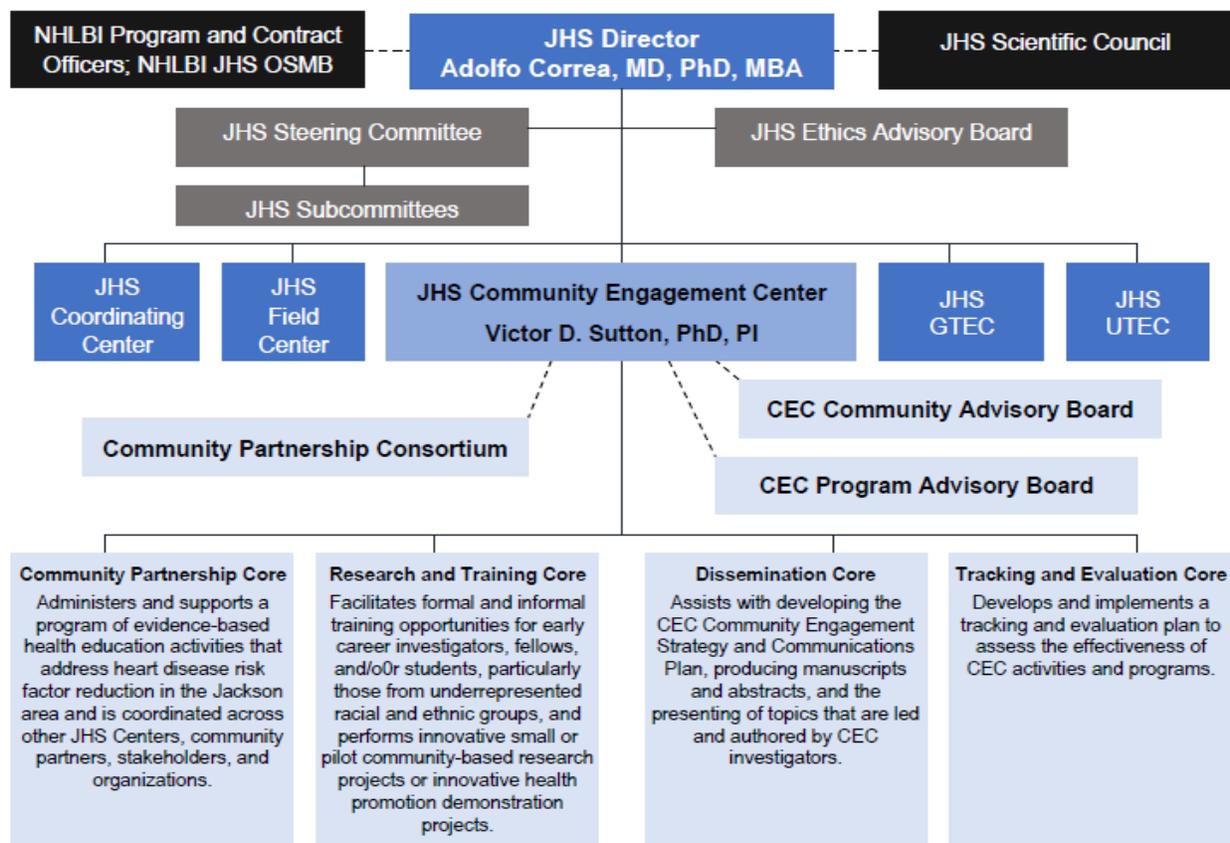
Values	Principles
Accountability	<ul style="list-style-type: none">• Start engagement early and seek insight on how communities wish to participate in decision-making processes and/or engagement activities.• Respect participant time and investment by communicating how their involvement affects the outcome of decisions.
Collaboration	<ul style="list-style-type: none">• Work together in a joint process with stakeholders throughout decision-making processes• Incorporate recommendations into decisions• Assist in carrying out recommendations and decisions
Equity	<ul style="list-style-type: none">• Ensure community participation reflects the racial, ethnic, cultural, linguistic, and socio-economic experiences and needs of those most impacted by health inequities and/or public health decisions.
Inclusiveness	<ul style="list-style-type: none">• Ensure that an equitable cross-section of the community is invited to engage in project activities and decision-making processes.
Transparency	<ul style="list-style-type: none">• Communicate clearly and honestly about decisions to be made and what participants can expect from the engagement process including goals, anticipated outcomes, roles and responsibilities, and key decision-makers.• Regularly and promptly report the outcomes and process results of decisions and/or community engagement activities.

CEC GOVERNANCE

As illustrated in Figure 1, CEC’s governance structure is headed by its PI, Dr. Victor D. Sutton, who reports directly to the JHS Director and works in partnership with other JHS Centers. The CEC PI is assisted in his leadership by four cores, two CEC Advisory Boards, and the Community Partnership Consortium which enables the CEC to engage directly with a wide variety of community partners and stakeholders.

Their primary charge is to work closely with the CEC PI and staff to create meaningful opportunities to engage the JHS communities in study results, solicit their input on and participation in evidence-based health education activities, and expand the reach of JHS. A description of these activities for each Core are also listed in Figure 1.

