



# Preventing Chronic Disease

A Guide For Local Health Departments



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## A Message from Contra Costa's Public Health Director

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As public health departments enter the 21<sup>st</sup> century, we find ourselves confronting new health issues that require different skills from our staff and new approaches from our organizations. In 1900, the leading causes of death were tuberculosis, pneumonia, diarrhea, and other infections. Throughout the 20<sup>th</sup> century, public health officials typically focused on the control of communicable disease, applying the disciplines of epidemiology, sanitary engineering and microbiology. Public health made tremendous strides, but the approach was limited by a focus on scientific expertise applied to outcomes defined by professionals.

Today, chronic disease has replaced infectious disease as the leading killer in the United States and the single biggest threat to quality of life. Low-income, ethnically diverse communities disproportionately suffer the impacts of chronic diseases such as cancer, heart disease and stroke. Community public health issues likewise include domestic violence, childhood obesity, drug abuse, and environmental toxins, all entwined in complex ways and often related to chronic disease risk factors.

To effectively address these issues, local health departments cannot act alone. We must form partnerships with mobilized communities, as part of a spectrum of strategies to improve public health. It hasn't worked to go into communities and tell people to stop smoking, exercise, and eat five- a- day servings of fresh fruits and vegetables. These messages fail to capture the interest of communities confronting more urgent issues like violence, substance abuse and poverty. We must engage communities directly and respond to their immediate concerns before asserting our own public health agenda.

Local health departments must also shift our focus from educating individuals to change their lifestyles toward developing strategies that address the social, environmental and economic context. We must address the broad risk factors common to many chronic illnesses: poor nutrition, limited physical activity, tobacco, chronic stress, environmental contamination, and low socioeconomic status.

At Contra Costa Health Services, we have developed a model for chronic disease prevention that focuses on organizing many segments of the community. In partnership with residents and community agencies, we collectively set priorities and seek solutions for a healthier neighborhood. This Guide, based on our experience, offers strategies health departments can use to do the same. You can select from these strategies, and modify them over time, depending on your circumstances and resources.

As you experiment with this approach, we invite you to tell us about your experience. Our hope is to help promote dialogue as we work together to reduce chronic disease. Please send your comments to Mary Anne Morgan, Director of Public Health Collaborations, CCHS, 597 Center Ave, Suite 115, Martinez, California, 94553.

Sincerely,



Wendel Brunner MD, PhD, MPH  
Director of Public Health  
Contra Costa Health Services

# Introduction

This Guide describes a community-based approach to chronic disease prevention in underserved communities at high risk for disease. It is founded on the work of the Chronic Disease Prevention Organizing Project (CDPOP), an initiative of the health department of Contra Costa County, California. We hope other health departments and community groups can draw on our experience to adopt a similar approach.

We've designed the chapters to stand by themselves, so that you can pursue areas of interest without having to read the entire Guide. Chapter One describes how to prepare a health department for a comprehensive, community-based approach. Each of the remaining chapters focuses on a particular strategy for chronic disease prevention, with an overview of the approach and steps for implementation. Sample forms, handouts and other materials are included in the appendices. We suggest you begin by reading this entire introduction.

## The chronic disease prevention organizing project (CDPOP)

CDPOP was a project of Contra Costa Health Services, a county health department in the San Francisco Bay Area. It was based on the premise that in order to help prevent chronic disease, health departments must address social, economic, and environmental factors that increase the risk of such disease.

Chronic diseases are long-lasting, persistent health conditions, such as heart and circulatory diseases, cancer, diabetes and asthma. Such diseases are rarely curable but are usually treatable and often preventable. Preventable risk factors for all of these diseases include poor nutrition, lack of physical activity, tobacco, chronic stress, toxic or unhealthy environment and low socioeconomic status.

The impetus for the project came from the Public and Environmental Health Advisory Board (PEHAB), a citizen advisory board to the health department and the county Board of Supervisors. PEHAB reviewed the prevention efforts of Contra Costa Health Services in 1994 and recommended a more comprehensive approach to chronic disease prevention involving coordination of several programs in the department. More than 100 residents, health professionals, activists and advocates worked with the advisory board and the health department to develop a plan. The result was a document called *Chronic Disease Prevention: A Framework for Contra Costa*, which formed the basis for CDPOP.

### APPENDIX

See Appendix U: Other Resources, to obtain the Framework online or in print

# The Spectrum of Prevention

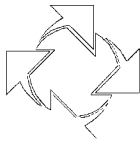
CDPOP also drew on the Spectrum of Prevention, a model for community programs already in use by the health department. The approach is described in *The New Spectrum of Prevention: A Model for Public Health Practice*. (To obtain the document on line or in print, go to <http://ccprevention.org/spectrum.html>.) The Spectrum sets forth a range of activities, which we adapted to be specific to chronic disease:



Advocate for policies. Work for legislation and policies that promote a healthy community and workplace.



Mobilize neighborhoods and communities. Help residents work together to identify and reduce environmental and social risk factors for chronic disease.



Foster coalitions and networks. Enlist health coalitions to address a broad range of risk factors for chronic disease.



Change organizational practices. Promote and facilitate organizational and institutional changes that reduce the risk of chronic disease.



Educate providers. Involve health practitioners and other service providers in addressing risk factors for chronic disease.



Educate the community. Raise community awareness of issues related to chronic disease.



Strengthen individual skills and knowledge. Help individuals develop skills and resources to choose a healthy lifestyle and to organize for change in their communities.

## Other Guiding Principles

In addition to building on the Framework and the Spectrum of Prevention, CDPOP adopted several guiding principles:

- ↑ **Address multiple environmental and social risk factors.** Focus on the six major influences on chronic disease: nutrition, physical activity, tobacco, socioeconomic status, environment, and long-term stress.
- ↑ **Focus on assets.** Draw on the knowledge and ability of communities and institutions. Emphasize assets and not just needs or problems. Build on successful efforts, to avoid reinventing the wheel.
- ↑ **Pursue social change.** Intervene to change institutions, communities and environments—not just individual behaviors. Promote economic development and employment. Seek long-term solutions.
- ↑ **Form a broad and diverse base.** Enlist grassroots community groups and local institutions to help define priorities and develop strategies and solutions. Include a broad group of health department staff. Share power, accountability, credit and resources.
- ↑ **Go public.** Use the media and other forms of advocacy to promote policies that foster community health and wellness.
- ↑ **Be flexible.** Be ready to reconsider plans and shift priorities as you learn from experience, and as new people get involved in the project. Balance the drive for outcomes with respect for the process of building relationships.

### Outcomes in Contra Costa

Working in partnership with communities, organizations, institutions and others, CDPOP scored a number of successes in three years:



- ↑ In the first year, a local cable television station partnered with CDPOP to produce an award-winning video highlighting community efforts to eliminate risk factors for chronic disease. The film aired more than two dozen times on the station, which serves 285,000 homes. A facilitator's guide was later developed, and the video was presented to numerous community and school groups as a stimulus for discussion.
- ↑ That same year, staff at Contra Costa Health Services established a committee to address collaboration on a continuing basis. Staff working on injury, violence and chronic disease prevention began working together to develop joint programs and media campaigns.
- ↑ In year two, resident leaders of two low-income, ethnically diverse neighborhoods received hands-on training in public health issues and identified risk factors for chronic disease in their communities. They developed and carried out action plans to increase physical activity among residents and create a healthier community environment by improving neighborhood safety and appearance.



- ↑ At the same time, a collaborative of agencies joined forces to address nutrition, physical activity and long-term stress with low-income preschoolers and their families.
- ↑ In year three, the health department convened its first cross-divisional team, which developed a vision and is now implementing a comprehensive strategy for addressing asthma, an emerging community concern.

For more about CDPOP, look for our soon-to-be-published *Case Study of Chronic Disease Prevention: The Contra Costa Experience*. (Check our website <http://ccprevention.org/projects/cdpop.html>.)

## A Participatory Evaluation Approach

This Guide might have ended with a chapter on evaluation, but in our experience, it's best to think about evaluation right from the beginning. So we provide a few words about incorporating it into the planning process from the start. We offer further suggestions throughout the Guide.

Traditionally, evaluation occurs in response to a funder's mandate and focuses exclusively on whether the project accomplished the goals, objectives and activities outlined in a program plan. The evaluation is usually an internal process: agency staff, perhaps working with consultants, determine what will be studied and what methods will be used. The approach is usually to collect quantitative information, such as how many people participated in a program or attended a training session. The information may be shared in a limited way with the broader community.

The evaluation philosophy described here is quite different. It is based on a commitment to empower communities by making the evaluation process an ongoing, sustainable part of community planning and action. Our approach provides residents with skills and opportunities to help determine how the evaluation is designed. They decide what they want to evaluate and how they want to gather needed information. The residents participate in collecting and reviewing the information and help analyze and present the findings to the community. The information is used to monitor progress toward the community's goals and to adapt and sustain the effort.

