



CULTIVATING COMMUNITIES OF PRACTICE FOR COMMUNITY AND PUBLIC HEALTH PROFESSIONALS

A Guide for Sharing, Accelerating, and Managing
Knowledge

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INTRODUCTION

Over the past few decades, community and public health practitioners have made significant strides in health promotion and disease prevention. In communities across the country, practitioners have implemented new and effective policy and environmental interventions, developed more robust measurement and evaluation techniques, promoted innovative and savvy media strategies and messages, and forged important community partnerships.^{1,2} Many of these advances and changes have occurred quickly. Practitioners are challenged to keep up with these advances and the emerging knowledge, but doing so is important given the scale and complexity of today's community and public health issues.

Leaders of successful initiatives recognize that under conditions of complexity, such as ever-changing social and political climates, strategies and plans rarely unfold as expected. To manage this complexity, practitioners typically learn rapidly—by trial and error and from continuous feedback—about what works, what does not work, and why. This rapid learning leads to continual adaptation and new and emerging solutions.³

For practitioners in the field, the behind-the-scenes processes, strategies, lessons learned, and unexpected discoveries represent the practice-based side of the work—the “how” and “why”—that is largely unwritten and, therefore, not reported or published.⁴ Although some information might be shared between practitioners across communities, it is unknown whether or how much this occurs. With compact schedules and often accelerated timelines, practitioners might not have the time or processes to make these cross-community connections easily.

Developing organized methods for practitioners working on similar activities to share experiences, discuss challenges, brainstorm solutions, and learn from each other can be the difference in accomplishing objectives and advancing community health. Furthermore, documenting and disseminating this information for other communities and for the future is crucial for building the knowledge base, advancing the work, and developing capacity.^{4,5,6} Identifying and documenting this information is particularly important for states and communities that might not have received training and technical assistance (TA) that often comes with funding. To address these needs and capitalize on peer-networking opportunities, this resource offers a framework and tools to guide

community and public health practitioners as they develop an organized structure for networking. These networks will be referred to as Communities of Practice (CoP).

Much of the information for this guide was drawn from first-hand experience developing, implementing, and managing community and public health peer-networking activities, which included implementing CoP, as part of a national public health initiative. Examples of organizational information, resources, and lessons learned from these activities will be provided throughout the guide. The rich business literature on knowledge management (KM), as well as resources from education, public health, and the social sciences, provided additional information.

Purposes of this Guide

Following are the purposes of this guide:

- Introduce key concepts of KM and CoP and the structural elements of a CoP
- Provide community and public health practitioners with a framework for planning and implementing CoP at any level (e.g., state, cross-community, locally, or internally within an organization)
- Outline strategies and provide tools for documenting, disseminating, and sharing information

This guide will not cover peer-learning opportunities that are often included at in-person training events. While one-time or intermittent training events are important peer-connection and learning opportunities (and CoP may choose to meet while attending these events), the primary focus of this guide is on more formally developed groups of practitioners that conduct ongoing communication and sharing.

Intended Audience and Uses

Community and public health practitioners at state, county, and local levels are the primary audience. The guide has been developed for practitioners and organizations interested in developing and implementing CoP for the first time; however, specific sections and resources within the guide might be relevant or helpful to improve existing groups.

Sections

- Section 1 provides an overview of key concepts from the field of KM and introduces CoP as an approach for cultivating knowledge and peer connections.
- Section 2 provides an outline of the structural elements and additional features that make up CoP.
- Sections 3 and 4 describe the steps for developing CoP from planning through implementation.
- Section 5 provides information about documenting and disseminating practice-based knowledge.

SECTION 1: KEY CONCEPTS BEHIND COMMUNITIES OF PRACTICE

Drawing from the Private Sector—Knowledge Management and Communities of Practice

Businesses in the private sector understand that knowledge is the key to success and is too valuable a resource to be left to chance. In the past few decades, knowledge management (KM) has been fueling the competitive advancements of many successful companies such as Colgate-Palmolive, McKinsey & Company, and Chrysler Corporation.^{7,8} After several significant phases of development, which will be briefly described, this management framework has evolved to become the foundation for many learning organizations.^{7,8}

O'Dell and Hubert (2011) defined KM as “the systematic effort to enable information and knowledge to grow, flow, and create value—the systematic transfer of lessons learned and best practices.” Best practices include any practice, knowledge, know-how, or experience that has proven to be valuable or effective within one division or organization that may have applicability to other divisions or organizations.

According to leaders in the field, the first phase of KM was focused almost solely on information technology (IT). The explosion of information and capabilities of the Internet in the early 1990s understandably fed this focus. The most important concept learned from the first phase of KM was the difference between information and knowledge.^{7,8} Many companies in this early phase did not understand this important distinction and created enormous databases of information that became unwieldy, impractical, and irrelevant for professionals to use (e.g., digital junkyards). The lesson is that useful knowledge is not a thing that can be managed like information. Larry Prusak, founder and executive director of the Institute for Knowledge Management, further explains this by identifying the following key concepts about knowledge:⁷

- Knowledge is better understood as flow. It is highly dynamic, nonlinear, and difficult to measure or even manage. Working with knowledge requires new techniques that can evolve with the fast-paced learning environments that many professionals face.
- While technology has a place in the management of knowledge, working with knowledge is a human activity needing human organization and understanding.

- Knowledge in organizations is profoundly social and best managed in groups, networks, communities, and practices.

In the second phase of KM, the focus shifted to a greater understanding of the different types of knowledge—explicit knowledge and tacit knowledge.^{7,8} Explicit knowledge comes in the form of formal and codified books, documents, white papers, and policy manuals. This information is important but it may not be useful without the context provided by experience. Tacit knowledge is the embodied

Explicit versus Tacit Knowledge

Explicit knowledge comes in the form of formal documents such as resource guides, formulas, contracts, process diagrams, and manuals.⁷

Tacit knowledge is what you know from experience. It consists of embodied expertise – a deep understanding of complex, interdependent systems that enables dynamic responses to context specific problems.^{7,8}

experiences and expertise of employees and practitioners. It consists of the kind of informal, hard-to-pin-down skills captured in the term “know-how”.⁹ Tacit knowledge is highly experiential, personal, informal, and difficult to document in any detail.^{9,10} Tacit and explicit knowledge are both important, but explicit knowledge often depends upon tacit knowledge to be applied. Sharing tacit knowledge requires interaction and informal learning processes such as storytelling, conversation, coaching, and training—the kind of learning that can be created in Communities of Practice (CoP).⁸

Heading into a third phase, the focus shifted to the best approaches for cultivating knowledge, such as developing CoP. Wenger, McDermott, and Snyder (2002) defined CoP as “groups of people who share a concern, a set of challenges, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.” This understanding among professionals allows them to communicate and discuss detailed information in nuanced ways that someone outside the field might miss or not appreciate.

Lessons Learned from the Business Sector

- Information and knowledge are not the same.
- There are two types of knowledge—tacit (i.e., informal, personal experience) and explicit (i.e., formal, written)—and both are important.
- Communities of Practice (CoP) are one way to identify and cultivate tacit knowledge.
- CoP are in the best position to codify knowledge because they can combine tacit and explicit knowledge.

