



SAMPLE Diffusion of Innovation Plan/ Strategies to Engage Stakeholders by Adopter Category

Stakeholder Group	Performance Objectives	Adopter Category	Possibilities (P) and Barriers (B) to Adoption	Engagement Strategies	Potential Curricular Components
Board of Trustees	<ul style="list-style-type: none"> • Provide visible leadership • Provide financial & human resources • Allow time to update at routine Board meetings 	Late majority: Likely to adopt as a result of perceived pressures to do so (e.g., to fall in line with aspirational or peer institutions)	<p>P: Existing commitment to positive community relationships (town-gown, University-Alumni, etc.), desire to be forward-thinking, existing relationship/trust with University leadership, shared vision for happy and healthy students</p> <p>B: Competing priorities, limited funds, lack of awareness re: student and community health, limited meeting time</p>	Create a sense of urgency; highlight common vision; appeal to their existing commitment to positive community relationships; convey how this effort will position campus as a leader in the community/region/Carnegie classification/cohort institutions/higher education; provide regular updates at routine Board meetings through identified liaison	Sample materials: power point presentation template & executive summary template to share with high-level constituencies
President & Vice Presidents	<ul style="list-style-type: none"> • Provide visible leadership • Provide financial & human resources • Provide administrative assistance on key communication strategies (e.g., mass mailings, video messaging) 	Late majority: Likely to adopt as a result of perceived pressures to do so (e.g., to fall in line with aspirational or peer institutions)	<p>P: Existing commitment to positive community relationships, desire to be forward-thinking, existing relationship/trust with upper & mid-level administration, shared vision for happy and healthy students</p> <p>B: Competing priorities, overburdened staff, academic versus student affairs-related needs, public image, lack of knowledge re: student health and scope of “problem,” limited time</p>	Create a sense of urgency; highlight common vision; appeal to their existing commitment to positive community relationships; convey how this effort will position campus as a leader in aforementioned context; provide regular updates at routine meetings through identified liaison	<p>Training on: integrating student development & health promotion theory; hiring processes & guidelines for proposed new positions & revised existing positions; resource allocation for ongoing professional development; reorienting the discussion about health to include evidence of Impact/effectiveness/change</p> <p>Sample materials: campus design & placement of health promotion in context (e.g., infrastructure, space, Integrated systems) – master plan summaries/sample proposals for integration</p>

<p>Directors of Health Promotion</p>	<ul style="list-style-type: none"> • Serve as or appoint a liaison to remain in contact with upper-level leadership • Provide visible leadership • Recruit cross-disciplinary and cross-departmental engagement • Sponsor appropriate trainings, events, and communications with various constituencies 	<p>Early majority: Likely to adopt for reasons related to the advantages or evidence of an innovation and because other opinion leaders have done so</p>	<p>P: Existing commitment to improving student and community health, desire to facilitate positive change within the community, desire to be leaders in the community, desire to facilitate partnerships at all levels of the University B: Limited time, limited expertise and skill set, limited access to various constituencies, limited human & financial resources, limited support from upper level administrators, not in job description/performance appraisal process/annual report process, reporting structure may not give equal leadership/voice among clinical services</p>	<p>Create a sense of urgency; appeal to their desire to demonstrate evidence-informed practice through socio-ecological lens; describe success of similar national efforts; ensure that liaison has a favorable experience in communication with upper level administration; professional development opportunities to build expertise and skill set related to effective communication, collaboration, and engagement</p>	<p>Training on: Advocacy (e.g., for new FTE; for reorientation of health services; for financial resources); how to stay current in the research literature; how to “get to the table” for broader discussions (e.g., policy review & revision); how to effectively communicate vision; how to effectively allocate resources for ongoing professional development for self & staff; how to effectively allocate resources for building an evidence base BEFORE program implementation</p> <p>Sample materials: strategic plan templates; outcomes measurement templates; annual report templates; data reporting templates</p>
<p>Health Promotion staff members</p>	<ul style="list-style-type: none"> • Remain abreast of activities and communications • Provide feedback on points of progress • Foster student engagement • Provide visible leadership 	<p>Early adopter: Likely to adopt for reasons related to the advantages or evidence of an innovation</p>	<p>P: Existing commitment to improving student and community health, desire to facilitate positive change within the community, desire to inspire student engagement, desire to build resume experience B: Limited time, preference for other tasks, limited expertise and skill set, limited access to various constituencies, reporting structure within a clinical setting not conducive to health promotion and/or does not allow for equal leadership/voice among clinical services</p>	<p>Appeal to their desire to do new and creative work - convey that this effort is cutting-edge and position them as leaders in health promotion; lead staff with inspiration and trust; foster sense of ownership and commitment; professional development to build expertise and skill set related to effective communication, collaboration, and engagement</p>	<p>Training on: Advocacy (e.g., for new FTE; for reorientation of health services; for financial resources); how to stay current in the research literature; how to effectively communicate vision</p> <p>Sample materials: monthly staff meeting agenda (that incorporates expression of vision, professional development, etc.)</p>