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The evaluation needs to be designed with feedback from all key stakeholders, including the community affected by the program, paid staff, volunteers and funders. Each stakeholder will have its own questions for the evaluation. A funder will probably want to see how many people received services, or whether certain materials were produced. Community members are more likely to care about the accessibility and quality of programs and the extent of neighborhood improvements that result from the efforts.

A good evaluation will attempt to balance the needs and interests of the various stakeholders. The process generally takes place at three levels:

- ✓ **Process evaluation** documents the degree to which you were able to complete planned activities, documents obstacles encountered and efforts to overcome them, and gauges the success of attempted solutions. This is the most basic form of evaluation.
- ✓ **Outcome evaluation** looks at whether the activities led to the changes that were predicted in the stated objectives. Questions for a chronic disease prevention effort might include: Did more young people participate in physical activity programs during the project period? Did the activities of the program contribute directly to achieving this objective?
- ✓ **Impact evaluation** examines your success in meeting the overall goals you set. For example, did you reduce the incidence of chronic disease or death in the identified population? Did the community identify and mobilize to reduce chronic disease risk factors? This level of evaluation requires substantial resources since it requires that you measure baseline conditions and then measure changes after the project intervention.

- √ You will also want to demonstrate that the changes you measured are attributable to the project intervention, and not to some other cause.

## Challenges in Evaluation

There are three major challenges we have found in evaluating chronic disease prevention programs developed with the community:

- √ Demonstrating improved health outcomes.
- √ Documenting the benefits of developing a partnership with communities.
- √ Finding the resources for a full evaluation, which requires considerable time and skill.

**Demonstrating improved health outcomes** can be difficult to accomplish in a relatively short time frame because the results of a chronic disease prevention program are, by definition, long-term. While mortality data for chronic diseases may be available at the county, city or zip code level, data at the neighborhood level is difficult to obtain. Incidence rates for chronic diseases are even more scarce, particularly for small population groups and geographic areas. As a result, it may be more feasible to track interim changes like:

- √ Increased community commitment to organizing around reducing risk factors as demonstrated, for example, by tallying the number of residents who participate in carrying out health improvement action plans.
- √ Actions that promote the elimination of risk factors, such as removal of billboards advertising alcohol or fast food.
- √ Modifications in community habits, shown by indicators such as growth in sales of healthy foods at local stores, or an increase in observed or reported numbers of residents walking in the neighborhood.

**Assessing the impact of your efforts to partner** with the community and build community capacity also presents a challenge. High turnover among participants over the course of the project may make it difficult to develop sustainable relationships. The priorities of the community may shift as well, particularly in neighborhoods facing other, more urgent concerns. Activities, objectives and even goals of the project may change, making it hard to document the impact of your efforts.

To address some of these obstacles, you will need to:

- √ Develop ongoing mechanisms for orienting and building skills and capacity of new community leaders.
- √ Create an evaluation design that is fluid and emphasizes documentation of changes to project goals and activities.
- √ Rely on creative methods for gathering information.
- √ Use multiple methods for capturing information such as meeting logs, participant stories, background interviews, and visual images, such as photos of the neighborhood before and after the project intervention.

The final challenge is **finding the time and skill needed for a full evaluation**. If you lack the staffing or funds for a complete evaluation, you can still do a simple one. First, consider limiting your evaluation to a few, primary objectives. Most funders are not looking for an in-depth evaluation of each aspect of the program.

Some strategies to consider if your resources are more limited include:

- ⇒ Select a small number of the most important objectives to look at thoroughly, rather than taking a superficial look at all of them.
- ⇒ Work with an evaluator from another health department, local university or community program. You may be able to borrow or adapt their instruments rather than starting from scratch.
- ⇒ Consider a time-limited contract with an evaluation consultant, preferably one with experience in participatory evaluation with community stakeholders. Even limited help may allow you to examine outcomes for your most critical objectives.

# CHAPTER 1

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## Developing A Comprehensive Community-Based Approach



# A Comprehensive Community-Based Approach

## 1 Assess

└ agency's readiness

## 2 Build

└ vision & commitment

## 3 Plan

└ & carry out collaborative activities

## 4 Evaluate

└ the impact

# Chapter 1

Historically, federal and state categorical funding streams have set the local public health agenda. Chronic disease prevention program resources have typically been designated based on a pre-determined population, disease or risk factor. Categorical approaches often led to fragmented services.

Efforts to address specific diseases or risk factors such as diabetes or tobacco have had some success. However, messages about increasing physical activity or eating healthy foods, for example, have not been embraced by those communities most at risk for serious consequences from chronic disease.

This chapter describes an approach for local health departments that emphasizes:

- collaboration with communities to set a broader shared agenda and
- coordination of internal resources to develop more comprehensive and integrated chronic disease prevention programs

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Collaboration among categorically funded programs requires that health departments first assess existing resources and identify successful projects

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Collaboration among categorically funded programs requires that health departments first assess existing resources and identify successful projects and relationships that can be tapped and expanded. Including as many sectors of the department as possible will help build a broad base of commitment and momentum for the effort. The potential benefits are many:

- Clients get improved access to a continuum of clinical and preventive services.
- Programs can respond to changing needs of diverse communities.
- Staff and other resources are used more efficiently and effectively.
- The health department can seize opportunities for program expansion and funding.
- Communities are motivated to participate.
- The health department provides a model of collaboration for other institutions.

It is relatively easy to imagine a collaborative approach to chronic disease prevention, but hard to carry it out. It is challenging to translate a broad vision into concrete steps and frustrating to dedicate a considerable amount of time to thoughtful and inclusive planning. Large bureaucracies make communication and coordination difficult. Categorical funding provides little incentive for integrated programs. Staff may resist new activities on top of an already full workload.

Commitment needs to come from the highest leadership of the health department, and resources designated up front. You may need to start on a small scale, for example, by producing an educational handout describing all of the department's prevention programs within the context of the host of critical risk factors for chronic disease. Subsequent efforts could then build on your success.

## STEP ONE: ASSESS AGENCY READINESS AND DESIGNATE STAFF

### Assign Leadership

Start by assessing the climate for collaboration in the department and identifying potential allies. Choose a project leader, hopefully someone experienced in collaboration and skilled in group process and program planning. Where possible, scale back the person's current assignments by reassigning or postponing other activities. Inform all staff about the person's new assignment and his or her role and responsibilities. It helps lend credibility to the effort if the announcement comes from the top leadership in the health department.

Assemble a team to help organize the project. The team should represent all levels of management and staff and all related programs in the department. Include members who are informed, who can speak frankly from their own experience about the strengths and gaps of the various programs, who can analyze information, and who can help develop realistic priorities and plans. They should also be good communicators, as they will serve as ambassadors for the project to colleagues throughout the department.

### Assess resources

Take an inventory of the skills and resources available to the department, including any staff who may have a particular interest or skill to contribute. Assess the context in which you'll be working—how the department's priorities, politics, and organization will set the stage for your project. Several tools are available to catalogue assets and gauge the climate of an organization, specifically a local health department. Tools such as the *Assessment Protocol for Excellence in Public Health (APEX)* or *Mobilizing for Action through Planning and Partnerships (MAPP)* may be helpful. APEX and MAPP are available through the National Association of County and City Health Officials in Washington, DC (<http://www.naccho.org/tools.cfm>).



The method you choose to gather information will depend on the size of the department, your resources, and the extent of your prevention programs to date. Review the department's organizational chart and assess how programs have worked together in the past. Consider conducting interviews with key decision-makers, particularly if there is a suspicion or history of conflict among programs or uncertainty about the commitment of high-level administrators. Generally, interviews should last no longer than 30 minutes and should include an overview of the proposed project. The interview should include questions to identify:

- Programs that work effectively with communities
- Skills and expertise of staff
- Examples of successful collaborations among programs
- Potential obstacles

APPENDIX

See Appendix A: Assessing Readiness

The interview responses should be summarized and analyzed for recurrent themes. You might convene some of your planning team members to gather and analyze the needed information.



## Meet with the project team

Hold a meeting with the project team to introduce the concept of broad, community-focused, chronic disease prevention, present your findings to date, and solicit discussion. The ideal participants will be those who can bring an openness and creativity to the discussion. Consider writing some brief background material to distribute before the meeting. Clarify the meeting objectives at the beginning, and recap decisions at the end.

### APPENDIX

See Appendix B: Health Department Resources for Chronic Disease Prevention, for a sample format

At the meeting, describe the history of the department's efforts at chronic disease prevention and the level of commitment from top leadership to promote collaboration. If possible, present relevant statistics on health status and risk factors in the communities you serve. Give participants a chance to ask questions, respond to the concept, and add information.

This first meeting can be invaluable if it allows people to share their experiences and perceptions and raise issues that might otherwise linger below the surface. A widely representative team can help provide a comprehensive picture of current projects as well as current and emerging community health concerns. It also ensures that decisions reflect a variety of perspectives.