The concept of CoP is not new. What is new is the understanding that organizations and professionals need to become more intentional and systematic about sharing and managing knowledge. For many competitive companies, this includes a commitment to weaving knowledge sharing into the functional fabric and structure of the organization.⁷

Identifying CoP in strategic areas is a practical way for businesses to manage and cultivate knowledge as an asset, just as systematically as companies manage other assets. With the expansion of science and technology and their increasing complexity, the half-life of knowledge is getting shorter. Businesses realize that developing CoP allows them to focus on crucial areas and keep up with the rapid pace of change.⁷ The information in Table 1 helps to clarify what distinguishes CoP from other, more familiar organizational structures.

Table 1. Distinctions between Communities of Practice (CoP) and other Organizational Structures⁷

	What Is the Purpose?	Who Belongs?	What Holds Them Together?	How Long Do They Exist?
Communities of Practice	To create, expand, and exchange knowledge; to develop individual capabilities	Self-selection based on expertise or passion for a topic	Passion, commitment, dedication, and identification with the group and its expertise	Evolve and end organically (exist as long as there is relevance to the topic and value and interest in learning together)
Formal Departments	To deliver a product or service	Staff that reports to a manager	Job requirements and common goals	Intended to be permanent (but exist until next reorganization)
Operational Teams	To take care of an ongoing operation or process	Membership assigned by management	Shared responsibility for the operation	Intended to be ongoing (but exist as long as the operation is needed)
Project Teams	To accomplish a specified task	People who have a direct role in accomplishing the task	The project's goals and milestones	Predetermined ending (when the project has been completed)
Communities of Interest	To be informed	Whoever is interested	Access to information and sense of like-mindedness	Evolve and end organically

	What Is the Purpose?	Who Belongs?	What Holds Them Together?	How Long Do They Exist?
Informal Networks	To receive and pass on information; to know who is who	Friends and business acquaintances; friends of friends	Mutual need and relationships	Never really start or end (exist as long as people keep in touch or remember each other)

The Intersection of Knowledge Management and Communities of Practice with Public Health

Although KM may be a phrase that is new to community and public health practitioners, the concepts behind it are not new. The need to cultivate, share, document, and manage knowledge in public health is as important as it is in the business world. In the private sector, it may be the difference between staying in business or not, remaining competitive or falling behind. For public health, the ability to advance and accomplish health promotion or disease prevention objectives is essential to the welfare of our society. Also, unlike business where knowledge is considered intellectual property and is typically not shared outside of a company, sharing information openly and widely in the public domain is an expected practice among community and public health professionals.

As with the business sector, the Internet opened a floodgate of resources and information from which community and public health practitioners could draw. With the ease of disseminating information through Web sites, organizations at every level have been developing, sharing, and promoting more information than ever before. Nonetheless, the complexity and speed of information emerging about public health issues means there is still a great need for communication mechanisms that will allow practitioners to share *tacit* knowledge in real time.

Practitioners understand the importance of using the latest evidence-based strategies (explicit knowledge) to advance public health. However, they are also keenly aware that outside of quantitative indicators (e.g., performance measures), emerging dynamics are providing an important complement to the “what” of measurement by identifying the essential “how” and “why” (tacit knowledge).³ These dynamics capture the value of developing and participating in CoP. They also speak to the importance of documenting the “how to”—the practice-based information that is largely missing in the literature. Similar to the business sector, the human element of sharing knowledge in real time needs to be integrated into public health, at every

level, as a deliberate function and way of working that is valued by leadership and supported with resources.

Identifying the Added Value

If you are considering developing a CoP or other peer-networking activity, you must set the right expectations. Even if effective mechanisms and connections between practitioners are defined and established, that will not guarantee that knowledge will flow, answers to all challenges will be identified, and outcomes will be achieved. However, when their role in stewarding knowledge is well understood and they have adequate organizational support, CoP can create value in multiple and complex ways.⁸ Table 2 outlines a few examples of potential short- and long-term (tangible and intangible) benefits that organizations, communities, and practitioners could gain from organizing, promoting, and actively participating in CoP.^{7,8}

Table 2. Potential Short- and Long-Term Value of Communities of Practice (CoP) for Community and Public Health Organizations and Practitioners

	Short-Term Value	Long-Term Value
Benefits to Community and Public Health Organizations	<ul style="list-style-type: none"> • Provide a forum for sharing emerging solutions and solving challenges in real time • Provide more perspective on challenges • Reduce time in problem solving • Improve quality of decisions • Improve ability to bring new hires up to speed more quickly • Increase learning rate and competencies for all practitioners • Increase understanding of disparities and other cultures • Increase strategy ideas for future grants • Increase exposure to and appreciation by other groups in the community 	<ul style="list-style-type: none"> • Increase ability to fully implement action plans and achieve objectives • Increase and improve knowledge base that can lead to best practices • Improve ability to identify, address, and solve disparity issues • Increase ability to capture lessons learned from initiative to initiative for reuse • Decrease replication of ineffective practices • Increase ability to retain institutional knowledge • Increase sustainability • Improve grant development • Develop a knowledge-sharing culture • Improve effective use of public funding

Table 2. Potential Short- and Long-Term Value of Communities of Practice (CoP) for Community and Public Health Organizations and Practitioners (continued)

	Short-Term Value	Long-Term Value
Benefits to Practitioners	<ul style="list-style-type: none"> • Support from colleagues doing the same work in real time • Access to expertise • Vivid, relevant, and practical advice for everyday work • New competencies • Confidence in one's ability • Leadership development • Sense of belonging • Relationships • Mentoring 	<ul style="list-style-type: none"> • Forum for expanding skills and expertise: <ul style="list-style-type: none"> – Increase knowledge and capabilities in subject matter areas – Increase knowledge and capabilities in program leadership and management • Network for keeping abreast of the field • Opportunity to make a meaningful contribution to the community and field

Addressing Barriers

Although the potential short- and long-term benefits are compelling, creating the structure for participation in CoP is not easy, takes time and effort, and is rarely built into the way that organizations work or that cross-community initiatives are designed. Logistical, structural, and cultural hurdles that exist in organizations, and which are often associated with complex initiatives, can create barriers for this type of meaningful interaction.⁷

Research conducted in the business sector identified four key barriers that prevent the transfer of best practices within and across companies: (1) lack of awareness, (2) capacity, (3) preexisting relationships, and (4) motivation.¹¹ Information from a large-scale peer networking session conducted with community and public health practitioners revealed similar concerns about participating in peer-networking activities; the primary issue was capacity (i.e., lack of resources, time, and organizational support). Table 3 outlines the primary barriers and potential solutions for addressing them.^{7,11} Corresponding sections in the guide that provide additional information are noted with the solutions.