FIGURE 1: ORGANIZATIONAL STRUCTURE OF JHS COMMUNITY ENGAGEMENT CENTER

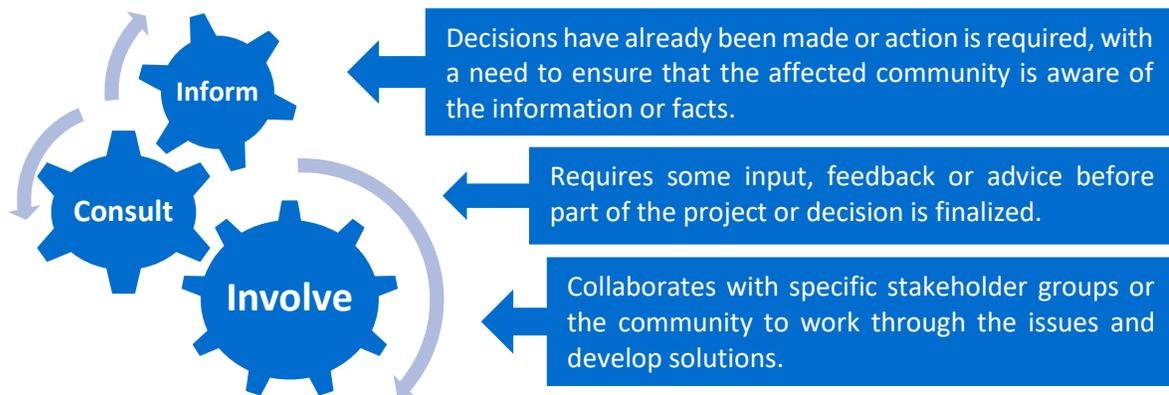


STAKEHOLDERS

The spectrum of community engagement is structured into three categories. Every stakeholder’s role is key to the success of the CEC’s programs and initiatives. Specifically, our stakeholders may be anyone who is:

- Affected by CEC programs or initiatives;
- Has knowledge related to CEC programs or initiatives;

- Has some authority related to the CEC programs or initiatives; and
- Has an interest in CEC programs or initiatives.



The CEC stakeholders are those who will be impacted by CEC actions and decisions which includes JHS management and staff, and community participants, and program leadership. The International Association of Public Participation (IAP2) describes public participation as the belief that those affected by a decision have a right to be involved in the decision-making process (IAP2, 2019). Public participation promotes sustainability through shared decision-making, by providing participants with information needed to be meaningfully involved and communicating to participants how their input affects decisions. CEC will continually seek input from and incorporate public participation into its initiatives. CEC’s Governance guide outlines opportunities to solicit input from stakeholders to be operationalized through the Community Partnership Consortium, the Program Advisory Board and the Community Advisory Board.

The Community Partnership Consortium (CPC) will be comprised of key stakeholders, partnering organizations, and community members and leaders. The CPC will be responsible for providing guidance, support, and direction for expanding the JHS CEC partnership base, enhancing CEC program community engagement, communications and activities. The CEC Program Advisory Board (PAB) will be composed of CEC core directors, JHS Director, and Principle Investigators of JHS Undergraduate and Graduate Training Education Centers. PAB will review activities of the CEC in general, assure milestones are met, and optimize coordination among CEC cores and other JHS units.

Furthermore, understanding and managing the relationship among all stakeholders increases the likelihood of CEC achieving its desired outcomes. To this end, we look forward to engaging all disparate communities and anticipate the growth and expansion as well as the impact the Jackson Heart Study will have on Mississippi and the health of the nation.

GOAL AND OBJECTIVES

The CEC goal and objectives ultimately promote risk factor reduction for cardiovascular disease and related conditions among African Americans. Objectives were developed from multiple internal and external data sources such as the Mississippi Behavioral Risk Factor Surveillance System, Mississippi’s 2016 State Health Improvement Plan, and the Robert Wood Johnson Foundation’s *County Health Rankings*. This plan describes how CEC will engage investigators at other JHS centers and our strategic community partners, stakeholders, and organizations. The

plan describes processes for developing messages, materials, and presentations for the community, and how CEC will solicit and receive input from members of the community. The plan also describes our proposed dissemination modes, and metrics to be used to assess communication effectiveness. The subsequent goal and related objectives and activities will drive CEC efforts for years 2018-2024.

GOAL

Provide a Jackson Heart Study (JHS) Community Engagement Center (CEC) to support activities that promote cardiovascular health in the greater Jackson community and beyond.

Working closely with the JHS Field Center, Coordinating Center, and its Undergraduate and Graduate Training and Education Centers, CEC will achieve the following objectives.

Objective 1

Provide a strategy and infrastructure for delivering timely, evidence-based health information in general and heart disease risk reduction information in particular, especially findings from the JHS and related CVD research.

Activities

Beginning August 2018, perform administrative, operational, and technical duties to support productive collaboration among all JHS internal and external study personnel; the JHS Director; and the NHLBI Project Office.