## Decide whether to move forward

Write up the findings from the initial meeting and analyze them for common themes. In deciding whether to proceed, staff will need to consider whether there is:

- A commitment of interest and resources from the top level of administration
- A natural opportunity to collaborate
- Staff who are interested and have the time and skill to lead the process
- Community support

### APPENDIX

See Appendix C: Criteria for Collaborative Projects, for a sample chart to summarize findings

Additional criteria may help you decide if the time is right to pursue this approach. It is most likely to succeed if the effort:

- Is consistent with the department's philosophy and priorities.
- Enhances current services, or may be incorporated into new initiatives that are being developed.
- Builds community capacity.
- Fosters a partnership between the community and the health department.
- Is likely to be sustainable.

## Communicate the decision

If you decide to pursue the project, you'll need to present the initiative to all health department staff working on chronic disease prevention issues. Be prepared to use a variety of channels, such as written materials, presentations at staff meetings, and special orientation meetings. Provide a clear description of the proposal: how it fits with the department's priorities, what you expect to achieve, and a summary of activities to date. Offer ideas of how staff can become involved in the effort, and identify the potential benefit to them of participating.

If you choose not to pursue the project, this also should be communicated. You may want to write a memo to staff summarizing the findings and explaining the reasons for not moving forward at this time.

A few tips as you undertake this effort

- **Set the stage for clear communication.** A shared language among staff is essential from the beginning. Don't assume everyone means the same thing when they talk about "prevention" or "collaboration."

### APPENDIX

See Appendix D: Levels of Working Together

- **Be inclusive.** People process information in different ways and at different paces. Create a variety of mechanisms for feedback and input.
- **Accentuate the positive:** Set a tone that emphasizes solutions to problems.

### In Contra Costa County

When CDPOP was initiated, CCHS already had a number of chronic disease prevention projects in its Community Wellness & Prevention Program (CW&PP). The Breast Cancer Partnership, Tobacco Prevention Project, On The Move! With Foodwise, Lead Poisoning Prevention Project and CW&PP's Healthy Neighborhoods Project (HNP) met monthly and gave input to the original proposal for CDPOP.

Initially, the group mapped out current activities and identified potential areas for common efforts. Managers quickly decided that they could not add to their workload without adding staff. Once the proposal was completed, a smaller group of managers and field staff designed a retreat to introduce the initiative to all staff. The group included staff working in areas outside chronic disease, such as violence and injury prevention, as well as HNP neighborhood organizers.

While retreat participants were generally enthusiastic about a collaboration, they raised a number of concerns that indicated a need for more groundwork. A work group formed with members from each chronic disease program. They developed a list of shared terms, expanded the criteria for analyzing potential collaborative projects, identified common strategies, and recommended next steps to ensure broad buy-in to the project.

## STEP TWO: BUILD VISION AND COMMITMENT

Once you decide to move forward, you need to widen the circle of people involved in planning. To establish some fundamental agreements, the project leader will need to help:

- Clarify roles and responsibilities of department staff and of the community.
- Facilitate a process to set priorities for activities.
- Identify staff and other resources to carry the project forward.



### Who to involve

The local health department can enlist programs with strong community participation, to bring community representatives into the planning process at this point. Any chronic disease-related coalition or citizen advisory group should be represented. At the very least, include coalition staff as well as health workers who work directly with community residents.

Orient new participants on your efforts to date. As you work to accomplish tasks, remember that you are also building relationships that will serve as a foundation for collaboration. Attending to relationships is especially important when team members vary in their positions of power, access to information, and their level of comfort or experience with this kind of planning.

### Create a common vision

Consider an all-day retreat or a series of shorter staff meetings to develop a vision. Include as many staff as possible in the process. The earlier assessment may have helped identify a process for creating a vision and a few people willing to lead it. You might use information gathered from the assessment as a springboard for this step. Present a summary of the information at your first meeting, or in advance. You may want to pose questions about the future. How will the local health department look in five years if our effort succeeds? How will our community look different?

Whatever the method, try to draft a working vision relatively quickly so as to maintain momentum. Start each meeting with a reminder of your purpose, where you are in the process, and your decisions to date.

These discussions are an opportunity for community health workers, residents, and other staff to share their perceptions, values, experiences, hopes, and fears about working together. If the exchange is well structured, people will have a chance to reveal and perhaps reconsider their assumptions. They will be able to see one another as colleagues and resources. They will begin to develop a shared understanding of the project. At the end of a meeting, record and review highlights of the discussion and unresolved issues, so that you are sure to include and accurately portray all points of view.

Whether you are working with staff or community residents, people will be unable to attend every meeting. Develop mechanisms to keep the process moving forward with changing participants.

One way to keep the flow going with new participants is to consider using a “rolling flip chart.” It summarizes the purpose, history, key decisions and outstanding issues and can be reviewed at the beginning of each meeting. Ask others to report the highlights from previous meetings using this visual aid. This not only brings newcomers up to speed, but also prepares more people to describe the project.

### **Refine the resource assessment**

Make a more detailed and formal assessment of resources based on interviews, written surveys and further discussions with staff. Build on the information gathered in Step One. Also review scopes of work and progress reports for current or proposed chronic disease projects in the department. Write a summary of existing programs that briefly states their missions, priority populations and strategies. Distribute the summary to all staff. Based on feedback from this step, you may need to update the chart of health department resources.



A work group analyzed and solicited additional information from each health department program to develop recommendations for collaboration. They identified eight potential areas for joint efforts and presented them at meetings with each program. These discussions generated additional criteria for collaboration and prompted the work group to cut the eight strategy areas to four:

- Community outreach and education
- Policy development and advocacy
- Training for staff and neighborhood organizers
- Creation of standardized process to develop and award health department grants

Managers realized that before they launched any campaign, staff needed more training and time to build a common vision. A small team of managers and health education staff developed a day-long retreat that explored the CDPOP approach. Roundtable groups discussed challenges to collaboration and developed recommendations for each strategy area. A collaboration committee was designated to follow up. Among its recommendations:

- Establish a system to routinely solicit community input about programs and health department priorities.
- Hold periodic cross-program planning meetings by geographic region.
- Develop a comprehensive prevention education strategy for the department's clinic system.

## STEP THREE: PLAN AND CARRY OUT COLLABORATIVE ACTIVITIES

With a clear vision in hand you are ready to plan how you will create a more integrated and comprehensive chronic disease prevention approach. The health department will need to establish a process for making decisions and setting priorities. It's best if community leaders can have a role in this as well. You may wish to refer to your chart of Criteria for Collaborative Projects (Review Appendix C.) For more on decision-making, see *Case Study of Chronic Disease Prevention: The Contra Costa Experience*.

An **action plan** should include:

APPENDIX

See Appendix U: Other Resources

- Goals, objectives, strategies and activities.
- Timeline for completion, with benchmarks for measuring progress along the way.
- Designation of individuals/programs responsible for each task.
- Resources needed.
- Methods to track progress and evaluate results.

If the health department pursues more than one initiative, you'll need a separate action plan for each. Build in periodic reviews and update your plans on a regular basis, taking on new efforts as you complete others. Initial efforts are likely to focus on establishing systems in the department that support collaboration. You may develop policies and procedures to:

APPENDIX

See Appendix E & F: Action Plan Forms

- Share routine information among projects and jointly solve problems.
- Involve the community in planning.
- Cooperate with community agencies that have common missions and activities.
- Share staff resources and promote staff development.
- Improve data and information systems.

## STEP FOUR: EVALUATE THE IMPACT

You will need procedures to document the success of your efforts and identify any unanticipated outcomes. Look at whether and how well you have accomplished specific activities you set out to do. (See Introduction section on evaluation.) You may want to write monthly activity reports or have staff keep simple logs summarizing activities, obstacles encountered, solutions tried and how successful they were. It will also be important for staff to document any potential new partnerships that are identified.

Also you will want to assess whether you have made progress toward the objectives stated in your action plan, and whether the activities chosen helped you accomplish the objectives. Since resources for evaluation can be limited, consider how to use them most wisely. You might choose

to evaluate only your most critical objectives, or you might look at all your objectives in less depth.

Leave time for evaluation at all of your meetings, allowing people to reflect on the tasks they're working on and the process they've engaged in. Ask whether meeting objectives were met and what moved the process forward or seemed to stall it. Staff should record the comments for future reports.

# CHAPTER 2

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## Mobilizing Neighborhoods



# Mobilizing Neighborhoods

1 L a u n c h

└ the chronic disease  
prevention effort

2 T r a i n

└ resident organizers

3 M a p

└ assets & challenges

4 S e t

└ priorities with the community

5 P l a n

└ & carry out actions

6 E v a l u a t e

└ community improvement efforts



# Chapter 2

Local health departments alone cannot do all that is needed to make chronic disease prevention a priority in low-income communities, and to address the multitude of factors that places these communities at greater risk. A far more effective approach is to form partnerships with community residents, who have great potential to take the lead in improving community health and quality of life. Working together, the health department and residents can identify the most effective ways to build and sustain healthier neighborhoods.