Table 3. Barriers to and Potential Solutions for Developing and Participating in Communities of Practice (CoP)

Barriers	Potential Solutions
<p>Lack of Awareness—Those who have useful knowledge do not realize that others would find it helpful. At the same time, those who could benefit from that knowledge have no idea that someone in the organization (or elsewhere) already has it.</p>	<ul style="list-style-type: none"> • Define and widely promote the importance of identifying and sharing tacit and explicit knowledge to staff internally and partners in the field. (See sections 1 and 4) • Make sure that those in senior management positions communicate about the value added and provide support and resources for staff involvement. They should also model and mentor the behavior of identifying and sharing tacit knowledge. (See section 3) • Involve practitioners who understand the value and can model and mentor the behavior of identifying and sharing tacit knowledge. Identify a staff person to act as the Knowledge Management (KM) lead. (See section 4) • Develop communication mechanisms and methods to promote and disseminate tacit knowledge widely. (See section 5) • Establish a sense of urgency and importance about sharing tacit knowledge to accomplish objectives and keep up with emerging knowledge. (See introduction and section 1)
<p>Lack of Capacity—Even when professionals understand that they have knowledge that is important for others to know, they often feel as though they lack the resources, time, and organizational capacity to identify it and capture it in enough detail to help others.</p>	<ul style="list-style-type: none"> • Build internal and external knowledge-sharing mechanisms. (See sections 4 and 5) • Develop organizational mechanisms to support knowledge transfer. (See sections 2 and 4) • Develop communication mechanisms and methods to promote and disseminate tacit knowledge widely. (See sections 4 and 5) • Match knowledge-sharing approaches to level of support. (See section 3)
<p>Lack of Relationships—People tend to absorb and share knowledge and practice from other people they know and respect. Without personal ties or links, people are less likely to incorporate each other's experiences into their own work.</p>	<ul style="list-style-type: none"> • Become part of a CoP to help establish meaningful and trusting relationships. (See sections 2, 3, and 4) • Actively recruit practitioners to CoP to establish relationships and create mutual support. (See section 4) • Use community coordinators to assist with reaching out to and engaging other practitioners. (See section 4)
<p>Lack of Motivation—People may not perceive a clear professional reason for pursuing the transfer of knowledge and best practices.</p>	<ul style="list-style-type: none"> • Promote and support the value of sharing and documenting tacit knowledge. (See sections 1 and 3) • Make sure that senior management support knowledge sharing as a critical skill and behavior (and possibly build it into professional development plans). (See sections 3 and 4)

Caveats

This resource guide provides a framework to help practitioners and organizations identify what to do, who might do it, and how as it relates to developing CoP. It does not provide the answers as each situation will be slightly different. Some barriers cannot be fixed and not all of the benefits may be realized across communities. However, with appropriate focus and resources, developing and implementing CoP can be a valuable way to share and transfer knowledge and support practitioners. Each CoP will take on its own personality and evolve in different ways.

Also, in the early days of KM, a famous tagline became, “if you build it, they will not necessarily come.”⁷ Although this tagline was primarily in reference to IT, it also applied to the development of CoP. Even if all of the barriers are addressed and the mechanisms developed provide the supportive structure needed for optimal knowledge sharing, ultimately, the value of these connections and interactions are dependent on the participation, input, and involvement of the community members.

A Continuum of Knowledge Management Approaches

Successful private sector organizations realize the need for and importance of developing an infrastructure to assist with the transfer of knowledge and best practices. What they do, who does it, and, how they do it varies, but not whether they do it. They simply do not leave change to chance.⁷ However, it is understandable that community and public health organizations, which may already be stretched in terms of capacity and staff, may not know how to manage the “what to do, who will do it, and how.” This guide was developed to address this information gap.

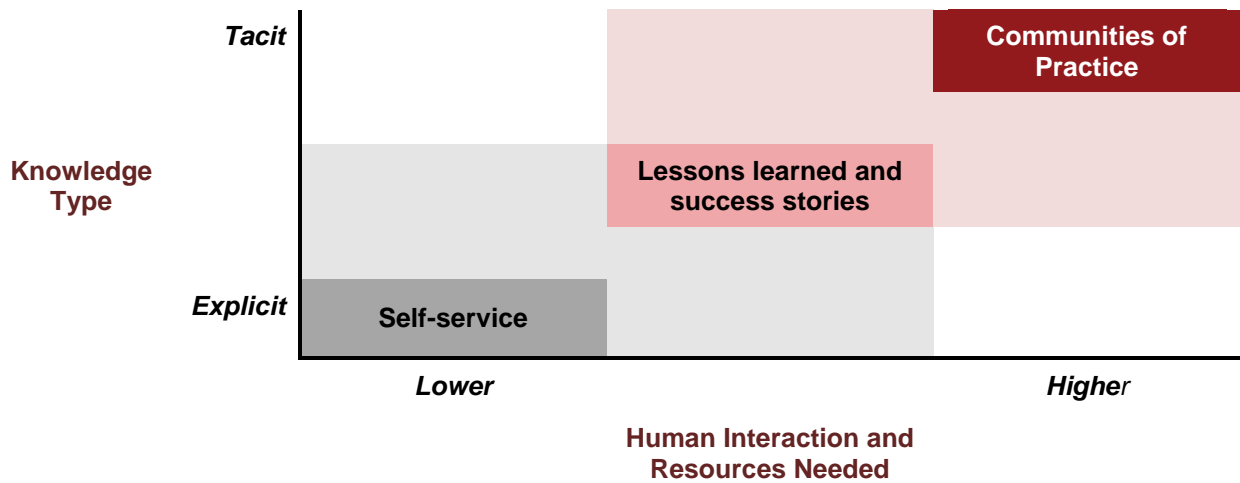
While the focus of this resource is on developing CoP, it is important to note that for most organizations, including public health, a combination of KM and approaches for transferring knowledge are probably most appropriate. Not all issues or topic areas require the level of engagement that a CoP requires. For other issues, particularly those that are technical in nature, having access to explicit information (e.g., technical or policy manuals) may be sufficient. CoP might be the best approach for adaptive issues that are

- ✓ complex

- ✓ situations where the solutions are not completely known
- ✓ in settings that may require multiple partnerships and sectors to effect change¹²

Figure 1 illustrates three different knowledge transfer approaches along with the type of knowledge (i.e., explicit or tacit), level of human interaction, and resources needed for each approach.¹⁰ The key factors of each approach are outlined following Figure 1.^{7,10}

Figure 1. Three Levels of Information and Knowledge Transfer



Self-service—This category includes documented information and resources. Explicit knowledge is represented primarily, but lessons learned and success stories that provide tacit information could be included. This approach allows information access at any time, requires few resources other than Internet access and the ability to print, and little to no human interaction. This approach, however, requires management support and time for practitioners to read and stay abreast of available information

Lessons learned and success stories—This approach allows practitioners to capture, share, and reuse lessons based on their experiences. It may also be referred to as “after action reviews”—where practitioners debrief the processes throughout a project to capture what occurred and document it to report to others (i.e., final reports). This knowledge approach requires practitioners to participate and have the ability to recall meaningful details about what happened during and as a result of a process, project, or initiative. Disseminating this information for others to review and use is crucial.

Communities of practice—Of the three approaches, CoP requires the greatest amount of human interaction and resources, particularly staff time, supportive technology, and organizational mechanisms that enable groups of practitioners to connect and share. CoPs tend to be formal and developed with the common goal of sharing experiences, insights, and best practices to transfer a body of knowledge. While this approach requires the most resources, the added value, as outlined in Table 2, can offset the cost.

SECTION 2: STRUCTURAL ELEMENTS OF COMMUNITIES OF PRACTICE

Communities of practice (CoP) vary widely in form and name (e.g., peer networks or teams and learning communities). However, they all share a basic structure that includes three fundamental elements: (1) a domain of knowledge or expertise that defines a subject matter area or issue, (2) a community of people who care about this domain, and (3) the shared practice that they are developing to be effective in their domain.⁸ Together, these three elements create an ideal structure for sharing and accelerating knowledge. Additional information follows about each of these elements.⁸

Domain

The domain represents the topic or subject matter of interest and expertise that establishes common ground and identity. Typically, it represents a required baseline of knowledge that then allows community members to discuss and focus on more advanced issues. A shared domain creates a sense of accountability to a body of knowledge and the development of practice related to this knowledge. The insider's view of the domain guides the actual learning of the community.

