

## REMINDER OF THE REQUIRED PLANNING COMPONENTS

### During the planning phase, grantees will be required to:

1. Maintain local partnerships among non-affiliated organizations to coordinate efforts so vulnerable, at-risk groups have access to resources within their communities in order to lead healthier lives. While one organization will serve as the lead applicant it is expected that they will demonstrate shared leadership of the effort, and encourage/identify other organizations with capacity to facilitate essential elements of the community partnership or coalition.
2. Meaningfully engage and solicit input in the initiative's design from individuals who have lived experience of the health issue(s);
3. Conduct and analyze a community assessment of resources and gaps in services/resources specific to your priority health issue(s). (If a similar community assessment has been conducted within the past five years, its data and findings can be used for the analysis.);
4. Conduct a community power analysis<sup>1</sup> with support of technical assistance;
5. Collaboratively develop a comprehensive implementation plan that integrates all of the necessary health resources (including but not limited to direct health care and community/public health resources);
6. As part of the plan, clearly identify the specific short- and long-term roles and responsibilities of each partner in the collaborative and establish written agreements among partners;
7. Begin to identify strategies for long-term sustainability;
8. Collect and report data determined by the evaluation team (grantees, MeHAF, contracted evaluator); and
9. Participate in 3-4 MeHAF Healthy Communities Learning Community meetings and in periodic calls with the MeHAF program officer.

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<sup>1</sup> A long time community organizing tool, power analyses chart a community's power structures and identify places of influence and power (<http://www.scopela.org/article.php?id=128>)