Contra Costa Health Services has worked directly with low-income, ethnically diverse neighborhoods since 1996, through its Healthy Neighborhoods Project (HNP). HNP staff have helped residents to identify their community's assets, define the problems they want to address, and work toward solutions. While the health department plays a critical role in providing guidance, support and training to residents, this approach allows residents to set their own priorities and make decisions for themselves.

The health department worked with residents in the El Pueblo and West Boulevard neighborhoods for two years before introducing chronic disease prevention as a possible health priority. This commitment greatly enhanced the level of trust and credibility for the department by demonstrating its commitment to work on resident concerns rather than its own agenda. Residents became receptive to other public health issues as well.

This Chapter outlines the major steps involved in organizing communities around chronic disease prevention, based on the experiences and lessons of the Chronic Disease Prevention Organizing Project (CDPOP).

We assume that a local health department has already established a presence and track record of responding to the community's concerns prior to introducing its own public health agenda. For more information on how health departments can organize community resources from the start, before selecting a specific focal issue, see *"The Healthy Neighborhoods Project: A Community-Building Guidebook."* Coming soon to <http://www.ccprevention.org>.

## STEP ONE: LAUNCH THE CHRONIC DISEASE PREVENTION EFFORT

### **Be aware of the impact of chronic disease in the selected community**

Before meeting with a neighborhood, you need to understand the chronic disease trends specific to that community. The smaller the area or group, the less likely you are to find reliable information. Collect and review any available data, and be prepared to extrapolate from more general data on the demographic group you are serving. The support of local leadership is critical. Health Department staff might meet with leaders of community organizations, neighborhood associations, and faith groups. Ask for their insights and ideas.

### **Introduce the initiative to the neighborhood**

Once you've gathered data and met with local leaders, you can develop a variety of resident-friendly educational handouts about risk factors for chronic diseases. Incorporate key information from community leaders, including quotes or local stories that describe the issues. If possible, have community members or staff who work closely with the communities review and give input to draft materials. Since you will have some complex information to convey, combine written information with discussions or presentations whenever possible.

Announce your interest in launching an initiative to prevent chronic disease, and invite a response. You may want to present at events and meetings sponsored within the community to show an interest in the neighborhood as a whole and not just your own agenda. After describing the general concept and getting input, you may need to adapt the proposal to incorporate feedback and win the interest of the community. If the health department already has a relationship with any of these groups, be sensitive to past history and roles in the community. If there has been tension in the past, acknowledge it. You may encounter assumptions that the agenda has already been set by your agency. Be patient in establishing trust.

### **Identify interested residents**

If the local health department already has a working relationship with the neighborhood, staff and organizers can help identify residents who would be interested in getting involved—people with an interest or expertise in health, or perhaps personal experience with chronic disease. Communities concerned about environmental hazards may be especially interested in chronic disease prevention because of the suspected links between illness and environmental exposure. Meet with prospective participants, individually and/or in groups, to describe the proposed prevention effort, present data, and listen to concerns.

### **Develop ways to measure resident involvement**

You will want to evaluate the level of community involvement during the project. It is also important for residents to participate in establishing and carrying out an evaluation process. You can work with them to pinpoint the potential value of evaluation and how they can use the information to improve their efforts. With some basic training, they can help develop indicators of success, evaluation methods, and evaluation questions. They can assist in collecting information, interpreting the findings, and presenting them.

Here are some suggestions to keep in mind:

- Document your progress toward meeting your established objectives, as well as the process of collaboration among staff, residents, organizations and other stakeholders.
- Work with the community to determine what information should be collected and how.
- Consider ways to ask questions in a way that make sense to those you are querying.
- Encourage evaluators to teach residents about evaluation tools and data analysis, and facilitate residents to take the lead in setting goals and activities.
- Organize and present data clearly, in a way that will help guide future activities.

APPENDIX

See Appendix G: Measuring Resident Involvement

## STEP TWO: TRAIN RESIDENT ORGANIZERS

You will want to train a group of neighborhood residents to identify local risk factors for chronic disease. Work with lead organizers and other interested residents to design the training. Identify community concerns, topics for education, and potential barriers to resident participation, such as a need for child care, transportation, or translation.

Find creative ways to make the public health context relevant. You might have residents tell stories, show pictures or photos of the neighborhood, play games, or explore other non-traditional ways of sharing information. Pre-test any written materials, surveys or other tools with resident organizers and staff who have worked long-term with the community. Give participants a chance to respond to the materials and apply what they are learning to their own lives.

Provide participants with opportunities to practice using the skills they gain. Using a role-play model will provide valuable experience to them and feedback to you about how well the tools work.

In Contra  
Costa  
County

CDPOP staff trained residents in two neighborhoods to look for six chronic disease risk factors: tobacco exposure, poor nutrition, lack of physical activity, toxic environment, stress and low socioeconomic status. A number of revisions were made to our approach before coming up with something workable. Initially, staff included violence and injury prevention in their training on public health and chronic disease. As a result, the training quickly became an all-day event. Although sessions were made interactive, the amount of information was overwhelming and too academic. Translating technical terms was also difficult and slowed discussion considerably. The training was revised into shorter, single-topic sessions that were incorporated into weekly neighborhood team meetings. A door-to-door survey was pre-tested at the all-day training and was also subsequently shortened, simplified and given more community-focused examples.

## STEP THREE: MAP NEIGHBORHOOD ASSETS AND CHALLENGES

Once resident organizers have received enough training to feel comfortable with identifying chronic disease risk factors, they can map the assets and challenges in their community. Encourage them to build on any recent efforts to collect information about the neighborhood.

Organizers can identify many resources as well as problems or blights just by walking around the neighborhood. Some may want to take photographs to document what they see. Children may want to draw pictures of what they like and don't like about their neighborhoods. Residents may also decide to conduct door-to-door surveys to gather additional information and to encourage others to get involved. The health department may provide valuable input in the development of any survey or interview questions.

### APPENDIX

See Appendix H: Neighborhood Survey

After organizers have completed the mapping, they can then catalogue assets that the neighborhood might build upon to solve these problems. Assets can fall into a number of categories:

- **Individuals:** Residents with skills in health or education, such as retired teachers and nurses; residents who can serve as natural leaders or volunteers; translators.
- **Cultural assets:** Cultural networks, extended families, values and traditions that support health and community involvement.
- **Local institutions:** Churches, businesses, senior centers, schools, government programs, community organizations.
- **Networks:** Civic, neighborhood, and business associations.
- **Physical assets:** Parks, vacant lots, open spaces, community gardens, community facilities.

Staff and lead organizers may find it useful to organize the survey and walk-around results according to themes of public health and chronic disease. Photographs may be enlarged and used to help residents recall their thoughts as they tell stories about their neighborhood.

Work with the organizers to identify which assets and challenges link to multiple risk factors for illness. For example, you might find that parents won't let their children play outside because of speeding cars or gang activity. The children don't get exercise and the parents are chronically stressed from worrying for their safety.

### APPENDIX

See Appendix I: Uniting Community Assets With Public Health

## STEP FOUR: SET PRIORITIES WITH THE COMMUNITY

Ask organizers and other involved residents to help plan a community forum where residents can learn about the inventory results, discuss and add to them, and prioritize concerns in their neighborhood. You can publicize the meeting in a variety of ways, including flyers, door-to-door outreach, phone calls, and announcements at community gatherings.

Community forums allow residents to define the issues and begin developing solutions. They are the heart of the project at this stage. Since the process should be driven by the community, allow only residents to vote. Department staff and community agencies must understand the importance of stepping back. In this setting, staff should be considered resources to the group, not experts.

Community forums are also the place to define expectations, roles and responsibilities for community partners and the health department. It is essential to encourage an honest discussion about the historical role of the health department in prevention programs. Acknowledge concerns, questions and recommendations as they are raised. If you cannot address an issue in the moment, make a note of it and make a specific plan to revisit it. A visual recording affirms that these concerns have been heard and this will help engender trust.

## STEP FIVE: PLAN AND CARRY OUT ACTIONS WITH RESIDENTS

Once priorities are stated, work with resident team leaders to create a plan detailing strategies and activities to pursue. Consider how to accomplish short and long-term goals. (See Appendix E: Action Plan–Sample Form; Appendix F: Action Plan–Tracking Form; and Appendix J: Neighborhood Strategy.) Be sure to identify:

- Who will take on specific assignments
- Anyone not present who needs to be involved
- Relevant resources inside and outside the neighborhood
- A timeline for completion
- A method for evaluation



## In Contra Costa County

Trained resident organizers took to the streets to identify their community's assets and challenges. The findings were organized in relation to chronic disease risk factors, and presented and discussed at community forums.

One neighborhood chose physical activity as a priority. The adults formed a weekly aerobics class with on-site childcare as well as a walking club, which participated in a breast cancer walk-a-thon.

Another neighborhood focused on creating a healthier, less stressful environment. They established a Neighborhood Watch program and worked on a more positive police presence by organizing quarterly meetings with local beat officers. They also worked with the sanitation district to organize community cleanups, with 200 participants.