Community

The community creates the social fabric of learning by fostering interactions and relationships based on mutual respect and trust. A strong community encourages sharing ideas, asking difficult questions, listening carefully, and being willing to expose one's lack of knowledge and challenges. A CoP is not just a Web site, a database, or a collection of best practices. It is a group of practitioners who interact, learn together, build relationships, and in the process develop a sense of belonging and mutual commitment. To develop this kind of structure and relationships, members must interact regularly on issues that are important to their domain.

Practice

The practice includes the strategies, ideas, tools, language, and documents that community members share. Although the domain denotes the topic on which the community focuses, the practice is the specific knowledge that the community develops, shares, and maintains. Although practitioners may belong to slightly different schools of thought, they share a basic body of knowledge that creates a common foundation that allows them to work together effectively.

Using the structural elements as a guide, a few examples of potential public health CoP are outlined in Table 4.

Table 4. Structural Elements and Example Public Health Communities of Practice (CoP)

Domain (Subject Matter)	Community (Members)	Practice (Focus Area)
Nutrition	Nutrition directors and multisector representatives from agriculture, grocers, and food banks from state, county, and local levels	Food system policy; State, county, and local collaboration and coordination
Physical Activity	School physical education (PE) and other teachers; local practitioners from specific school districts	Improved voluntary policies for quality PE and physical activity for specific school districts
Tobacco Prevention and Control	Community, public health, and coalition members from specific county and local areas	Smoke-free multiunit housing for specific county and city units
Chronic Disease Prevention	State- and county-level chronic disease directors or managers, including foundation and hospital directors	State and local chronic disease prevention integration and sustainability

There are several important distinctions in the structural elements of CoP between the business and public health sectors. In terms of the practice element, business professionals typically hone in on a specific product or service within a domain and focus their attention on that particular practice. Targeting a specific practice might also be the case for some public health communities (e.g., a CoP focused solely on farm-to-school policy), but practitioners within a domain (e.g., nutrition) are likely have a much broader focus. Community and public health practitioners often oversee the development of a wide range of strategies within a domain. For example, a practitioner who is a nutrition coordinator in the obesity prevention program area may work on a wide range of strategies. His or her work might include multiple settings, such as schools, worksites, or communities; various strategies within each setting, such as healthy vending, farm to institution, and mobile farmers markets; and different population groups that might have special needs, such as low-income families, children, or certain ethnic groups.

Also, while the development of distinct CoP advances strategies in specific domain areas, multiple CoP might be developed for and operate at the same time during a comprehensive public health initiative. In this situation, it is essential that there is open communication among

communities to ensure coordination during the initiative. As is often the case, information from one CoP may have implications for others. When that information is shared, practitioners can leverage practices across domains and eliminate duplication of effort and competition. In this structure, a staff person can be identified to play the role of connector among communities.

Outside of the structural elements, CoP can take many forms⁸:

- *Small or large*—Size does not matter; however, very large groups (hundreds of members) are structured and function very differently than smaller, intimate communities (10–15 members). Group size should be an important consideration based on the practice being addressed (and the purpose and goal of the group).
- *Long-lived or short-lived*—While the development of practice takes time, the life of a CoP varies greatly. Some may be tied to an initiative that has an end date but may live on beyond the timeline of a specific project. In other instances, communities may dissolve after accomplishing a particular objective.
- *Colocated or distributed*—Although some communities are local and able to meet in person regularly, other communities may include national, State-, county-, or citywide practitioners who connect primarily through conference calls. For example, a State-level CoP featured practitioners from five time zones. Another example was a county with 29 different jurisdictions working on similar strategies. It is important to remember that the mode of communication is not the crucial factor (although it must allow for adequate interaction); rather, what is crucial is the existence of a shared practice—a common set of situations or challenges. Given the latest technologies (e.g., conference calls, Skype, GoToMeeting), distributed CoP are common and relatively easy to develop.
- *Homogenous or heterogeneous*—Although some communities feature practitioners from the same discipline or role, others bring practitioners from different backgrounds. For example, a CoP built around program management may include professionals who have varying backgrounds and training but have the same job responsibilities and focus. Having common challenges and responsibilities is also a strong motivation for building a shared practice, even if members share little else.
- *Inside or across boundaries*—CoP can exist within an agency or organization or across organizations, communities, or States. Examples include the following:

- Staff members within a foundation who work with schools
 - Evaluators or epidemiologist across program areas of a State health department or program directors across chronic disease prevention programs
 - Media coordinators of community programs from States and cities that are part of a national initiative
- *Spontaneous or intentional*—Although some CoP are developed as part of an initiative, others may form out of need or interest. For large-scale initiatives, a central management structure might be developed to cultivate and oversee intentionally developed CoP for specific strategic focus areas. In addition, spontaneous groups might form in response to emerging and time-sensitive issues within a topic area and connect one time or intermittently.

Before delving into the planning aspects of developing CoP, it is important to highlight some potential scenarios of the different types of CoP that might be developed. CoP are not just for large-scale initiatives and can be developed for communities, organizations, groups, or individuals. Some CoP develop organically and function sufficiently with little planning or structure. However, as organizations and agencies attempt to develop and manage multiple CoP, more structure, organization, and support are required. Following are some example scenarios of CoP at the state, regional, county, and local levels.

State Level:

- CoP developed around five strategic focus areas (i.e., nutrition, physical activity, tobacco prevention and control, built environment, and breast-feeding) as part of a Healthy Communities initiative across 12 counties
- CoP organized by region with State and local health department staff members as part of a chronic disease prevention and control integration initiative

Regional Level:

- Seven-county (e.g., southwest corner of State) built environment CoP
- Central region breast-feeding coordinators CoP

County Level:

- CoP for worksite wellness program directors for both large and small companies
- CoP for childcare nutrition and physical activity coordinators

Local Level:

- School district food service directors CoP
- Physical activity (e.g., parks and recreation staff, health club staff, bicycle and pedestrian and trails staff) CoP

Communities of Practice and Peer Networks

Although the focus of this guide is CoP, peer networks are an additional or perhaps secondary option to developing CoP. Peer networks create opportunities for practitioners to connect on a current or emerging topic area one time or intermittently (e.g., peer calls). This method is a good option for practitioners who have interests or responsibilities across numerous topic areas. Peer networks can be a supplementary or complementary option, allowing practitioners to participate in a CoP in their primary subject matter area or area of major responsibility and also tap into other topics on an opt-in basis.