Beginning August 2018, CEC investigators will actively serve on JHS committees, subcommittees, and workgroups including the Scientific Council, Ethics Advisory Board, Community Engagement, Social Determinants of Health, Nutrition and Physical Activity, Hypertension, Diabetes and Obesity to ensure coordination and cooperation between CEC and other JHS units.

Beginning August 2018, increase JHS community involvement through CHAN community expansion and recruitment of more tri-county community members, partners and stakeholders.

Beginning August 2018, establish the CEC Program Advisory Board and Community Advisory Board. Provide opportunities for JHS Staff and community partners to participate in CEC planning and decision-making processes.

By August 2019, facilitate at least two annual practice workshops to help staff and community health advocates understand and apply CEC's community engagement protocol.

By August 2019, work with JHS Units to identify projects/programs/initiatives that require specific communications plans such as NHLBI American Heart Month, develop plans as needed.

By August 2019, annually revisit Community Engagement Strategy and Communications plan and evaluate effectiveness of activities, update as needed.

Beginning August 2018, coordinate monthly meetings with members of the local Community Health Advisors Networks (CHAN) to share JHS findings, promote cardiovascular disease prevention through health education programs and other activities as appropriate.

Beginning August 2019, identify community partners, stakeholders, and organizations to form a Community Partnership Consortium that will serve as a comprehensive and strategic partnership base to enrich CEC's programs, activities and communications.

Objective 2

Conduct evidence-based health education programs regarding African American heart disease risk factor reduction throughout the JHS area.

Activities

Beginning August 2019, administer a program of Community Health Workers/Community Health Advocates to promote cardiovascular disease prevention in the Jackson area through health education programs and other activities as appropriate.

By August 2020, identify at least three barbershops for *BROTHERS* program implementation, and provide technical assistance to conduct hypertension screening and provider referral.

By August 2020, identify and establish at least six Mayoral Health Councils to achieve policy, systems, and environmental (PSE) change.

By August 2020, identify at least three churches to establish congregational health ministries to achieve change and conduct cardiovascular risk reduction screening and provider referral.

By August 2020, identify and establish at least three Healthy Housing programs to conduct disease self-management education programs, hypertension screening and provider referral.

By August 2020, engage racial and ethnic minorities and underserved populations in the research process utilizing the Community Research Fellows Training Program.

Objective 3

Establish strategic partnerships that broaden the reach of the JHS.

Activities

Beginning August 2018, strengthen existing and build new community partnerships that enrich CEC activities.

Beginning August 2018, establish and promote a speakers' bureau to include subject matter experts among JHS staff and stakeholders.

Beginning August 2020, establish CEC speakers' bureau comprising JHS Staff and key community members, partners, or stakeholders to present on JHS activities at local, state, and national levels.

Beginning August 2018, nominate two community members, partners, or stakeholders to serve two year terms on the Steering Committee for approval by the JHS Steering Committee.

Beginning August 2018, work closely with the Mississippi Legislative Black Caucus to inform state elected officials and Mississippians about the JHS efforts to improve health outcomes within the state and nationally through the dissemination of a JHS Annual Mississippi Legislative Hearing.

Beginning August 2018, implement a Health Ambassadors program comprised of individuals with knowledge and experience to engage families, friends, neighbors, and community members at risk for chronic health conditions.

Objective 4

Perform community-based pilot research studies or demonstration projects for CVD risk reduction that, if successful, can be scalable to larger efforts.

Activities

Beginning August 2021, implement the first of two pilot community-based research and/or demonstration projects designed to collect preliminary data to justify applications for competitive extramural funding opportunities.

Beginning August 2019, establish the CEC Community Research Fellows Training program to create a network of trained community members to address community and researcher needs.

Beginning May 2019, facilitate formal and/or informal training opportunities for early career investigators, fellows, community fellows, and students, particularly those from underrepresented racial and ethnic groups in partnership with JHS GTEC and UTEC.

Objective 5

Publish results and impact of CEC's work.

Activities

By August 2020, contribute articles on community activities and other appropriate items of interest for the semi-annual JHS Newsletter.

Beginning August 2018, publish findings from the JHS experience with the CEC, including manuscripts for peer-reviewed journals.

Beginning August 2018, develop and implement a tracking and evaluation plan to assess the effectiveness of CEC's programs and activities.

Objective 6

Increase community awareness and support of CEC programs.

Activities

By August 2019, encourage community involvement in CEC activities and decision-making processes by fostering personal interactions and maximizing opportunities for civic engagement.

Beginning August 2018, explore and utilize multiple new or existing technologies to enhance the delivery of CEC programs that best communicate with our partners and stakeholders.

Beginning August 2018, regularly disseminate information to the community about CEC activities and initiatives in a variety of formats including the JHS newsletter, radio announcements and informational articles in a timely manner.