The health department linked residents with policy makers and other resources to assist them in sustaining their efforts. For example, staff taught residents about dumping laws and worked with landlords to request additional dumpsters and trash pickups. They also worked with child care agencies to conduct workshops on parental stress, and to identify job opportunities and training for those interested in becoming child care providers.



## STEP SIX: EVALUATE COMMUNITY IMPROVEMENT EFFORTS

Residents should help determine the evaluation process for the project, but their degree of interest and participation will vary. Explore with them the ways in which evaluation could be useful to the project. For example, the evaluation can serve to document issues of concern to the neighborhood, demonstrate accomplishments, help bring in funding, and give residents concrete information to share and celebrate. Work with them as much as possible to enable them to assess how well they've addressed their objectives, to identify strategies that have worked, and to determine their next steps. While the evaluation should identify barriers that need to be overcome, it is equally important to identify successes and solutions to challenges that have arisen.

Remember that residents often lack experience in designing a formal evaluation. They may see it as a time-consuming and irrelevant activity that will distract them from the more important work of accomplishing change in their community. The language of evaluation—goals, objectives and activities—may add to their reluctance. One way to counter this is to describe your efforts as “telling the story of our experience so we can learn from it,” rather than using more academic evaluation terms.

Limited time and money may also restrict your ability to involve residents in all aspects of evaluation design and implementation. If resources are seriously restricted, you may choose to evaluate only the most important objectives. In this case, it is essential that residents identify the objectives or outcomes they are most interested in reviewing.

Work within your limits to evaluate your progress as fully as possible. Review the findings with at least the resident organizers, and work with them to formulate how the information will be presented to the broader community and to any funders. This cooperative effort will help give the community a sense of ownership and demonstrate your commitment to an ongoing relationship.





# CHAPTER 3

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## Working with Health Coalitions



# Working with Health Coalitions

## 1 Identify

└ potential partners

## 2 Assess

└ readiness to collaborate

## 3 Build

└ vision & commitment

## 4 Plan

└ & carry out joint activities

## 5 Evaluate

└ the impact

# Chapter 3

Local health departments can provide the impetus for a variety of coalitions to work together on chronic disease prevention. As staff to many networks, advisory boards, commissions and task forces, they are in a good position to help these groups collaborate.

Coalitions have flourished in recent years as a way for communities to advocate for a broad array of interests. In California, health coalitions have proliferated since the advent of Proposition 13, a 1978 reform of the property tax. That measure resulted in a huge loss of state revenue, severely impairing funding for public programs. Coalitions formed to make the most of limited resources and reduce duplication of services.

Many health departments have a long history of working with coalitions to garner community support, solicit resources, plan programs, and advocate policies. Usually these health coalitions have focused on a single issue or population. In fact, passion for a particular issue often is what drives volunteers to commit. Among the most successful examples are coalitions that address tobacco, substance abuse and AIDS prevention.



While single-issue coalitions have scored many successes, they have sometimes been at odds with one another—in competition for members or funds, or in conflict over proposed policies or legislation. A few years ago the county's Breast Cancer Partnership found itself pitted against the local Tobacco Prevention Coalition as the state legislature debated whether to divert tobacco prevention dollars to breast cancer screening and treatment. Luckily, the groups shared members in common, so the two coalitions decided to reinforce one another. Their message to the legislature: Both initiatives are critical and both should be adequately funded. We shouldn't have to choose one over the other.

This kind of coordination would happen more routinely if coalitions had mechanisms in place to work together. Collaboration among coalitions increases the likelihood of success in accomplishing shared goals and minimizing conflict. It offers the potential for a broader constituency, more access to skills and expertise, and greater credibility.

When it comes to chronic disease prevention, there are likely to be a number of groups working independently to address particular risk factors or diseases. To foster collaboration among them, emphasize how risk factors are related, and how they play a joint role in promoting a host of diseases. Help each community see how collaboration can advance its particular interest. At the same time, acknowledge that collaborative planning involves some uncertainty, as organizations may have to confront conflicting priorities. Be aware that you will need a strong commitment from coalition leadership and staff.

## STEP ONE: IDENTIFY POTENTIAL PARTNERS

### Conduct an assessment

As in any planning effort, assess the resources at hand. Take an inventory of existing coalitions, advisory groups and task forces addressing issues related to chronic disease. Keep in mind that environmental health and justice groups are often allies in chronic disease prevention efforts. For each organization, collect the following information:

- Mission and vision statement
- Communities served
- Priority issues
- Primary strategies
- Major accomplishments
- Experience collaborating with other groups
- Mandates and constraints set by the organization or its funders
- List of active members

There are various means to do an assessment of existing coalitions. These can include interviews with staff and community leaders, written surveys, group meetings, and review of written materials solicited from each group.

#### APPENDIX

See Appendix K: Coalition Survey and Appendix L: Coalition Map

If you conduct individual interviews or surveys, distribute a summary of the results to each organization that participated and to the leadership of each coalition. Invite feedback on the findings. You may wish to review the membership lists you've collected from each coalition to see whether there is any overlap. Shared members could indicate opportunities to strengthen ties.

If you arrange a group meeting, people will have a chance to network and identify areas of common interest. In preparation, make personal contact with the lead staff person of each prospective partner coalition to describe the initiative and the purpose of the meeting. Invite him or her to participate. Also contact at least one community representative from each group. Then send written follow-up invitations. Ask participants to come prepared to describe their coalition. Invite them to bring any written materials they want to pass out, such as sample bylaws, mission statements, committee descriptions, or recruitment and orientation materials.

The format for the meeting will depend on the number of people attending. If the meeting is relatively small, consider a "round robin" approach, in which you ask each person around the table to briefly share information about his or her group. If the meeting is large, perhaps have people pair up to introduce themselves, then reconvene as a group to recount the highlights. Depending on the numbers, you may need one or two introductory meetings.

Other suggestions for the meeting facilitator:

- Record ideas on a large wall grid that everyone can see.
- Make and post a list of issues that will require further discussion or action.
- After the meeting, distribute notes to all participants.

### Choose representatives from each organization

Each participating coalition will need to designate one or more representatives to take part in the next phase of the discussions about collaborative planning. These representatives should have skills in group planning and should understand the potential role that their coalition might play in the collaborative. They should be familiar with the risk factors for chronic disease and with prevention approaches that focus on the community.

Plan for natural fluctuations in participation. People may not be able to attend meetings consistently, and there may even be turnover in staff and community leaders during the planning period. Develop strategies for keeping people informed and bringing new members up to speed, so that the flow of meetings is not continually disrupted. For example, consider using a flip chart at the beginning of each meeting that summarizes the project's purpose, agreements to date and steps to be accomplished. Another option is to have group members agree to pair up with newcomers to orient them.



In Contra Costa, much of the leadership for collaboration came from the Public and Environmental Health Advisory Board (PEHAB), a citizen advisory board to the county board of supervisors and the health department. A number of the PEHAB members participated in various single-issue groups and urged these groups to look at their common concerns. A networking meeting was convened with staff from PEHAB, the Breast Cancer Partnership, the Tobacco Prevention Coalition, the West County Food Security Council, the Food & Nutrition Policy Consortium and the Childhood Injury Prevention Coalition.

Staff worried that collaboration would mean more work and could dilute the efforts of their individual groups. Nonetheless, they identified some areas to explore for cooperation: exchanging information such as legislative updates, sharing recruitment and retention strategies, and training staff and community members. PEHAB suggested that at a minimum, the coalitions share their priorities and planned activities with one another on an annual basis. Members agreed to take these ideas back to their coalition memberships via their newsletters and oral reports at meetings.

## STEP TWO: ASSESS READINESS TO COLLABORATE

Once the inventory from Step One is complete, compile the findings and analyze them. Look for common ground among the organizations. Look also for potential obstacles to collaboration. Share the analysis with those who participated in the inventory. Invite clarification or new ideas.

If you held a large group meeting and some key coalitions were unable to attend, you may want to present the findings to the governing body of such groups. Solicit their feedback by asking, for example:

- Are the conclusions accurate and complete?
- Could your group benefit from collaborating with other chronic disease coalitions?
- What efforts would your group most like to pursue?
- What role could your group play?
- What resources can you offer?
- Is there anything else we should consider in deciding whether to proceed?

To move forward with collaboration, you need to know that prospective participants have enough in common. Shared ground could include the following:

- Target population
- Goals and strategies to promote health
- Goals or activities for internal development (such as member orientation or training)
- A commitment of time and effort from staff and members

### **Communicate your findings and decisions**

If there is sufficient shared interest and enthusiasm for working together, this can be communicated to the groups. It is important to outline next steps, a timeframe, and how people can get more involved.

If the common ground is not sufficient, share the findings of the assessment with the full membership of all prospective partners, through their monthly newsletters or a report at their regular meeting. Suggest they consider revisiting the issue next year when they do their annual planning. Work with staff to see if a specific area for collaboration can be made to fit into future plans.

In either case, include a review of the list of issues identified during the assessment process that require follow-up. Decide what actions to take and communicate your plans back to the participants.