Example Options for Developing Connections between Practitioners and Cultivating Knowledge

Communities of Practice (CoP):

- Consist of practitioners with shared expertise who formally connect around an issue, discipline, or body of knowledge on an ongoing basis through various methods (e.g., face-to-face meetings, regular conference calls, combination of connection methods through the Internet)
- Have a common goal and a desire to share experiences, insights, and best practices
- Shepherd a body of knowledge
- Professionally develop their members

Peer Networks:

- Feature opportunities for practitioners to connect on a one-time or intermittent basis about a specific topic of interest through various methods (e.g. conference calls, special sessions at conferences, or social networking methods such as Twitter or Web site blogs)
- Focus on a current or emerging strategy and/or discussion of solutions for specific challenges in a topic area
- Are open to all practitioners who might have an interest on an opt-in basis

SECTION 3: GETTING STARTED— PLANNING AND DESIGNING COMMUNITIES OF PRACTICE

Key concepts and structural elements outlined in the previous sections provide the foundation for using Communities of Practice (CoP) to connect practitioners and cultivate knowledge. Building on this information, the following planning and design steps can be used to inform the development and implementation of CoP:

1. Assessing needs, opportunities, and interest
2. Identifying purposes and goals
3. Assessing and developing capacity
4. Determining modes of connection

Step 1: Assessing Needs, Opportunities, and Interest

Assessment is the first step in identifying areas of need or opportunities for using a CoP. The questions outlined below and provided in a template format in Appendix A can help to determine whether a CoP might serve the needs of practitioners within or across organizations, program areas, projects, or initiatives^{7,10}:

- In which areas are we able to make the progress needed to prevent or promote certain issues based on our current knowledge?
- Which areas are most affected by knowledge gaps?
- What knowledge do we need to make progress?
- What type of knowledge is needed to support this progress—explicit (e.g., manuals or resource guides), tacit (e.g., input from experienced practitioners), or both?
- In what areas are we leading/succeeding/progressing so that we could mentor others in the field and also document critical tacit knowledge?
- Which knowledge management approach (e.g., development of a resource, documenting lessons learned and success stories, or facilitating a CoP) would allow us to steward this knowledge?

- What other communities can we connect with that have similar challenges or are leading/successful/progressing (e.g., reaching demographics and populations of greatest need)?
- What emerging topics do we need to learn more about or stay abreast of?
- What resources (e.g., staff time, information technology, connection method) do we need to support the initiation and maintenance of the identified approach? What existing groups, tools, or resources are available that we can leverage to support a CoP?

After completing an assessment, solicit input from practitioners to provide additional information about their interests in participating, key factors for effective implementation, and potential barriers. The following questions can be used for interviews, focus groups, or a survey to identify this information:

1. What would you most like to gain from being involved with a CoP?
2. What do you think would be the best way to accomplish the things you identified?
3. What would concern you about participating as part of a CoP?
4. How do you think we can avoid those potential pitfalls?
5. How do you think valuable information and lessons shared by a CoP could be shared with other communities?

Step 2: Identifying Purposes and Goals

Once organizations and practitioners commit to developing a CoP, it is important to be as clear as possible about the purposes and goals envisioned. Although each CoP will have varying focus and desired outcomes, practitioners and organizations should consider some key purposes and goals for developing and establishing CoP.

The following are overall purposes for developing and establishing CoP:

- Enable practitioners working on the same strategies or overall efforts within or across organizations and communities to share experiences, highlight successes, discuss challenges, and problem solve about such activities as
 - effective policy, systems and environmental change strategies;
 - specific health needs and issues related to their communities;

- coalition and partnership efforts;
 - evaluation and measurement methods;
 - media activities;
 - emerging strategies;
 - political shifts;
 - cultural challenges;
 - unexpected or unpredicted events (positive or negative) that have an impact on health promotion efforts.
- Build a knowledge-sharing culture, thereby
 - increasing and improving the quality of dialogue between community and public health practitioners;
 - identifying, acknowledging, and promoting the rich experiences and expertise of practitioners;
 - enabling the transfer of best practices and lessons learned, preventing the loss of knowledge, and as importantly, decreasing replication of ineffective practices.
 - Increase and improve the knowledge, skills, and abilities of community and public health practitioners.

The overall goals for establishing CoP are to

- enhance and accelerate community and public health efforts and results;
- enhance and expand the knowledge base of community-based public health strategies;
- promote sustainability of programs, policies, and staff.

Step 3: Assessing and Developing Capacity

Using the purposes and goals as a guide, the next step is to identify and assess the capacity needed to ensure that the intended outcomes can be accomplished. Capacity includes the staffing, support, and resources necessary to develop and cultivate CoP. Without the appropriate level of capacity, it will be difficult to develop and implement the processes needed to create effective and productive CoP. Once you have assessed your capacity, you might want to revise or adjust

the purposes and goals to match the level of capacity available. Following are outlines of the primary capacity factors to consider.

Staffing and Support

Staffing includes the people resources needed to develop, implement, and manage CoP and will primarily depend on the number and size of the CoP being offered. For one or two groups, it is possible that community members could share leadership responsibility. However, support from senior management will be required in terms of allowing a percentage of staff time to be used for both managing and participating in the community. Three or more CoP related to a program area, initiative, or project, will require a percentage of dedicated time by one or two staff members to manage ongoing connections and communication effectively. Even in this scenario, other community members may need to assist on occasion. The percentage of staff time and effort needed will depend on the number of communities developed, size of the groups, and goals of the community. (Staff members who assist with the organization and facilitation of the community are considered CoP coordinators. This role will be discussed in more detail in the next section.)

Practitioners should ensure that supervisors and senior management staff are aware of and support a percentage of work hours to be dedicated to their participation in CoP. Without this support, it will be difficult for practitioners to add active and regular participation time to their schedules. Given the added value and potential benefits for organizations and practitioners outlined in Table 2, a reasonable amount of time (e.g., 2–3 hours per month) should be justifiable. However, the value of this time will depend on how well the activities are organized and focused and the level and quality of participation.

It is important to note that senior-level managers and executives might also be interested in participating in a CoP. In fact, in the planning process, it is important to also assess the needs and interests of senior-level staff. Input provided by senior staff involved with a large initiative confirmed that they were interested in connecting with other management professionals.¹¹ These managers also provided input about areas of interest such as developing effective organizational structures, identifying and sustaining funding mechanisms, capacity building, and coalition development and management.

Funding

Outside of staff time to organize and manage CoP and participate as a member, other potential expenses might include teleconference costs; paid facilitators or notetakers; transcription of recorded calls; costs for meeting management or other technology applications; online document storage; and possibly, staff time for writing, editing, and graphic design for the development of documents for dissemination. If funding is not available for some of these expenses or cannot be distributed or leveraged across communities or organizations, implementation and documentation processes should be adjusted accordingly.

Step 4: Determining Modes of Connection

Outside of CoP that are local and might be able to meet in person, there are many different modes that can be used to facilitate connections within and across communities and organizations. According to *Digital Habitats—Stewarding Technology for Communities*, technology-enabled CoP have increased exponentially in the last decade.¹³ Although there are many technology options available to enable members of a CoP to connect and communicate, it is beyond the scope of this guide to delve into all of the potential virtual options available. For those organizations considering social media or other Internet options, practitioners can draw from available comprehensive guides, including the one noted above.

Several issues should be considered when determining the most effective mode of connection. Although there are a range of technology options and social media applications available, it is important to keep in mind that some are more user-friendly than others and some practitioners might not feel comfortable or confident using these methods. In addition, taking the time to learn a new application or approach might be a barrier to participation. It is also important to consider that some organizations and agencies, particularly those in the public sector, might have limited technology options or not allow access to some applications or Web sites in the workplace.