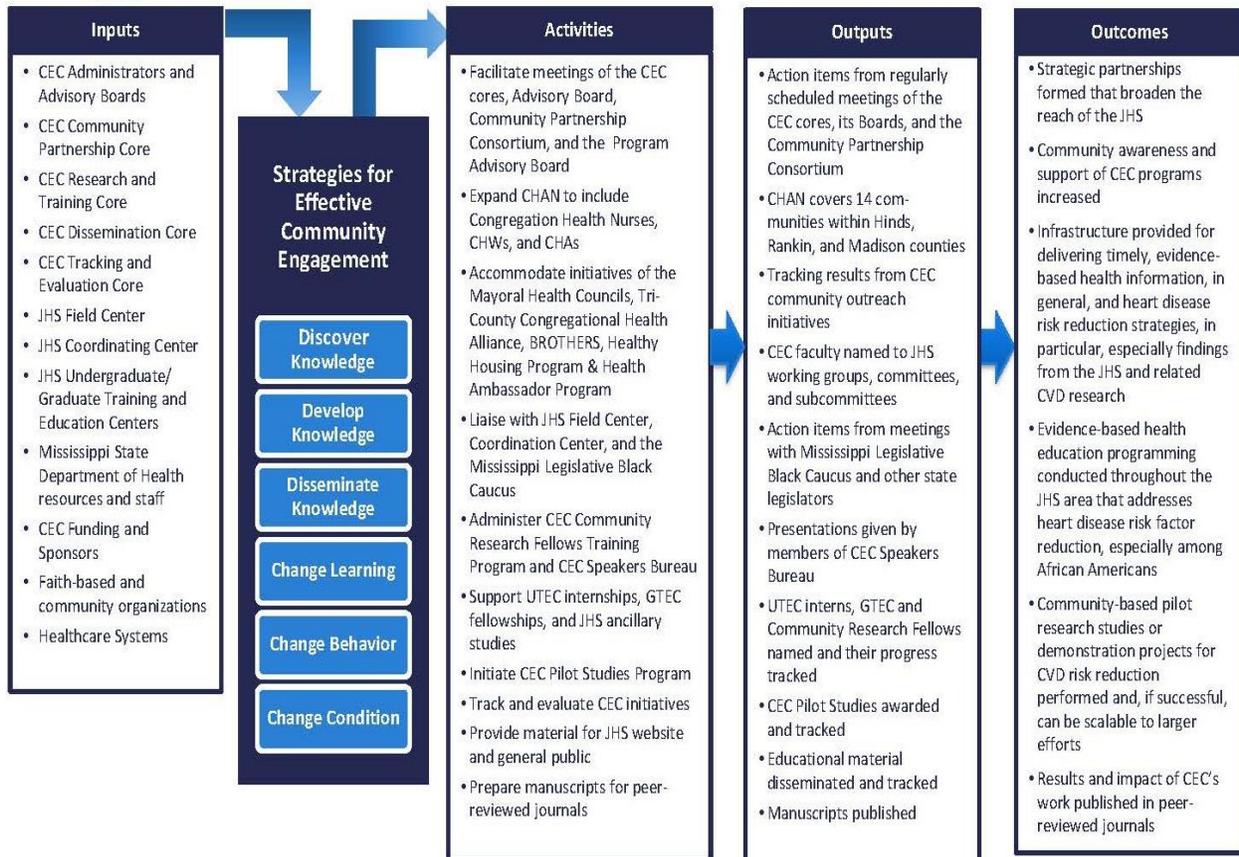
Beginning August 2018, consistently offer a variety of ways to connect with CEC.

LOGIC MODEL



Jackson Heart Study Community Engagement Center Logic Model

Objectives: (1) Provide a strategy and infrastructure for delivering timely, evidence-based health information in general and heart disease risk reduction information in particular—especially findings from the JHS and other CVD-related research; (2) Conduct evidence-based health education programming throughout the JHS area that serves to address heart disease risk factor reduction in African Americans; (3) Establish strategic local, state, and national partnerships that broaden the reach of the JHS; (4) Perform community-based pilot research studies or demonstration projects for CVD risk reduction that, if successful, can be scalable to larger efforts; and (5) Publish results and impact of the work of the JHS Community Engagement Center (CEC).



CEC PROGRAMS

Health is determined in part by access to social and economic opportunities as well as resources and support available in communities, neighborhoods, and homes. Because negative health outcomes of the people living in Mississippi arise from many related factors, improving these often complicated health issues requires a highly collaborative and interconnected approach. The CEC has chosen to involve individuals and groups at every level of the community with a focus on reducing the risk for heart disease and stroke. CEC will collaborate with partners to ensure a strong reach into all segments of the community, such as corporate, voluntary, faith-based, and municipal building on previous successful implementation of the CEC initiatives.