The health department chose to work initially with the lead staff person for each coalition. In appealing to them to consider collaborating, we assured them that any joint efforts would fit into their current scope of work and would not add new projects. An assessment identified three common interests that fit this requirement:

- Helping community members be better advocates with policy makers and the media.
- Training staff to work more effectively with their coalitions.
- Sharing information, resources and expertise among the collaborating groups.

A survey of staff identified specific training needs. In response, we compiled a resource packet on working with coalitions and conducted a training on media advocacy entitled, *Media Advocacy: Getting Out Your Message, Making a Change*. (To learn more about the training program, see Appendix U: Other Resources.)

It proved difficult to design one training that addressed the diverse health concerns of the coalitions. Two chronic disease groups ran their own training sessions but invited the other coalitions to participate. In addition, health department staff realized they needed more experience developing cooperation among programs within the department before they were ready to collaborate with external groups.

## STEP THREE: BUILD VISION AND COMMITMENT

If you are ready to move forward with collaboration, you may want to begin with a series of small steps. Coalitions are unlikely to consider an ambitious agenda until they have had a chance to work on smaller-scale efforts, such as developing shared recruitment or orientation materials, coordinating an annual training calendar, or co-hosting community events.

As the groups get to know one another and enjoy some successes, they might tackle something more difficult. Perhaps they might identify a common skill-building need and develop a training session in response. Or they might plan a yearly get-together for all the participating organizations. Of course, the more complex the joint initiative, the more planning it will require. For example, if the groups want to coordinate their annual training calendars, staff can simply get together to set the dates. If the groups are ready to sponsor joint activities, they will need to plan more extensively and include leaders among the coalition staff and membership.

## Levels of Working Together

- Level I - Exchanging information about what we do. Participants offer mutual support, relationships are informal, and there are few decisions to make.
- Level II - Doing together what we are already doing alone. Participants merge tasks they are already doing independently, and perhaps begin some new, short-term projects together. Relationships are somewhat formalized, with some sharing of resources and joint decision-making.
- Level III - Deciding what to do and how to do it together. The partners pursue a long-term collaboration. They forge a common mission, pursue joint funding, and have formal roles and governance.



### APPENDIX

See Appendix D: for examples of Levels of Working Together

Coalitions that are ready for advanced collaboration should consider articulating a common vision. Hold a series of meetings with community leaders and health department staff to cover the following:

- Review the findings of your earlier assessment and invite any revisions.
- Draw on common themes from each coalition's statement of vision and mission.
- Ask the group to imagine what the collaborative might accomplish in the next three to five years, and how the community might look different as a result.
- Ask each participating organization to consider how it will benefit from the partnership.
- Once you have articulated a vision, allow participants to review it and refine it accordingly.

## STEP FOUR: PLAN AND CARRY OUT JOINT ACTIVITIES

### Agree on how the collaborative will function

In addition to articulating a vision, the group must agree on ground rules for how the collaborative will function. These issues are important to discuss no matter how simple or complex the collaboration is:

- Decide on a process for decision-making.
- Agree on a process for resolving conflict within the group.
- Clarify roles and expectations for each coalition and its staff.
- Choose a point-person for each coalition.
- Decide how you will convey information and decisions to the memberships.

### Identify potential additional partners

As you prepare for action, you may need to invite additional partners to the table. Leaders from the staff and membership of each group should be represented. Before you start planning, find out whether participants need any advance training. In Contra Costa, we found that participants needed training in chronic disease prevention and in collaboration before tackling any new projects.



### Establish criteria for selecting initial activities

It will be important to building trust in your collaborative to have discussions and agreements on how you will jointly rank possible actions. This will also be helpful as the group begins to identify new issues or problems to address. (See Appendix C: Criteria for Collaborative Projects.) For instance:

- Does the action further our collective vision?
- Does each coalition see a potential role for itself?
- Is the timing right? Are there opportunities to capitalize on?

### Develop a written action plan

Your action plan should be as complete as possible. Anyone with specific responsibilities should review the plan and agree to it. Write a memorandum of understanding for each participating organization that states the roles and responsibilities of health department staff, coalition leaders and other participants. Identify the following:

- Goals, objectives, and activities. Assign resources to each task. You may need the whole group to sketch this out initially, or you may form a work group to do this.
- Leaders for each activity and for overall coordination.
- Timelines, including short-term, intermediate and long-term benchmarks.
- Mechanisms for accountability, who will monitor the accomplishment of tasks?

## STEP FIVE: EVALUATE THE IMPACT

In deciding how to evaluate your success, it is important to ask the other participants what areas of the project they would like to examine. The health department and its partners are likely to want to use a combination of member surveys, interviews with key staff and coalition leadership, and perhaps case studies. You might also consider analyzing the content of minutes from project meetings to see if agenda topics, quality of discussion and decisions change as a result of the collaborative effort.

Some questions the group may want to ask are:

- Can coalition members describe a broad framework for chronic disease prevention and explain how their issues relate to other risk factors and diseases?
- Have they learned about the activities of the other coalitions? At meetings and elsewhere, are participants citing more links among issues or referring concerns to other coalitions with a shared interest?

- Have coalitions specifically inserted collaborative efforts into their scope of work? Has collaboration infused the missions of participating coalitions?
- What problems or obstacles arose working together? How were they addressed?
- What seemed to help the group move forward in working together?
- What benefits did people see in the collaborative process?
- What opportunities are there for future collaboration? Are there ways to establish some other links among coalitions?

# CHAPTER 4

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## Working with Community-Based Organizations



# Working with Community-Based Organizations

1 Choose

└ an initial focus

2 Identify

└ potential partners

3 Build

└ vision & commitments

4 Create

└ & carry out your action plan

5 Evaluate

└ the impact

# Chapter 4

Community-based organizations (CBOs) are natural partners in preventing chronic disease. Local agencies often have a track record of working effectively with under-served, low-income and ethnically diverse communities.

Local health departments have a long history of working with these groups on issues such as AIDS and smoking. Traditionally, departments have taken the lead in identifying public health problems, provided public funds to community organizations, and directed their activities. Community agencies may have had contracts to conduct outreach, education, referral or other activities specified by the health department.

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Health Departments and community groups jointly identify concerns set priorities and plan for action.

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While this approach has succeeded in accomplishing certain goals, the relationship also has limitations. Community groups have generally not had an opportunity to exercise their own judgment about the challenges facing residents and the best way to address them. Competition for funding has hindered cooperation and resulted in tension, mistrust and inequities of power. Funding has often limited programs to a year or two of planning and implementation. Communities were not able to develop the internal capacity to continue providing services on their own.

This chapter proposes a new approach, where health department and community groups jointly identify concerns, set priorities and plan for action. Local agencies can build skills in preventing chronic disease and advocating for their community's interests. The health department gains increased understanding of the community's perceptions of the issues, and can tap more effectively into existing community networks.

As you prepare to contact key community-based organizations, here are some considerations to keep in mind:

**Be aware of history.** Health departments with a history of funding local groups can expect some tension over past disparities in power. Expect some skepticism as you now present yourself as an equal partner at the table, and acknowledge inequities of the past. Be prepared to overcome assumptions that the agenda has already been set. Where there is a history of competition for funding, patience and care will be needed to help foster trust.

**Recognize that this approach is ambitious.** When you decide to approach chronic disease prevention this broadly, you will find that the issues are complicated, and the concepts may be difficult to grasp. Agencies may be used to working on more narrowly defined programs and may need time to see how their efforts can link to other issues. They may be comfortable with direct service, such as client education, but have little or no experience addressing over-arching influences on health, such as environment and public policy. Limited resources and regular staff turnover can hinder the intense effort required for careful planning. Organizations may feel overwhelmed if current programs are already stretched tight.

**Build on current efforts.** How ambitious or extensive the collaborative effort is will vary widely, depending on the current capacity of prospective partners. A local network that is already working on some aspect of chronic disease, for example, may be ready to expand its efforts by working together to develop a new initiative. An established local network that has not tackled the issue at all might want to start by collectively learning more about chronic disease prevention. If there is no formal networking among the CBOs in the community, the first step might be to try bringing together groups interested in the topic. In some cases, the health department may decide to work with one or two agencies individually rather than try to organize a network.

**Be flexible in setting priorities.** The health department must be willing to respond to community concerns. While the goal is to apply the broadest possible definition to chronic disease, communities and agencies may need to focus first on something specific, such as a single disease or risk factor. You may need to be creative in demonstrating links between specific risk factors and chronic disease in general. The department can also help link organizations to programs of interest that address health issues other than chronic disease.



When the Chronic Disease Organizing Project (CDPOP) first approached community-based organizations in one community, the groups suspected that the health department had a hidden agenda. They were convinced that the department had a particular problem in mind. Some members even asked that the department just identify a health concern and come back with a request for proposals. Department staff convened several meetings and delivered their message repeatedly before they could convince the community of a genuine interest in defining the issues and solutions together.