For the purpose of this guide, conference calls will be the primary mode of connection considered for developing CoP across organizations and communities. Conference calling is a mode that everyone can access, most people feel comfortable with, does not require special equipment or resources outside of a phone line, and allows for adequate group interaction. Although not as ideal as face-to-face group meetings and discussions, it is the easiest and most

inclusive method to use for cross-community and organization involvement in terms of cost, delivery, and reach.

Building off of the assessment questions, capacity elements, and modes of connection, the following questions can be used to further identify specific planning and design aspects needed to inform the development and implementation of CoP. Potential solutions or answers for many of these questions are provided in the following sections.

- How many practitioners would be interested in participating in a CoP? How many could be accommodated based on capacity (i.e., staffing and resources)?
- How would domains and practices be identified and featured?
- Should CoP be delineated by community population size or location (i.e., rural, urban, or large city; southern or western)?
- Would practitioners be interested in management and leadership topics (e.g., coalition management, developing leadership teams, sustainability) outside of specific subject matter practice areas? Would senior management be interested in forming a CoP? What practice areas would they be interested in?
- If the mode of connection is through in-person meetings or conference calls, how frequently would practitioners like to connect and for how long?
- Would practitioners be interested in participating in a CoP (i.e., ongoing meetings with the same group), peer network (i.e., one-time or intermittent topic-specific calls) or a combination?
- How would promotion and signup be managed?
- How would time zone issues be handled?
- How many practitioners would be optimal for the community or calls? Should the number of members be controlled?
- How would agendas be developed?
- Are facilitators needed and if so, who would that be?
- How could time be optimized and time burden be minimized?
- What type of follow-up would be needed and who would be responsible for it?
- How could key lessons and strategies be captured and shared widely?

Additional Resources

Additional tools for planning and designing CoP can be found on the Centers for Disease Control and Prevention (CDC) Web site at

<http://www.cdc.gov/phcommunities/resourcekit/resources.html>

SECTION 4: DEVELOPING AND IMPLEMENTING COMMUNITIES OF PRACTICE

Using the planning and design information identified from section 3 as a guide, practitioners can begin to develop the processes needed to organize and manage Communities of Practice (CoP). Development aspects include recruiting potential community members, scheduling and confirming meeting times, developing promotional plans and methods, and developing processes to identify agenda items. Once these processes have been established and completed, CoP can then be implemented. Key implementation aspects include facilitating and coordinating the community and conducting effective conference calls. Developing effective organizational processes is essential for implementing productive and successful CoP. However, it is important to reiterate that even if all of the processes are delivered well, the value of the connections and interactions are ultimately dependent on the participation, input, and involvement of the members of the community. Ensuring that the support structures are developed to enable and enhance participation and discussion is a key to a successful CoP.

Developing the Organizational and Logistical Dimensions

Recruitment—Using the CoP domains and practice areas of interest identified in the planning process, practitioners can use several methods to recruit potential members. Recruitment can be accomplished through an e-mail invitation, a survey, or several different online applications such as Doodle (www.doodle.com) or Meeting Wizard (www.meetingwizard.com) to send invitations through a link. If recruitment entails a large group of possible responses and potential participants, a survey application such as SurveyMonkey (www.surveymonkey.com) may work best because the contact information can easily be transferred to a Microsoft Excel spreadsheet. For each of these options, interested participants are able to opt in voluntarily and self-select the CoP in which they would like to participate. In addition, participants should be given the opportunity to indicate the frequency of calls that they would be interested in (e.g., monthly or bimonthly).

Scheduling meetings—Once practitioners have self-selected into a CoP, a follow-up e-mail should be sent confirming their community, along with a list of other community members. (Permission should be requested from members before contact information is shared.) In addition, a link to a meeting scheduler should be included to allow members to identify two to three regular meeting

days and times (e.g., third Monday of the month at 1 p.m. EST or second Thursday of the month at 3:30 p.m. EST). It is important to always include the time zone, especially if members are located across multiple time zones. In addition, if the community includes members from multiple time zones and particularly those from the West Coast (or Hawaii and Alaska), make sure that the times offered are reasonable for West Coast participants (e.g., meeting options are offered no earlier than 1 or 2 p.m. EST, which translates to 10 or 11 a.m. PST). After the majority of the members have indicated their day and time preferences, a follow-up e-mail should be sent to confirm the time and dates of their regular calls.

Organizational processes—Once all of the communities call dates and times have been confirmed and contact information compiled, a timeline should be developed to outline activities that need to occur before, during, and after a call (or meeting). Appendix B provides an example of this information and the estimated time involved for each process. This type of detailed checklist is helpful to ensure that all of the processes are completed on time and implemented effectively.

Promotion—One of the major lessons that we learned from working with a large-scale initiative is that even if a call is regularly scheduled, each call must be actively promoted to generate interest and participation. Promotion includes sending consistent e-mail reminders at least 1 week before a call with a request for members to respond to a meeting organizer link by confirming their availability. Appendix C provides an example promotional template. Promotional information about key agenda items and topics should also be included.

Agenda development—In addition to the promotional e-mail and meeting schedule link, the reminder e-mail should also include a request for agenda items and provide members with the ability to add this information in a comments section. Members may also provide input about agenda items at the end of each call or by contacting the community coordinator. Once responses are compiled, discussion topics are added to the agenda. Appendix D presents an example agenda template. After the agenda is developed, it should then be distributed to community members the day before the scheduled call at the latest (but no sooner than 1 week before).

Implementation Processes

Key Factors for Coordinating Communities of Practice and Assisting With Call Facilitation

One of the core aspects of developing a successful CoP is the emergence of a community member who helps the community focus on its domain, maintain relationships, and develop its practice.⁸ These community coordinators (as referenced in the staffing section) are knowledgeable and passionate about the community's topic and perform a number of the following key functions:

- Identify important issues in their domain
- Plan and facilitate community discussions and learning events
- Informally link community members
- Help build the practice, including the knowledge base, lessons learned, best practices, tools, and methods
- Assess the health of the community and evaluate its contribution to members and the organization

Effective community coordinators are well respected, knowledgeable about the community's domain, good communicators, and personally interested in community leadership.⁸ Community coordinators can be identified up front or be allowed to develop organically within the group over time. A CoP can also have more than one community coordinator.

Providing facilitation and coordination for the community overall as well as for the calls is essential. As noted earlier, this helps to create a support structure to encourage optimal participation and interaction among community members. As a facilitator, community members can keep discussions on track, interject probing questions when needed to delve into more detail about a topic, and make sure the timeline is followed. Facilitators and community coordinators are primarily responsible for developing the agenda, sending out the promotional call reminders, and engaging the community. Given the expertise and experience of the members of a CoP, rotating these responsibilities among members can ease the time burden and also allow each member to engage more actively and lead.

Key Factors for Conducting Effective Conference Calls

As noted above, CoP calls might include a designated facilitator or might be led by an internal community member, such as the community coordinator. Regardless of who leads the facilitation, the most important thing is that the designated lead is well prepared for the call. According to Von Arsdale and Ross (2011), authors of *No More Lame Conference Calls*, being as prepared as possible is the most important thing you can do to conduct effective conference calls. Some important principles of effective conference call leadership follow (adapted¹⁴):

1. Learning to become a great listener is key to becoming a great facilitator. To enhance connection and productivity on conference calls, two primary questions should drive the preparation: (a) What would make this meeting so valuable to each person that he or she would choose to be here rather than somewhere else? and (b) What would motivate each person to take action on the items we discussed after they leave the meeting?
2. Engaging members in the development of the calls, and specifically with agenda development, increases their involvement and support.
3. The role of the facilitator or the coordinator is to build personal connections by being focused on the participants and not on the agenda. Connection is about giving people a chance to speak and knowing that they have been heard.
4. Work to reveal the wisdom of the group by using open-ended, forward-focused questions and tapping into the perspectives of everyone in the group. Strong leaders continually seek to nurture and develop creative ideas from their group.
5. Outside facilitators should remember that they are guests at the meetings.
6. Modeling active listening and reflection skills about what is being shared is powerful and can set the tone for the meeting.

