

How to Develop a

SUCCESS STORY



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Table of Contents

Steps in Developing a Success Story 1

Success Story Example 6

Style Reminders 8

Glossary 9

Additional Resources 10

Steps in Developing a Success Story

CDC's Division of Adolescent and School Health (DASH) defines a success story as a narrative—usually between one and two pages—highlighting the achievements and progress of a program/activity. A success story can document program improvement over time and demonstrate the value of program activities. When presented effectively, success stories can be a useful tool for educating your stakeholders about the outcomes of your work and the results you are achieving.

Recognizing why success stories are important

Even as you conduct your program's activities, it is important that you take the time to capture the accomplishments your program attains along the way. Sharing your achievements as the program progresses will put you in an advantageous position when policymakers or other stakeholders make decisions that affect your program. The more educated they are about your program's goals, activities, and successes, the more likely they are to support your program.

Specific reasons for developing and sharing success stories may include

- Capturing progress over time.
- Educating decision makers about the impact of your program.
- Demonstrating responsible use of resources to stakeholders.
- Sharing “best practices” with other similarly-funded programs.
- Attracting new partners for collaboration.

Choosing a program/activity to highlight

Note: The following text has been adapted from “Impact and Value: Telling Your Program’s Story,” developed by CDC’s Division of Oral Health.

In choosing a program/activity to highlight, remember that most programs undergo varying stages of capacity, maturity, and accomplishment. When your program/activity is in its early stages, for example, you might want to provide a description of the proposed activities and the anticipated outcomes, highlight partnerships that are created, document important policy changes achieved as a result of the program, or illustrate the population being served by the program. Emphasize short-term outcomes when highlighting accomplishments in early-stage activities.

As your program/activity advances, you may have some promising stories and examples of early changes to share. Although you haven’t achieved the long-term outcomes yet, you are on the right track and you want your partners and funders to know about your progress. You may have some preliminary data from your program to show that you are definitely making progress. For example, you can demonstrate how and to what extent your program is reaching or serving a specific population.

Note: The following examples of program progress are included to illustrate the difference between outputs, short-term outcomes, and intermediate outcomes. They are not intended to suggest or limit the content of your success story.

Examples of program progress

Topic	Outputs	Short-term Outcomes	Intermediate Outcomes
<p>CSHP Professional development on use of the School Health Index</p>	<p>The state awarded mini-grants and provided training to 89 district teams on using the School Health Index to inform the development of Coordinated School Health Programs (CSHPs).</p>	<p>In the first year after the training, the state provided follow-up support to all district teams, and 56 teams worked with their School Health Advisory Councils to complete the School Health Index in 55% of all schools in the state.</p>	<p>As a result of 2 years of continued follow-up support to the 55% of schools that completed the <i>School Health Index</i>, 80% implemented tobacco-free schools policies and 70% expanded opportunities for physical activity during the school day.</p>
<p>HIV Collaboration and capacity building</p>	<p>The state HIV coordinator established a partnership and provided funding for a community-based organization (CBO) to implement HIV prevention education programs for youth at disproportionate risk for HIV infection.</p>	<p>After 1 year of partnership, the CBO provided HIV prevention education programs to 450 youth at disproportionate risk for HIV infection who would not have been reached otherwise.</p>	<p>After 3 years of partnership, the CBO was able to provide HIV prevention education for an additional 1,200 youth at disproportionate risk for HIV infection. The CBO was also able to secure additional funding to expand its program with the state to reach youth in juvenile detention facilities.</p>
<p>NGO Policy guidance and capacity building</p>	<p>The NGO developed model policies related to promoting physical activity, nutrition, and tobacco use prevention (PANT) among youth, and disseminated the policies to all CDC-funded CSHP Directors.</p>	<p>For 2 years, the NGO provided capacity-building assistance via trainings and one-on-one meetings to the 23 states funded by CDC for CSHP on how to work with policy makers to improve PANT-related school health policies.</p>	<p>After 2 years of continued follow-up support and capacity-building assistance, 15 CDC-funded states revised their existing PANT-related policies to better reflect the NGO-developed model policies. An additional six CDC-funded CSHP states instituted new PANT-related policies, including healthier vending machine food options and tobacco-free schools, based on the NGO-developed model policies.</p>

Reaching various audiences through your success story

Before you write your story, consider your primary audience(s). You may identify multiple audiences for your success story and should recognize that their needs, interests, or concerns may differ from yours and may vary from audience to audience. What is important to them? What do they care about? What type of outcomes will be meaningful to them? How will they use your success story?

For example, in preparing a story for DASH, you should include the link between your activities and outcomes and DASH's contributions towards your program, such as funding, staff time, professional training, and other technical assistance.

Formatting your success story

When developing your story, you will want to incorporate the following sections, using the criteria listed below for guidance:

- **Title**
 - » Capture the overall message of the story.
 - » Include an action verb.
 - » Capture the reader's attention.
- **Problem Overview**
 - » Describe the problem being addressed and why it's important.
 - » Use data to frame the problem, including health burden and economic costs.
 - » Specify the affected population(s).
- **Program/Activity Description**
 - » Identify who was involved, including your partners.
 - » Describe the program/activity that was implemented, including where and when it took place and how it addressed the problem.
 - » Identify the target audience of the program/activity.
 - » Describe how the progress of the program/activity was evaluated.
 - » State how DASH support contributed to the program/activity.

- **Program/Activity Outcomes**

- » Identify the short-term or intermediate outcomes that demonstrate how the program/activity addressed the problem (e.g., change in policy, use of curriculum, change in school-level practices, establishment of additional funding).
- » Provide a conclusion to the success story that avoids using broad, sweeping statements such as “There was a noticeable increase in healthy eating habits.”