Once group member trusted that they were equal partners in defining the issues, they quickly began talking about how to reduce the number of emergency room visits for asthmatic children. The health department gathered information about the impact of asthma in the community and catalogued prevention efforts that were already underway. At the same time, staff facilitated an inventory of each organization's mission, clientele and services, to identify other areas of common interest.

After a series of discussions, the group developed a broad vision. They devised a plan to improve nutrition and physical activity, and to reduce chronic stress among pre-school children and their families. Separately, two of the agencies began working with the health department on a proposal for a community-based asthma prevention program.

Following are the major steps involved in working with community organizations to develop a shared chronic disease prevention agenda.

## STEP ONE: CHOOSE AN INITIAL FOCUS

The health department may want to start by focusing on a limited geographic area or population. In deciding this, staff will need to weigh a number of criteria: the incidence of chronic disease, the level of community interest, and any efforts already underway that can be used as a foundation. Research the following:

- **Health and risk factor data:** Compare chronic disease, hospitalization and mortality rates across the county. Are rates higher in certain census tracts or zip codes? Do neighborhoods with lower education and income have higher rates? Are certain age or ethnic groups at highest risk? Do certain population groups fall ill at an earlier age or get diagnosed at a later stage? Do certain neighborhoods suffer from a higher concentration of risk factors, such as pollution or poor access to healthy food and physical activity?
- **Community interest:** Are certain communities voicing concern about chronic diseases or risk factors? Are some agencies or networks already working on chronic disease, or showing an interest?
- **Health department priorities:** Has the health department already committed to addressing specific diseases or serving particular groups or geographic areas? Do any current programs lend themselves to expansion?

If possible, draw a county map that highlights results of your research. Ideally, the work you do with local community-based organizations will coincide with and reinforce other efforts to mobilize residents in the same communities as described below. (For more on working with residents, see Chapter 2: Mobilizing Neighborhoods.)



When Contra Costa Health Services prepared to launch CDPOP, we examined hospital discharge and demographic data and identified five zip code areas where residents were at greatest risk for chronic disease. The department had already established neighborhood organizing efforts in four of those areas through our Healthy Neighborhoods Project (HNP).

Health department staff and the community advisory board reviewed the research and chose to pilot the project in the city of Pittsburg, in the eastern part of the county. The department had already designated the city for increased prevention efforts, and community organizations there were interested in working together on chronic disease. In addition, two neighborhoods in Pittsburg were already participating in the county's Healthy Neighborhoods Project (HNP). HNP had accomplished resident-identified goals for community improvement and appeared ready to move on to other health issues.

## STEP TWO: IDENTIFY POTENTIAL PARTNERS

Build on the research described in Step One to identify potential partners. Ask for candidates from health department staff, health outreach workers and educators in the community, and other local leaders. Make an effort to include faith groups, neighborhood associations, and local, non-profit community groups.

These queries are likely to turn up a handful of prospects repeatedly. Meet with staff from these organizations to introduce them to the project and ask if they are interested in getting involved. Ask for the name of someone in the agency who might take the lead. Ask also for other organizations you should contact. Make a list of contacts, noting their level of interest and any follow-up you need to do.

APPENDIX

See Appendix N: Assessing Readiness to Collaborate

Assess whether agencies are interested in working together or prefer to work individually with the health department. While this chapter describes steps to work with a network of community groups, the process can be adapted to work with single organizations as well.

## STEP THREE: BUILD VISION AND COMMITMENT

### Develop a common understanding of the issues

Once the health department has identified interested agencies, invite them all to meet. Let participants know who else is expected to attend. Ask them to come prepared to describe their agency's mission, major programs and clientele. State the purpose of the meeting: to help the group reach a mutual understanding of chronic disease prevention, and to explore what each organization might bring to a collaborative effort and how the group might benefit.

Start the meeting by introducing a broad framework for chronic disease prevention and the factors that place communities at risk. Present findings from the interviews you held to help people to see how their own work fits into the bigger picture.

Share the results of your localized research on disease, risks and demographics. Be as specific as possible about data on particular neighborhoods or populations represented at the meeting. Acknowledge any limits of available information that make it difficult to get a complete picture for the community. Present the research succinctly and clearly, so that a lay person can readily understand. If possible, make the data come to life with stories, photographs or other visuals. Allow plenty of time for people to ask questions and contribute their own knowledge and experience.

Give the agencies time to network, particularly if they have not worked together before. Set aside time for the groups to describe their programs, interests, and perceptions of chronic disease in their communities. Document the information on a large wall chart. Afterwards, put the material



on paper and distribute it to everyone. This assessment will help catalogue current services and identify possible roles for the various groups.

APPENDIX

See Appendix O: Current Efforts of Collaborative Members; Appendix P: Preparing to Collaborate - Questions for Group Discussion; and Appendix Q: Preparing to Collaborate - An Exercise for Pairs

As the meeting proceeds, record recurrent themes. Be on the lookout for common issues, population groups, or strategies. Steer away from issues or activities that seem likely to stir conflict. At the end, evaluate the meeting, gauge interest in continuing, and outline next steps.



At our first meeting with local CBOs, we showed our video on chronic disease prevention, “Together We Can Make a Change.” The video gives an overview of chronic disease, risk factors and county statistics. It uses personal examples to represent groups most affected by chronic disease and presents communities that are mobilizing to reduce risks. The video led to a spirited discussion. Agencies examined trends in their own communities and envisioned how their communities might look different if they all worked together.

### Follow up

If the group wants to move forward, plan a series of meetings to talk about how everyone will work together. The following topics will need to be addressed, whether the health department is working with just one community group or as a member of a network:

- Benefits and drawbacks of collaborating
- Time and resources that partners can contribute
- Roles and responsibilities for each participant, including the health department
- Protocols for communicating and making decisions

The group may want to write a memorandum of understanding for each participating organization that states its roles and responsibilities as well as its relationship to other participants, including the health department.

APPENDIX

See Appendix R: Governing A Collaborative

### Create a vision

A shared vision and purpose sets a foundation for the group. Start by reviewing earlier discussions about how chronic disease affects the community and how a collaborative of groups might change the picture. The health department may want to set the discussion in a broader context of public health. This may be a good time to introduce the Spectrum of Prevention model presented in the introduction to this Guide. It describes a range of interventions and strategies that promote health. It may help people keep the big picture in mind as they consider specific collaborative efforts.

To create a vision, ask people to put aside for the moment concerns about budgets, resources and other logistical constraints. Ask them to dream of the best possible results. If you choose to brainstorm, remind people to welcome all voices without criticism. Invite people to imagine: How would we like our community to look in three to five years? How would residents be different? How would our agencies be different?

Then draft a vision and test it with the group. It should inspire all of them. It should reflect their experience and understanding of the community's hopes and dreams. It should also fit with each agency's independent mission and priorities. Perhaps ask the group to consider whether they think collaboration will help them work toward this vision.

### Set goals and priorities

Once the group has articulated a vision, the next step is to list goals to fulfill that vision. Your earlier research and discussions should provide a foundation. In discussing possible goals, make sure everyone understands the ideas and terms being used. As participants make proposals, encourage them to tell the story of the problem they seek to address.

As participants consider goals, some questions may arise. For example, does this goal really fit with our vision? Is the goal already being addressed elsewhere in the community? Is a preventive approach likely to help solve the problem? Do the partners have the necessary skills and client base? If more information is needed, the health department may be able to do some research and bring results for the next discussion.

If the goals listed are numerous, the group will have to set priorities and agree on a process for doing so. Some criteria to consider in ranking goals are whether they:

- Fit with the independent mission of each agency.
- Match the principles/ values of the group; for example, to build community capacity.
- Serve the agencies' clientele.
- Use existing expertise.
- Are likely to have a significant impact on chronic disease.

#### APPENDIX

See Appendix C: Criteria for Collaborative Projects



In considering possible joint goals, partners in the collaborative described challenges in their communities, as well as past strategies that had helped solve problems and engage residents. Asthma, nutrition, physical activity and parental stress surfaced as major community health concerns. Participants realized they needed more information about health initiatives already underway, including who was working on them and what interventions were being used.

Continued next page

In Contra Costa County continued

The partners looked at the chart they had made earlier to see how each organization could help respond to these issues. They realized that they were not in a position to address asthma effectively, and that there were already others in the community who were working on this condition. The focus shifted to a broader goal of addressing risk factors for chronic disease among pre-school children and their families. Ultimately, the group decided to work with pres-school families in Pittsburg to improve nutrition and physical activity and to reduce family stress.

## STEP FOUR: CREATE AND CARRY OUT YOUR ACTION PLAN

Once goals are in place, the group can move on to develop an action plan that spells out specific objectives, strategies, and a timeline for completion. The plan should also assign responsibility for tasks.

Assess what resources each agency can contribute, including staffing and materials. If agency staff have no experience with a broad approach to chronic disease prevention, they may require some training. If staff already have experience, they may be ready to build on an existing program. Design an action plan that addresses the chief interests of staff, so as to foster their commitment to the project.



The collaborative leaders decided that their staff needed to know more about a comprehensive approach to chronic disease prevention before they could introduce that approach to clients. The group developed a grant proposal for staff training, relying on expertise within the collaborative.