Finally, it takes practice, preparation, and commitment to become a great conference call leader. Because of the importance of this role, organizations should consider providing facilitation training to community coordinators and other interested members.

Table 5 provides an example plan outline for developing peer connections and sharing knowledge across organizations and communities. The information includes key implementation

aspects of CoP and peer networks. Follow-up processes (i.e., summary notes) will be covered in the next section.

Table 5. Example Plan Overview for Developing and Implementing Communities of Practice (CoP) and Peer Networks

Peer Approaches	Promotion and Invitations	Facilitation	Agenda Development	Follow-Up
CoP (Domain) <ul style="list-style-type: none"> • Nutrition • Physical activity • Tobacco prevention • Media • Management 	Monthly e-mail reminder and registration link (i.e., Doodle) to members	Conference calls facilitated by CoP lead or coleaders per call	CoP members provide agenda items through a registration link or input on monthly calls; leader or co-leaders develop agendas for the call based on topics provided	Summary notes compiled and distributed by call leaders or coleaders
Peer Networks One-time or intermittent calls focused on a specific, emerging, or opportune topic (e.g., developing and managing leadership teams, working with schools, developing healthy corner stores)	E-mail promotion and invitation with registration link per topic, open list of invitees	Facilitated by a subject matter expert or Technical Assistance (TA) provider	Agendas developed from input provided by interested attendees on registration link	Detailed summary notes compiled and distributed to call participants by call organizer

Additional Resources

Additional tools for developing and implementing CoP can be found on the CDC Web site at <http://www.cdc.gov/phcommunities/resourcekit/resources.html> .

SECTION 5: DOCUMENTING AND DISSEMINATING KNOWLEDGE AND INFORMATION

Outside of the interaction that occurs between practitioners on conference calls, the final and perhaps one of the most important aspects of a Communities of Practice (CoP) is the documentation and dissemination of identified knowledge. This process is also the most time-, energy-, and skill-intensive aspect and requires capacity, which might be part of the reason that practice-based information often goes unreported. According to Wenger et al. (2002), successful practice development depends on a balance of exploring ideas together and producing resources such documents or tools. Although documentation is not the main goal, it is an integral part of the community. The authors add that the twin goals of interacting with peers and creating knowledge products (e.g., documents and tools) complement one another other.

Developing a Plan for Documenting and Dissemination Knowledge

Table 6 provides an overview of a potential documentation and dissemination plan to harness the valuable strategies, lessons learned, and experiences shared by CoP. The first two rows highlight the primary products that should be developed from the information shared on CoP calls – detailed summary notes and success stories and lessons learned. The development and dissemination of these documents will be described below. The resources identified in rows three and four represent how the information could be further developed into other products and resources and to inform potential training opportunities.

Table 6. Example Documentation and Dissemination Plan for Communities of Practice (CoP)

	Audience	Resource Type or Material	Purpose of Information	Frequency	Dissemination/ Reach
1	Practitioners and key partners	Summary, overall notes from call	Provide a detailed summary of the information shared from each community of practice call.	Per call	Distributed to respective members; Shared with external key partners as opportunities arise
2	Practitioners and key partners	Lessons learned, success stories	Documentation of the tacit and explicit knowledge experienced by practitioners in the field	Based on opportunity	Distributed to a wide community and public health audience

Table 6. Example Documentation and Dissemination Plan for Communities of Practice (continued)

	Audience	Resource Type or Material	Purpose of Information	Frequency	Dissemination/ Reach
3	Practitioners and key partners	Webinars	Provide <i>training</i> on specific topics that were identified as a need or as an emerging opportunity/issue from community of practice calls	Based on opportunity	Open to all interested practitioners
4	Practitioners and key partners	Resource guides	Identified gaps in the literature or emerging opportunities; Resources capturing tacit and explicit knowledge	Based on opportunity	Distributed to a wide community and public health audience

Identifying and Documenting Community of Practice Call Summaries

The first and primary product that is developed from a CoP call is detailed summary notes. Practitioners share a striking amount of detailed and informative practice-based information (i.e., tacit knowledge) on these types of calls. We quickly learned that regular notetaking methods are inadequate for documenting the amount of rich information shared. To help manage this information and ensure that details shared by practitioners are fully captured, we recommend that calls be recorded (for notetaking purposes only). Before each call, community members should be informed both verbally and in writing (on the agenda) that calls are being recorded. After the calls are completed and the recordings are transcribed, detailed summary notes are outlined and distributed to community members. Call recordings should be deleted once this process is completed.

Information about how long each of these processes takes is outlined as part of the organizational checklist in Appendix B. The summary process is time intensive because of the amount and quality of information that practitioners share. The person developing the summary needs to have skill and expertise in the domain and practice area. The value of the information captured in these documents outweighs the time cost.

Identifying and Documenting Lessons Learned and Success Stories

Sometimes called after action reviews or project milestone reviews, lessons learned and success story documentation approaches capture tacit and explicit knowledge from projects, events, or other efforts

(O'Dell & Grayson, 2011). Both of these approaches help to create a knowledge-sharing culture. Asking the following key questions will help to drill down to important lessons learned:

- What was supposed to happen?
- What actually happened (ensuring that the proper context is provided)?
- Why was there a difference or variation?
- Who else needs to know this information?

Lessons learned approaches can help practitioners and organizations

- avoid ineffective practices and replication,
- reuse and build on effective practices,
- develop promising practices that can lead to best practices (as illustrated in Figure 2).

Figure 2. The Continuum of Knowledge Shared in Communities of Practice (O'Dell & Hubert, 2011)



To identify and document success stories, the following questions should be asked:

- What happened?
- How did it happen?
- Did it occur as planned?
- What were the key factors that led to the success?

- Were there any surprises or unexpected conditions that occurred?
- Who could benefit from this information?

Developing Other Possible Trainings, Tools, and Resources

Table 6 identifies additional options for using information from the primary documents to inform the development of other trainings, tools, and resources. For instance, if a particular emerging opportunity (e.g., an innovative method for mapping walking areas around schools) or a major challenge (e.g., issues with implementing and enforcing a new Complete Streets policy) is discussed on the calls that could be of benefit to many practitioners, a Webinar (hosted by a participating organization) might be the best method for sharing this information more widely. On the other hand, the information might be best suited for a resource guide that outlines promising or best practices and the steps to implement or address them for either scenario. The most important lesson learned from these experiences is that a wealth of knowledge is uncovered when we create connection opportunities for practitioners within and across communities and organizations. As noted in the introduction of this document, identifying and documenting this information for broad dissemination is crucial for building the knowledge base, advancing the work, and developing sustainability.