<p>Student Affairs staff members</p>	<ul style="list-style-type: none"> • Provide visible leadership • Communicate key messages as appropriate and during personal communications with various constituencies 	<p>Late majority: Likely to adopt as a result of perceived pressures to do so (e.g., to fall in line with aspirational or peer institutions)</p>	<p>P: Existing commitment to improving student and community health, desire to facilitate positive change within the community, engagement with policy and procedural review</p> <p>B: Competing priorities, overburdened, “this is another directive from leadership taking me away from my core duties,” lack of awareness re: student health and scope of “problem;” equating health promotion with programming</p>	<p>Create a sense of urgency; appeal to their existing commitment to positive community relationships; convey how this effort will position Student Affairs/Student Life as a leader in community/cohort institutions/higher education</p>	<p>Sample materials: training modules & handouts for non-Health Promotion staff; Monthly report templates written for non-Health Promotion staff</p>
<p>Faculty & Staff</p>	<ul style="list-style-type: none"> • Provide expert consultation • Identify ways in which to partner and improve the health of students and of the community 	<p>Late majority: Likely to adopt as a result of perceived pressures to do so (e.g., to fall in line with aspirational or peer institutions) Opinion Leaders: people who do not necessarily have any sort of formal authority but have significant influence; most of their judgments re: innovation are negative</p>	<p>P: Desire to be expert in their field of study, existing commitment to student learning</p> <p>B: Competing priorities, “this is another directive from leadership taking me away from my core duties,” lack of awareness re: student health and scope of “problem”</p>	<p>Appeal to shared vision; invite to provide input at all stages; regularly communicate their value as an expert in the process</p>	<p>Training on: how to conduct a literature review</p> <p>Sample materials: research & data report template</p>

Students	<ul style="list-style-type: none"> Disseminate key messaging to peers Facilitate student-centered outreach Provide testimonials/modeling stories 	<p>Innovators: Very first to adopt for reasons of curiosity and general propensity to try new things Opinion Leaders: people who do not necessarily have any sort of formal authority but have significant influence ; most of their judgments about innovation are negative</p>	<p>P: Desire to build resume experience, desire to be leaders in the community, desire to graduate happy & healthy B: Limited time, lack of awareness re: scope of problem and intervention's potential value, limited expertise and skill set, development stage and challenging peer behaviors and perceptions</p>	<p>Appeal to desire to build experience, expertise and leadership in building student engagement; offer low-level and high-level commitment opportunities for student engagement; provide opportunities for training and development</p>	<p>Training on: communicating vision Sample materials: sample training modules and handouts for peer educators and student leaders; social marketing tools & strategies handout</p>
Alumni	<ul style="list-style-type: none"> Provide financial support Disseminate key messaging to fellow alumni and prospective students 	<p>Late majority: Likely to adopt as a result perceived pressures to do so (e.g., to fall in line with aspirational or peer institutions)</p>	<p>P: Desire to represent their alma mater in positive and productive ways, desire to promote their alma mater to prospective students B: Lack of awareness re: scope of problem, commitment to perceived University traditions and "what we have always done," romanticizing a number of negative student health outcomes/experiences, competing priorities</p>	<p>Appeal to their desire to contribute meaningfully to alma mater; appeal to their desire to promote their alma mater positively in their communities (workplace communities that might recruit students, school communities that might serve as potential feeder schools, etc.)</p>	<p>Sample materials: Summaries/handouts describing processes and policies that aim to change campus traditions that run counter to health-promoting behaviors</p>
Parents & Potential Students	<ul style="list-style-type: none"> Read & respond to parent and prospective-student messaging Disseminate key messaging to other parents and students 	<p>Late majority/ Innovators: Likely to adopt as a result perceived pressures to do so (e.g., to fall</p>	<p>P: Desire to be good parents, desire to support their student(s), existing commitment to student learning B: Denial and perceived lack of personal relevance ("not my</p>	<p>Appeal to their desire to be good parents and protect their students; use empathy to recognize that many parents want to do a good job but don't have the tools to do so; convince them that integrating recommended strategies will be</p>	<p>Sample materials: training modules and handouts for parents (e.g., parent orientation materials and/or mailer templates)</p>

		<p>in line with aspirational or peer institutions)/ Very first to adopt for reasons of curiosity and general propensity to try new things</p> <p>Opinion Leaders: people who do not necessarily have any sort of formal authority but have significant influence; most of their judgment about innovation are negative</p>	<p>kid”), lack of awareness re: scope of problem and important role of parents, limited time</p>	<p>helpful to their students; offer opportunities for low-level engagement</p>	
--	--	--	--	--	--