Health Ambassadors



Community Health Workers



Mayoral Health Councils



Barbershop BROTHERS



Congregational Health Alliance



Healthy Housing

BARBERS REACHING OUT TO HELP EDUCATE ON ROUTINE SCREENINGS (*BROTHERS*)

BROTHERS is a heart disease and stroke reduction program to reduce hypertension risk factors among African American males, identify black men at risk for hypertension, and increase the number of black men with controlled hypertension. *BROTHERS* was initiated to better address hypertension awareness and prevention. Hypertension is a leading cause of premature death and disability among black men. Numerous studies have shown black men regularly gather at barbershops, providing an ideal location to conduct health outreach and education (Balls-Berry, 2015; Hood et al., 2015; Linnan et al., 2014; Luque et al., 2015; Victor et al., 2018; Wilson et al., 2014). The barbershop partner approach to identify African-American males at hypertension risk has been implemented in other parts of the country and proven successful (Balls-Berry et al., 2015; Leinberger-Jabari et al., 2016; Luque et al., 2015; Moore et al., 2016; Murphy et al., 2017; Victor et al., 2019). Through *BROTHERS*, barbers are trained to accurately measure blood pressure, and screening protocols, blood pressure readings, education, and the referral process. Clients who are screened are provided education materials that promote healthy lifestyle changes, are encouraged to schedule routine provider checkups to monitor their overall health, and resources identifying local health care providers.

COMMUNITY HEALTH WORKERS/COMMUNITY HEALTH ADVOCATES

Community Health Advocate (CHA) programs have been implemented in African American and underserved communities. Participants of CHA programs have shown high recruitment and retention rates and improved health outcomes. Participants benefit through lifestyle modifications by learning better nutrition and healthier eating. Participants learn their health numbers such as blood pressure, body mass index (BMI), and waist circumference. Participants learn skills that increase treatment compliance and reduce chronic disease complications. When

not part of a broader community engagement process, Community Health Advisor Network (CHAN) models struggle. The CEC CHANs, serving as a catalyst for community engagement, will link the community to other systems and draw on community resources that support CHAN activities.

The Community Health Worker (CHW) program was is an evidence-based initiative for improving clinical outcomes for patients diagnosed with diabetes and heart disease. CEC will utilize CHWs to partner with systems including housing complexes, faith-based organizations, businesses, and social service agencies to receive referrals for self-management workshops in the tri-county area. Certified CEC CHWs will address individuals' basic healthcare needs by conducting chronic disease self-management workshops, teaching proper techniques for biometric measurements, and encouraging compliance. CHWs will participate in health fairs to connect participants to medical homes and foster community trust.

COMMUNITY RESEARCH FELLOWS TRAINING PROGRAM

The Community Research Fellows Training (CRFT) is a 16-week training program promoting the role of racial and ethnic minorities and underserved populations in research by training qualified individuals in community-based research alongside academic researchers, public health workers, and community-based organizations. CRFT aims to enhance community knowledge about the basics of social and behavioral research to create a network of trained community members with the knowledge and capacity to promote community issues and needs to researchers. Adapted from the Division of Public Health Sciences at Washington University School of Medicine in St. Louis, Missouri, the CRFT has three main goals: (1) train community members to become good consumers of research; (2) utilize research as a tool for improving health outcomes in participants' communities; and (3) increase community members' understanding of how to work with researchers. The training course includes weekly three-hour sessions covering 21 topical areas presented by academic faculty, program specialists, and clinicians who have significant expertise in their respective topic areas. Upon completion, graduates will be given the opportunity to work with faculty members who are implementing community pilot projects.

CONGREGATIONAL HEALTH ALLIANCE

The Congregational Health Alliance supports the mission of its member churches to minister not only to one's spiritual health, but also to their physical health. The goal of the alliance is to reduce the risk for cardiovascular disease by creating a system of churches that (1) provide guidance to congregational members on nutrition, physical activity, diabetes, heart disease, stroke, and smoking cessation; (2) provide hypertension community screenings to identify participants with abnormal clinical values and provide educational consultation as strategies to reduce hypertension, heart disease, and stroke; and (3) develop and promote recommendations for policy (physical activity, nutrition, or smoking) to encourage healthy behaviors. Based on the Parish Nurse Model, participating churches will be required to establish a health or wellness ministry and have a designated congregational health nurse or advocate responsible for leading a health ministry focused on health promotion.

HEALTH AMBASSADORS

Health Ambassadors are individuals who are committed to improving the health and wellbeing of individuals in the community. In partnership with Kappa Alpha Psi Fraternity, Inc., the CEC Health Ambassadors Program utilizes community members with knowledge and experience to engage families, friends, neighbors, and community stakeholders who are at risk of chronic health conditions. The objective of the program is to help reduce health disparities within the community by utilizing the efforts of community engagement. Health ambassador programs have shown to be effective in increasing community's awareness of health disparities, positively influence disease management, and engaging community leaders. CEC Health Ambassadors coordinate and participate in community events such as health fairs, walking and screening events, and other health promotion activities. Primary activities include: assist in identifying needs in the community and helping to make a change; increase community awareness of services available to the community; connect individuals to appropriate care and support; reduce stigma around chronic illness in men of color so individuals are more willing to get help; improve the community's recognition of signs and symptoms of various chronic conditions and implement improved health behaviors; foster community support and involvement in health promotion and social change programs; and assist communities in practicing prevention and early intervention, leading to healthier stronger families.