Additional Resources

Additional tools for documenting and disseminating knowledge and information can be found on the CDC Web site at <http://www.cdc.gov/phcommunities/resourcekit/resources.html> .

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APPENDIX A. ASSESSMENT QUESTIONS FOR IDENTIFYING NEEDS AND OPPORTUNITIES FOR DEVELOPING COMMUNITIES OF PRACTICE

In which areas are we able to make the progress needed to prevent or promote certain issues based on our current knowledge?

Which areas are most affected by knowledge gaps?

What knowledge do we need to make progress?

What type of knowledge is needed to support this progress — explicit (e.g., manuals or resource guides), tacit (e.g., input from experienced practitioners), or both?

In what areas are we leading/succeeding/progressing so that we could mentor others in the field and also document critical tacit knowledge?

Which knowledge management approach (e.g., development of a resource, documenting lessons learned and success stories, or facilitating a CoP) would allow us to steward this knowledge?

What other communities can we connect with that have similar challenges or are leading/successful/progressing (e.g., reaching demographics and populations of greatest need)?

What emerging topics do we need to learn more about or stay abreast of?

What resources (e.g., staff time, information technology, connection method) do we need to support the initiation and maintenance of the identified approach? What existing groups, tools, or resources are available that we can leverage to support a CoP?

APPENDIX B. COMMUNITIES OF PRACTICE EXAMPLE CALL ACTIVITIES TIMELINE AND CHECKLIST

Pre-Call Activities				
	Task	Time Frame	Estimated Labor Hours	Staff Person Responsible
<input type="checkbox"/>	Follow and update implementation tracking sheet	Throughout pre-call work	0.5 hour	
<input type="checkbox"/>	Develop Doodle poll RSVP for CoP	5-7 days out	0.5-1 hour	
<input type="checkbox"/>	Develop e-mail promotion (template and branding) and send to team	5-7 days out	0.5-1 hour	
<input type="checkbox"/>	Contact and update facilitator	5-7 days out	0.5 (and prior e-mails)	
<input type="checkbox"/>	Keep track of RSVP and proceed if three or more individuals have confirmed participation	3-5 days out	1-2 hours (depending on communication needed)	
<input type="checkbox"/>	If fewer than three confirmations have been received, develop e-mail to inform team that call is canceled	3-5 days out	0.5 hour	
<input type="checkbox"/>	Develop agenda using template and comments provided from Doodle poll; add participant names and communities	3-5 days out	1-1.5 hours	
<input type="checkbox"/>	Develop e-mail reminder and send agenda	2-3 days out	1 hour	
<input type="checkbox"/>	Develop friendly-reminder e-mail with participant's e-mail addresses entered for distribution at beginning of call	Day of call	10 minutes	
Total estimated amount of time needed to complete pre-call work for CoP calls			5.6-8.1 hours	

During-Call Activities				
	Task	Time Frame	Estimated Labor Hours	Staff Person Responsible
<input type="checkbox"/>	Total call time with preparation (e.g., review and preparation of agenda and topic area, recorder and sheets ready)	Day of call	Call 1 hour (1.5 for staff)	
<input type="checkbox"/>	Welcome participants as they join the call	Day of call	1–5 minutes	
<input type="checkbox"/>	2–5 minutes after scheduled start, send friendly reminder to those not on call	Day of call	NA	
<input type="checkbox"/>	Start both recorders (one backup)	Day of call	NA	
<input type="checkbox"/>	Distribute resources shared on call to team	Day of call	Depends on number and type(s) of resource(s)	
<input type="checkbox"/>	Provide assistance as needed on the call: prompts, Webinar reminders, important dates, notes, and so forth	Day of call	NA	
<input type="checkbox"/>	Debrief with facilitator post-call	TBD	As needed	
Total estimated amount of time needed to complete CoP calls			1–1.5 hours	

Post-Call Activities				
	Task	Time Frame	Estimated Labor Hours	Staff Person Responsible
<input type="checkbox"/>	Upload and submit recorded audio file to be sent for transcription	Day of call	0.5 hour	
<input type="checkbox"/>	Enter participation tracking data; update implementation tracking sheet	Ideally day of call; possible 1–3 days after call	0.5–1 hour	
<input type="checkbox"/>	Enter preliminary feedback loop data	Ideally day of call; possible 1–3 days after call	1 hour	
<input type="checkbox"/>	Distill transcripts to detailed summary	Transcripts received approximately 7–9 days after call; summary conducted over 3–6 days	4–6 hours (from 1-hour call)	
<input type="checkbox"/>	After review, enter into template and distribute to participants	As schedule allows	1–2 hours	
<input type="checkbox"/>	Enter finalized data into feedback loops	After summary is completed	1 hour	
Total estimated amount of time needed to complete post-call work for CoP calls			8–11.5 hours	
Total estimated amount of time needed per CoP call			14.6–21.1	

APPENDIX C. EXAMPLE PROMOTIONAL E-MAIL

COMMUNITIES OF PRACTICE		Share... Ask? Learn!
<CoP Name Here>		
<p>Hello Community of Practice (CoP) members!</p> <p>This is a friendly reminder about your CoP call scheduled for:</p> <p style="text-align: center;"><insert></p> <p>Please take a moment (less than a minute) to click on the following link to indicate whether you are able to participate and to provide brief information about potential agenda topics you would like to share, ask about, or learn about from others on the team.</p> <p style="text-align: center;"><u><insert></u></p> <p>THANK YOU in advance for taking a moment to provide this information so that we can effectively prepare for the call. Please note that in an effort to be respectful of everyone's time and schedules (including the facilitators), as a general rule we need at least three "yes" confirmations to conduct the call. Your response is very important!</p> <p>An agenda will be sent before the call for your review. We are looking forward to connecting with you all soon!</p>	<p>[Insert logo here]</p> <p>[CoP name and members here]</p>	
		[Insert CoP name here]

APPENDIX D. EXAMPLE AGENDA TEMPLATE

[Insert logo] [Insert CoP Name] Agenda		Date	Time
Facilitator	[Insert]	Conference Call	
[Insert Organization] Staff	[insert]		
Participants	[insert names and community]		
Conference Call Number	1.XXX.XXX.XXXX Pass code: XXXX		
Meeting Preparation	Please review the agenda items below and be prepared to share, discuss, and ask questions.		
Topic:	Details:	Lead/ Participant(s)	Time Allotted
Welcome and Updates	<ul style="list-style-type: none"> • Updates from CoP Members 	[Insert facilitator's name]	15–20 minutes
Topic Sharing	<ul style="list-style-type: none"> • [Insert topic] <ul style="list-style-type: none"> – [Insert key points] • [Insert topic] <ul style="list-style-type: none"> – [Insert key points] • Others? 	Led by [insert], all participate	30–40 minutes
Topic Questions	<ul style="list-style-type: none"> • [Insert question] <ul style="list-style-type: none"> – Input from group • [Insert question] <ul style="list-style-type: none"> – Input from group • Others? 	Led by [insert], all participate	10–20 minutes
Wrap-Up	<ul style="list-style-type: none"> • Overview of what was shared • Agenda topics for next call • Next scheduled call: [Insert Date] 	Facilitator	5–10 minutes

Optional addition if recorded: ** Please note that calls will be recorded for notetaking purposes only. This will be done to ensure that important details are captured accurately. As soon as summary points have been captured and compiled from the information, the recording will be deleted.

Leverage Points

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