- **Additional Information**

Make sure to include the following:

- » Name of the agency.
- » Name and credentials of program contact.
- » Address, e-mail address, and telephone numbers.
- » Organization’s Web site address (if available).
- » Any other supporting materials you wish to share, such as testimonials, quotes from partners/participants, samples of materials produced, press releases, promotional materials, project photos, video/audio clips, etc.

Remember: The type of outcomes achieved by a program may vary depending on the stage and maturity of the program. Sometimes a success story is a “work in progress.” Consider updating or enhancing your story as new information and outcome data become available.

Success Story Example

North Carolina's School Health Leadership Assemblies: Building Support for Coordinated School Health Programs (CSHPs) Among Local Superintendents and Health Directors

Problem Overview

The North Carolina Department of Public Instruction Healthy Schools Program is committed to reducing the high prevalence of physical inactivity, unhealthy eating, and tobacco use among North Carolina students. North Carolina comprises 100 counties, which are represented by 115 local superintendents and 85 local health directors. The decision to implement a health program for any of North Carolina's 1.4 million students is made by the local superintendents and/or the health directors responsible for the districts or counties in which the programs will take place. As a result, the support of the local superintendents and health directors is critical to ensuring the successful implementation of CSHPs in North Carolina's 2,000 schools.

Describe the problem being addressed and why it's important.

Program/Activity Description

The North Carolina School Health Leadership Assembly was created in 2001 by the Department of Public Instruction and the Division of Public Health, with support from CDC, to recognize the role of superintendents and health directors in developing and sustaining the implementation of CSHP. Since 2003, the Departments have jointly sponsored three School Health Leadership Assemblies. The purpose of the Assemblies is to

Describe the activities succinctly; outline the action steps taken; and show a link to DASH funding.

- Promote partnership between public health and public education.
- Identify strategies for enhancing academic outcomes by improving health.
- Identify resources to support student health policy and school health assessment.
- Create a group of superintendents and health directors to champion student health as a strategy for improving academic performance.

The three Assemblies have reached 50 of the 115 (43%) local superintendents and 50 of the 85 (59%) local health directors, who collectively represent 860,000 students (63% of North Carolina’s student population).

Program/Activity Outcomes

As a result of participating in the School Health Leadership Assemblies, local superintendents and health directors

- Supported the 2003 State Board of Education Healthy Active Children Policy, which resulted in the creation of a School Health Advisory Council (SHAC) in every school district.
- Charged their SHACs with leading the development of their Local Wellness Policy in response to the federal Child Nutrition and Women, Infants, and Children Reauthorization Act of 2004.
- Led more than 40 of their Local Education Agencies (LEAs) in adopting 100% tobacco-free schools policies before 2007 and actively supported the 2007 State legislation requiring that all schools pass 100% tobacco-free schools policies.
- Encouraged local participation in CDC’s Youth Risk Behavior Survey (YRBS) and School Health Profiles (Profiles).
- Advocated for school nurses—contributing to the success of the School Nurse Funding Initiative that resulted in 145 new permanent school nurse positions. All LEAs in the state now have at least two school nurses.

Use numbers to quantify results and convey the compelling outcomes of the program/activity.

Future Leadership Assemblies will be held once every 2 years and will target those superintendents and health directors not yet reached.

Provide an effective conclusion to wrap up the story. Emphasize the broader potential benefits of implementing the program.

Style Reminders

- Keep paragraphs short—no more than three to four sentences.
- Keep story to no more than two pages.
- Stick to the facts. Do not interject an opinion unless you attribute it to someone.
- Avoid using passive voice (e.g., “Trainings were provided.”). Use active voice (e.g., “X partner provided Y trainings.”), and be clear about who is doing the action in every sentence.
- Include direct quotes if they strengthen the story.
- Limit use of acronyms. If you use acronyms, spell them out on first mention.
- Use plain language.
- Avoid jargon. Readers often skip over terms they don’t understand, hoping to get their meaning from the rest of the sentence.
- Keep messages simple and concise.

Glossary

Intermediate outcomes	Outcomes of a program achieved within 3 to 5 years of program initiation, often including changes in behavior, norms, or policies.
Long-term outcomes	Outcomes achieved within 4 to 6 years of program initiation, and often include changes in organizations and systems.
Outcomes	Specific changes that are direct results of program activities, including changes in knowledge, attitudes, skills, and behaviors. Outcomes can be considered in three time blocks: short-, intermediate-, and long-term effects.
Outputs	The amount of product or service that the program intends to provide. These include specific types, levels, and targets of services to be delivered by the program.
Partners	Agencies, organizations, and groups with which you collaborate or associate to further the goals of your program activity.
Short-term outcomes	Outcomes achieved within 1 to 3 years of program initiation and often focus on change in knowledge, attitudes, and skills.
Stakeholder	An individual or organization that has a substantial interest (i.e., credibility, financial, or power) in a program and its results.

Additional Resources

- CDC's Division of Adolescent and School Health Evaluation Tutorials
www.cdc.gov/HealthyYouth/evaluation/resources.htm#5
- CDC's Division of Adolescent and School Health Success Stories
www.cdc.gov/HealthyYouth/Stories
- CDC's Division of Oral Health Success Stories Workbook
www.cdc.gov/OralHealth/publications/library/success_stories_wbk.htm
- CDC's National Center for Chronic Disease Prevention and Health Promotion Exemplary State Programs
www.cdc.gov/nccdphp/publications/exemplary
- CDC's Preventive Health and Health Services Block Grant Messages from Across America
www.cdc.gov/nccdphp/blockgrant
- National Association of Chronic Disease Directors State Success Stories
www.chronicdisease.org
- Plain Language: Improving Communication from the Federal Government to the Public
www.plainlanguage.gov

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