HEALTHY HOUSING

In partnership with public housing units and FQHCs located in the Jackson tri-county area, this CEC program has four key components: (1) provide free blood pressure screenings and educational information related to hypertension control and associated risk factors; (2) establish a bridge to clinical care for those without medical homes; (3) empower housing residents through education and link them to resources for self-management tools; and (4) create an effective and sustainable model for hypertension screenings among residents in housing projects through the application of evidence-based program development and implementation and to help residents reduce heart disease risk factors. Working closely with resident managers, Community Health Workers will provide culturally appropriate health education and information to help adult residents reduce or maintain controllable heart disease risk factors. By bringing health education and screenings to unconventional places like churches, barbershops, and housing projects, the CEC reaches at-risk citizens who might not have access to regular medical care.

MAYORAL HEALTH COUNCILS

The Mayoral Health Council (MHC) will serve as the foundation for implementing policy, systems, and environmental change to increase and promote access to healthy foods, physical activity and smoke-free air, in partnership with Mayors and their respective municipalities. Through policy and environmental system changes, the work of the Mayoral Health Councils aims to reduce the prevalence of heart disease and stroke, and to engage key stakeholders to enact policies which support the reduction of risk factors for heart disease and stroke.

The CEC Mayoral Health Council program has five phases:



TRAINING AND TECHNICAL ASSISTANCE

The CEC will provide a wealth of information, resources, and assistance to facilitate a journey towards healthier communities. A Community Outreach Specialist is the best resource for learning about the initiatives CEC is implementing in partnership with the Community Health Advisor Networks (CHANs) throughout the tri-county area. The CEC will leverage existing Mississippi State Department of Health offerings through the Office of Preventive Health, which provides training and workshops for anyone living with chronic health problems or personal safety concerns. Available programs include: A Matter of Balance (MOB) Falls Prevention Program, Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), and educational activities through the *Motivated to Live a Better Life* network.

Led by trained leaders, classes are designed to assist participants in learning information and skills necessary to self-manage their chronic health condition. By also introducing social and psychological adjustment to daily living with specific conditions, participants can become motivated and more involved with self-management and improve their quality of life. The CEC will provide opportunities for select community members to become trained Community Health Workers (CHWs) and/or Community Health Advocates (CHAs). Utilizing the *With Every Heartbeat is Life: A Community Health Worker's Manual for African Americans*, CEC will offer opportunities for certified CHWs/CHAs to address basic healthcare needs through education, partnering, and outreach.

In partnership with Mayors and their respective municipalities, the CEC offers opportunities to implement policy, systems and environmental change to increase access to healthy foods, physical activity and smoke-free air. MSDH conducts this training utilizing the *Working Together for a Healthy City Mayoral Health Council Toolkit*. Training and/or technical assistance is available for other CEC programs including the BROTHERS Barbershop Program, the Community Research Fellows Training, and the Congregational Health Alliance. Training and/or technical assistance is also available by referral to anyone living with a chronic health condition.

COMMUNICATIONS

The overarching objective of the communications plan is to promote the success of the Jackson Heart Study by meeting the information needs of project stakeholders. Communication methods continue to expand, and the best channels are those that reach audience members where they spend their time (e.g. in the car, at the doctor's office, or at home). Using channels that reach individuals where they will be most attentive helps them act on the message.

Communication Channel	Rationale	Product	Frequency
Radio	Inexpensive Produced quickly	PSAs Talk shows	Quarterly
Outdoor	Can be inexpensive Can be placed near hard-to-reach populations	Digital billboards	Annually
Television	Can reach a broader audience	Community affairs Shows PSAs	Varied

Print	Can focus on audiences with lifestyle preferences Articles can complement ads	Ads & articles Infographics Newsletters Letters to Editor	Annually, Monthly; Quarterly, as needed
Speaking Engagements	Can extend reach Utilizes credible messenger	Speaker's bureau	Varied as requested
Social Media	Low cost to develop Can quickly update, share information	Facebook Twitter	To be determined
Websites	Can be interactive Can control information provided	CEC website	Ongoing

To that end, the communications activities undertaken by CEC will apply the Centers for Disease Control and Prevention's (CDCs) elements of a successful communication effort which include:

- **Timeline:** A comprehensive timeline will be created to distribute communication strategies into manageable steps within reasonable time frames. Timeline details will include start and end dates and identify responsible party. The timeline will ensure timeliness and efficiency.
- **Approval process:** An important step in the communications process is timely material approval. The JHS director, JHS communications team, and the IRB will approve relevant communication materials and messaging before dissemination.
- **Official launch:** An official launch will be planned, to raise awareness, generate media coverage, and extend the reach of the communication messaging.
- **Outreach and frequency:** Multiple communication channels will ensure demographically appropriate messages reach the full scope of the intended audience (See Table 2). Messaging frequency will occur annually, quarterly, or monthly, as needed.
- **Stakeholder and audience research:** Surveys and focus groups with the intended audience and other stakeholders will be conducted to determine preferences for receiving messages as well as input on communication strategies.
- **Messages that are consistently communicated over time:** Messages will be reviewed and tested to ensure they are consistent in tone and frequency.
- **Coordination with overall program goals:** The communication plan will be closely monitored to ensure that it aligns with the overall JHS goals.
- **Culturally competent messages and strategies:** All messages and communications materials will be reviewed to ensure they are culturally sensitive and consider literacy levels.
- **Evaluation:** CEC evaluators will collaborate with the communications team to track activities to determine if messages are reaching the intended audience, how to improve on the communication strategies, whether the campaign is reaching enough people, how the audience is responding to the message, are the activities being executed as planned and on schedule and should adjustments be made, etc.

