



SYSTEMS APPROACHES FOR HEALTHY COMMUNITIES

Common Language Quick Guide

BACKGROUND

Using this *Common Language* activity, participants interact with each other in a fun way to learn vocabulary often used in health promotion work. This activity was developed by Annette Shepardson, a SNAP-Ed educator in Minnesota, who saw the need to strengthen a common language across community groups working on health promotion. She found that people and partners come from different backgrounds and do not always have the same understanding of terms when communicating with each other. The goal of this activity is to have every individual who participates feel equipped with a common set of terms to use and understand when discussing health promotion work. This activity is suited to any group whose members are working together on health promotion efforts.

Besides staff in your own organization, you may use this activity to improve trust among community network representatives, coalition members, and other collaborative partners. If you wish, you may conduct the activity at both the beginning and end of a meeting to assess if there has been a change in using and understanding a common language.

LEARNING OBJECTIVES

After going through this activity, participants will:

- Gain an understanding of common health promotion terms.
- Enhance engagement and listening skills.
- Build trust and respect in groups as members learn from each other.

MATERIALS

You will need the following materials for this activity:

- Common Language cards prepared per the instructions below.
- Common Language Answer Key (see below)
- Optional: egg timer or timing feature on cell phone.

PREPARATION BEFORE THE ACTIVITY

Prepare for the activity by:

- Review the full set of Common Language cards. Depending on the size of your group and your preferences, select the terms you'd like to use in the activity.
- Prepare the Common Language cards you'd like to use. Print each sheet (with both term and definition). Cut each sheet in half. Put terms in one "vocabulary card" pile and definitions in another "definition card" pile. Shuffle each pile before distributing them to participants (see below).
- Print the Common Language Answer Key below.
- Some groups may feel more comfortable with this activity than others, especially if they have been trained together and already use a common language. Other groups, such as a newly-formed community network, may find it more challenging. As the facilitator, emphasize that we are all learning and that the activity will not only improve understanding of terms, but also spark discussion and better communication among partners in health promotion.

FACILITATOR INSTRUCTIONS

Follow these steps to conduct the activity:

- Clear enough floor space to allow dividing the group in half and forming participants into two lines.
- Have the group count off 1, 2, 1, 2 to form two equal lines — Line A and Line B. Participants should stand facing each other at least an arm's length apart. If there is an odd number, form one team of two people.
- Give each person in Line A one vocabulary card and each person in Line B one definition card.
- Next, ask each person in Line A to hold up their vocabulary card in front of them so their counterparts in Line B can see it. Each person in Line B should also silently read their definition card.
- Once participants in Line B are familiar with their definitions, ask each person in Line B to approach the person in Line A that he or she thinks has a vocabulary card that matches their definition and read his or her definition out loud.
- Give the pairs 1-2 minutes to determine whether their vocabulary term and definition match. For pairs who decide their cards don't match, give Line B people a few more minutes to find their matches. Call time after all participants have found their match, or after about 5 minutes.

WRAP UP

Once participants have found their match, verify and read the correct answers to the group, using the Common Language Answer Key as needed. Encourage participants to discuss what they learned from this activity.

COMMON LANGUAGE ANSWER KEY

Assessment: Collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources and plan actions (9, *Public Health Accreditation Board*, p. 4).

Capacity: Resources and relationships necessary to carry out the core functions and essential services (adapted from 9, *Public Health Accreditation Board*, p. 6).

Coalition: An organized group of people in a community working toward a common goal (9, *Public Health Accreditation Board*, p. 6).

Community Engagement: Process of working collaboratively with people with respect to issues affecting their well-being (6, *Minnesota Department of Health*, p. 4)

Culture: Patterns of human behavior that include language, thoughts, communications, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups (adapted from 2, *Center for Disease Control and Prevention*).

EFNEP: Expanded Food and Nutrition Education Program, a federal community outreach program in which peer educators deliver lessons to low-income families (adapted from 11, *USDA National Institute for Agriculture*).

Environment: Physical, social, or economic factors that influence people's practices, such as the presence of healthy choices in restaurants or of financial incentives to encourage desired behavior (adapted from 3, *Center for Disease Control and Prevention, Healthy Communities Program*, p 106).

Food Access: Conditions in which a person or group can obtain healthy food, depending on factors such as physical access, seasonal availability, affordability, knowledge, or cultural attitudes (adapted from 7, *Minnesota Food Charter*).

Health Disparity: A difference in population health status that is avoidable and can be changed. These differences can result from environmental, social and/or economic conditions, as well as public policy (9, *Public Health Accreditation Board*, p. 16).


Health equity: Conditions in which everyone has the opportunity to attain their full health potential, regardless of social position or other socially-determined circumstance (adapted from 3, *Center for Disease Control and Prevention, Healthy Communities Program*, p 107).

Implementation: The realization of an application, or execution of a plan, idea, or model (5, *Community Commons*).

Indicator: A measurement that reflects the status or reveals the direction of a system (a community, the economy, the environment); such as whether it is increasing or decreasing, improving or deteriorating, or staying the same (adapted from 4, *Centers for Disease Control and Prevention, National Public Health Performance Standards*, p. 21).

Policy: A law, regulation, rule, protocol or procedure, designed to guide or influence behavior (adapted from 3, *Center for Disease Control and Prevention, Healthy Communities Program*, p. 107).

Population-based interventions: Action taken to improve or protect health status of entire populations or communities (in contrast to individuals), considering broad determinants of health and all levels of prevention (adapted from 1, *Bethel*).



Sector: A segment of the community, such as business, schools, community institutions, workplaces, health care (3, *Center for Disease Control and Prevention, Healthy Communities Program, p. 107*).

SNAP: Supplemental Nutrition Assistance Program, a program of that offers nutrition assistance to eligible, low-income individuals and families (*adapted from 10, USDA FNS*).

Spectrum of Prevention: a framework for effective prevention that presents a range of intervention activities at six different levels (8, *Prevention Institute*).

Stakeholder: A person or organization with direct interest, involvement, or investment in a coalition or its efforts (3, *Center for Disease Control and Prevention, Healthy Communities Program, p. 108*).

Strategy: Means by which policy, programs, and practices are put into effect as population-based approaches (3, *Center for Disease Control and Prevention, Healthy Communities Program, p. 108*).

System: A collection of parts of components that interact with one another to function as a whole (7, *Minnesota Food Charter*).

Systems change: Change that impacts all elements, including social norms, of an organization, institution, or system; may include a policy or environmental change strategy (3, *Center for Disease Control and Prevention, Healthy Communities Program, p. 109*).

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