To ensure that several aspects of the communications plan are executed with excellence, a Communication Strategist Consultant will be engaged who can assist with messaging (stating the issue, including credible supporting facts, evoking a shared value, including a call to action). The strategist will have extensive experience in making media buys, securing earned media, intended

audience research and leveraging resources through existing media contacts and relationships. Finally, the communications plan will be reviewed every six months by the Dissemination Core team to identify improvement opportunities. Revisions will be made as necessary. Stakeholder and intended audience input will be solicited throughout the plan’s implementation.

SUSTAINABILITY

Based on the 2012 National Council on Aging issue brief summarizing key recommendations for the sustainability of health promotion programs, there are several approaches to sustainability that the CEC will utilize with its community efforts. These approaches are listed in the table below.

<i>Partnerships</i>	<ul style="list-style-type: none"> • Engage key stakeholders through regular meetings and activities • Strengthen existing and build new relationships (e.g. CHANs) • Set common priorities and goals • Create or participate on committees or working groups to participate in the decision-making (e.g. Community Partnership Consortium, CEC Program Advisory Board, CEC Community Advisory Board, other JHS Committees, etc.) • Secure resource contributions from diverse partners (e.g. educational materials, incentives, etc.)
<i>Infrastructure & Delivery System</i>	<ul style="list-style-type: none"> • Designate a program champion(s) • Engage executive leadership support • Plan for sufficient staffing and training
<i>Financing</i>	<ul style="list-style-type: none"> • Demonstrate value and demand
<i>Marketing</i>	<ul style="list-style-type: none"> • Utilize testimonials • Build the network by tailoring messaging • Build a roster of community champions • Use a broad range of media and outlets
<i>Quality Assurance</i>	<ul style="list-style-type: none"> • Focus on continuous quality improvement • Monitor program fidelity • Determine specific and measurable performance indicators • Conduct ongoing evaluation
<i>Policy Action</i>	<ul style="list-style-type: none"> • Raise and maintain awareness • Build credibility • Educate the public and policymakers • Cultivate community ownership

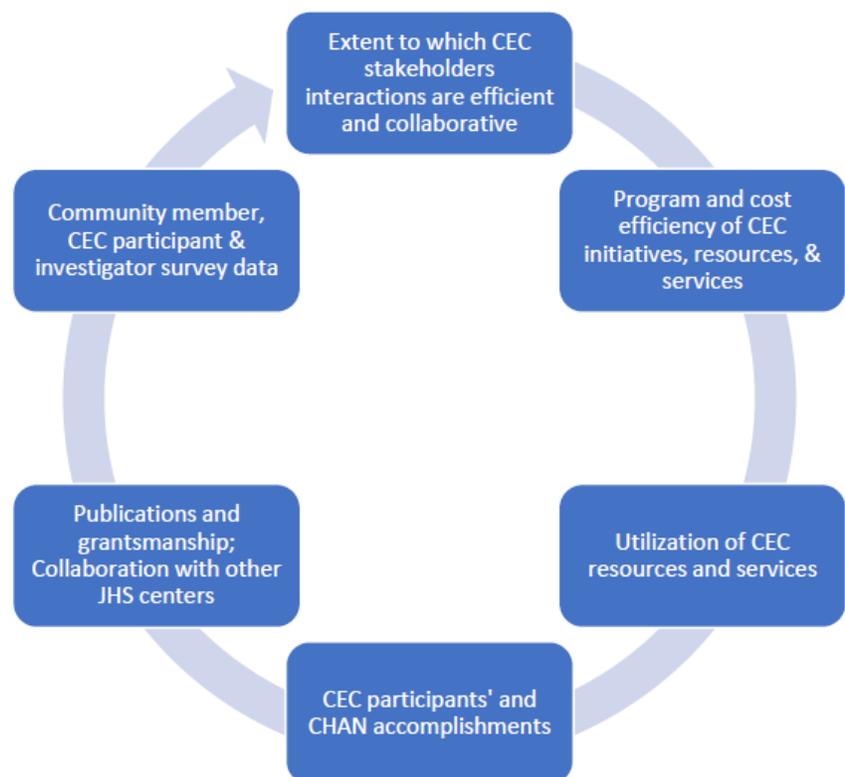
The CEC recognizes that public participation promotes sustainable decisions through inclusiveness and communication. Therefore, it is critical from the outset that CEC engages community members as equal partners, where appropriate, and empower them to determine priorities and activities. CEC, through its staff and community advisors must also maintain an ongoing presence in the community to demonstrate real commitment and partnership with the community.

TRACKING AND EVALUATION

Evaluating community engagement will be an ongoing, cyclic process led by the Tracking and Evaluation Core (TEC). The TEC will seek to understand the techniques and tools that were most effective, what could have been improved, and what lessons were learned. CEC will work closely with each of the core directors to ensure that the evaluation approach and products meet its evaluation needs. To optimally assess CEC activities, the TEC will use a combination of qualitative and quantitative methodologies. The evaluation will initially focus on implementation. A process evaluation specific to each initiative will describe the context, strategies, characteristics, and outcomes. CEC will begin publishing JHS findings, including manuscripts for peer-reviewed journals, abstracts, and scientific *Notes from the Field*. Examples of possible evaluation indicators and measures to be used include:

- Number of individuals who attended an activity
- Demographic distribution of activity attendees
- Number of information resources distributed
- Percentage of population participating
- Participants' satisfaction with activity facilitation
- Participants' satisfaction with the opportunity to express opinions
- Extent to which participants felt they gained from the activity
- Extent to which decision-makers felt feedback influenced program outcomes
- Stakeholders' satisfaction with the quality of activities
- Objective evidence of new, beneficial relationships and partnerships

Our Tracking and Evaluation Plan is also designed to assess progress towards achieving short- and long-term objectives. At the end of each year, TEC members will meet with the JHS Director to review the types of data being collected so that the Tracking and Evaluation Plan remains responsive to CEC and stakeholder needs. The CEC tracking and evaluation plan is composed of the adjacent analytic cycle.



GLOSSARY

Cardiovascular disease - Disease of the heart and blood vessels such as arteries, capillaries, and veins (CDC, 2014).

Community - A group of people who have common characteristics defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or similar bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action (Turnock, 2009).

Community engagement - The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people; any process that seeks the community's input to ensure that the decision making is well informed (CDC, 2014).

Evidence-based - Evidenced-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned (Brownson, Fielding, & Maylahn, 2009).

Health disparity - Differences in population health status (incidence, prevalence, mortality, and burden of adverse health conditions) that can result from environmental, social and/or economic conditions, as well as public policy. These differences exist among specific population groups in the United States and are often preventable (USDHHS, 2019).

Health behavior - Action taken by an individual or group of individuals to change or maintain their health status or prevent illness or injury (CDC, 2014).

Health education - Learning opportunities designed to encourage or promote the adoption of healthy behaviors (Turnock, 2009).

Health inequity - Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill (Whitehead, 1992).

Partnership - Relationship among individuals and groups that is characterized by mutual cooperation and responsibilities (Scutchfield & Keck, 2009).

Risk factors - Anything that increases a person's chance of developing a disease, injury or disability, including a substance, agent, genetic alteration, trait, habit, or condition.

Risk burden – Total number of risk factors present (Daviglius, et al., 2004).

Self-management - Activities and skills (e.g., goal setting, decision making, self-monitoring) an individual learns and uses to improve quality of life with one or more chronic conditions (Adams, Greiner, & Corrigan, 2004).

Stakeholder - Any private or public organization, community group, and more formal associations that have a stake in the decision or a related interest (CDC, 2014).

Translate - Process whereby knowledge is passed anywhere along the pathway that converts the knowledge into practice i.e. research findings are translated into practice, policy or further research (Davidson, 2011).

Underserved - Lacking basic resources (USDHHS, 2016).

Values - Describe how work is done and what beliefs are held in common as a basis for that work. They are fundamental principles that organizations stand for (Swayne, Duncan, & Ginter, 2018).

Vision - Compelling and inspiring image of a desired and possible future that a community seeks to achieve (Bezold, 1995).

Vision statement - Expresses goals that are worth striving for and appeals to ideals and values that are shared among stakeholders (Bezold, 1995).

TOOLS AND RESOURCES

1. Jackson Heart Study Website: <https://www.jacksonheartstudy.org/>
2. MS BEFSS: <http://msdh.ms.gov/brfss/brfss2017ar.pdf>
3. MSDH Obesity Action Plan: https://msdh.ms.gov/msdhsite/_static/resources/6164.pdf
4. MSDH Diabetes Action Plan: https://msdh.ms.gov/msdhsite/_static/resources/7612.pdf
5. NHLBI Heart Truth: <https://www.nhlbi.nih.gov/health/educational/hearttruth/index.htm>
6. Robert Wood Johnson Foundation County Health Rankings and Road Maps: <http://www.countyhealthrankings.org/>
7. United Health Foundation's America's Health Rankings Annual Report: <https://www.americashealthrankings.org/learn/reports/2018-annual-report>
8. University of Mississippi Medical Center [UMMC]. (2015-2016). Community health needs assessment: [https://www2.umc.edu/uploadedFiles/UMCedu/Content/2015UMMC_CHNAreport\(final\).pdf](https://www2.umc.edu/uploadedFiles/UMCedu/Content/2015UMMC_CHNAreport(final).pdf)
9. MSDH. (2016). Building a healthier Mississippi state health improvement plan: https://uprootms.org/wp-content/uploads/2016/09/ship_report_2016_smallest-1-1.pdf

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