They planned an initiative to follow the training that would help families identify risk factors for chronic disease. The group would invite interested parents to help design an education program.

Unfortunately, the group had to drop the proposal after the prospective funder changed priorities and two of the collaborating agencies lost their directors.

The gap in leadership stalled a search for alternative funding. Nonetheless, the agencies continued to work with the health department to develop a comprehensive asthma program. The group also worked to develop the region's concept for another initiative, the Partnership for the Public's Health. This four-year effort was later funded to help Contra Costa as well as other local health departments and communities around the state learn how to work together more effectively.

## STEP FIVE: EVALUATE THE IMPACT

As described in previous chapters, chronic disease prevention presents a special challenge to evaluators. It may take years before the impact of an effort can be seen through health data, such as incidence of disease or hospitalization. So you will need to be creative in identifying more immediate measures of progress. Here are some possible evaluation measures:

- How many activities did we conduct?
- How well did we do it?
- How many people in the community participated and how satisfied were they?
- Did participants show a shift in attitude, behavior, or skill level? Did they begin to participate more in community activities or health promotion programs?
- Has the community or organizational environment changed? For instance, do people have more healthy choices available? Have we reduced or eliminated any environmental hazards?
- Overall, how many positive outcomes can we identify?
- How have the collaborating agencies changed? For instance, are they more able to work together? Have their skills increased? Have they developed new policies and procedures? Are they making more appropriate referrals?

In sum, evaluate your efforts for both quantity and quality. Look for improvements in the community and in the capacity of the collaborating agencies. Document the challenges you have faced and what you have done to overcome them. Also document your successes. This information could prove useful to your group as you move on to address other community needs, or to another group trying to address similar issues.

# CHAPTER 5

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## Launching a Media Advocacy Campaign



# Launching A Media Advocacy Campaign

1 D e t e r m i n e

└ your objectives

2 D e v e l o p

└ the message

3 A n a l y z e

└ media markets

4 D e v e l o p

└ a campaign plan

5 T a l k

└ to the media

6 E v a l u a t e

└ media activity

# Chapter 5

Local health departments have a tradition of working with individuals, communities and policy makers, but less so with the media. Sometimes public health professionals and advocates use news or advertising to promote changes in personal behavior, but far less often to advance public policy. Newspapers, radio and television offer a terrific, largely untapped opportunity to depict the many influences on chronic disease and to issue a call to action.

This chapter describes ways public health professionals can use the media to promote chronic disease prevention. Local health departments will vary in their ability to pursue media advocacy, but any health department can do so to some degree. At a minimum, the department may watch for opportunities to respond to emerging stories with a well-prepared message about chronic disease prevention by writing a simple letter to the editor. In other cases, a department may decide to dedicate significant resources to a media campaign, taking the initiative to plan activities that will generate coverage.

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Sometimes public health professionals and advocates use news or advertising to promote changes in personal behavior, but far less often to advance public policy.

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The Chronic Disease Prevention Organizing Project (CDPOP) engaged itself at both ends of the spectrum. Initially the project used simple tactics, such as writing letters to the editor. The letters responded to newspaper stories that cited a chronic disease or related risk factor. Each letter recast the story, changing the focus from individual behavior to the need for collective community action to reduce a range of risk factors. Readers were directed to the project to receive more information or to arrange for a presentation in their community. A number of community leaders contacted the staff in response.

Later CDPOP pursued more elaborate measures. The project worked with a local cable television station to produce a video showcasing local communities that had organized to prevent chronic disease. The award-winning film, “Together We Can Make a Change,” aired more than two dozen times on the county’s cable station, which serves 285,000 homes. We produced an accompanying facilitator’s guide and incorporated the film into presentations to local community groups interested in working on these issues in their neighborhoods.

## APPENDIX

See Appendix U: Other Resources to obtain a copy of the video or facilitator’s guide

Following are steps you can take to plan media coverage of your public health efforts.

## STEP ONE: DETERMINE YOUR OBJECTIVES

When developing the objectives of media advocacy, ask the following questions:

- How will the media strategy contribute to the program’s overall goals?

- What resources do we have? Are there natural opportunities to influence the media?
- What educational objectives might be addressed through the media?
- What action-oriented and policy objectives could be addressed?

## STEP TWO: DEVELOP THE MESSAGE

### Frame the issue

When it comes to publicity, the challenge is not just to get a topic into the news but also to frame the issue in keeping with the program's objectives. The frame is the perspective from which the story is told. When the media cover disease, they tend to focus on one illness, such as cancer, or one risk factor, such as smoking. Your task is to shift the focus from a single problem to a convergence of risk factors. In proposing solutions, you have the opportunity to shift the focus from individual behavior to broader social policy.

Most people understand that smoking is bad for your health. They know that lack of exercise and poor nutrition also lead to health problems. They also have learned that pollution and stress are dangerous. But few have seen how all of these problems together lead to a group of diseases that cause the majority of deaths in a community. And even fewer may recognize that these deaths can be prevented by a comprehensive attack on numerous risk factors.

The importance of framing the story cannot be overstated. It largely defines the boundaries of public discussion about an issue. Elements in the frame are perceived as legitimate; those outside the frame are marginalized.

A media campaign must **frame for both access and content**:

**Framing for access** means shaping the story to get the attention of journalists. Often it means staging an event or offering an alternative perspective on current news.

**Framing for content** means describing the story in terms of the policy issues. Ideally, you want to develop a story that concludes naturally with the proposal you seek to advance.

When it comes to access, look for opportunities to make a dramatic statement. For example, the Contra Costa Breast Cancer Partnership had little success getting coverage for routine breast cancer awareness efforts until the local cable station pulled a breast self-exam video off the air because of concerns about nudity. The Partnership used the opportunity to make the point that educating women about the importance of breast exams saves lives.



When it comes to content, take care in identifying an opponent. For example, groups in Contra Costa criticized tobacco companies for paying merchants to display cigarettes openly, rather than behind the check-out counter. Critics refrained from blaming store owners because health officials need to cooperate with merchants on other programs. The Contra Costa Tobacco Prevention Coalition and a group called TIGHT (Tobacco Industry Gets Hammered by Teens) underscored their desire to work with local merchants and avoided casting them as the villains.

Ultimately, there is a delicate balance between framing for access and framing for content. Sometimes the slant that is most likely to draw media attention is not the one that the health department would prefer to take. For instance, the media often are attracted to news stories that focus on the victim. Keep in mind that your objective is to shift from the perspective of the individual, which is most likely to draw attention, to the perspective of social accountability, which seeks the root causes of a problem and leads to a policy solution.

### Identify your audience

Any media campaign must target a particular audience. Depending on your objectives, you may want to reach the general public, or to tailor your message to policy makers, individuals, health providers or community leaders. Each group is in its own position to respond. For example:

- Policy makers can enact restrictions on toxic industries or require that healthy food choices be available in schools.
- Individuals can change their own eating and exercise habits.
- Providers can change standard education and treatment practices.
- Communities can organize to plant gardens or lobby for better lighting in local parks.

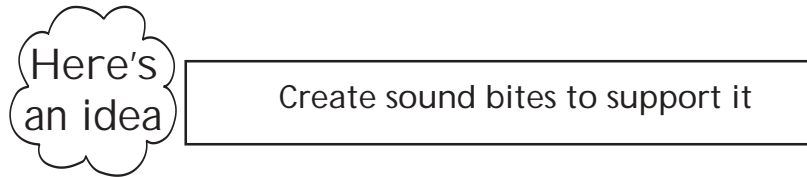


The target audience influences not only the message but also the channels you choose to convey it. For example, the general public is more likely to read the style section of a newspaper than the editorial page. On the other hand, community leaders who shape public policy tend to follow editorials closely. Similarly, commercial broadcasters draw the largest audiences, while public television and radio tend to appeal to a smaller audience of active residents.

### Craft an effective message

The overarching message is that public health problems are socially generated and involve institutional actors—such as government, industry and the media—who shape the context for individual behavior. In Contra Costa, the health department wanted to help communities and local policy makers understand the risk factor concept and see how they could work together to reduce these risks.

Crafting the particular message is an art. The specifics will depend upon the objectives you have outlined. Ideally, the health department and the community leaders will work together to develop the message. Resident leaders in Contra Costa County, for example, were adamant that they did not want to portray their communities as needy and full of problems. Rather, they wanted to convey a positive message emphasizing the community's assets and the accomplishments of people working together.



A full-length story on the evening news averages about 90 seconds. So no matter how complex the issue at hand, you have to be able to get your message across quickly. For better or worse, the media rely heavily on “sound bites,” those pithy, memorable quotes that get right to the point. Learn to create them.

Sound bites must relate to your media objectives. Each one should convey one message, simply and succinctly. Imagine the slogan on a billboard. Try writing one on the back of your business card; if it won't fit, it is probably too long. Work to frame the issue as a social problem in which the public has a stake.

For a series of sound bites, keep the following guidelines in mind:

- State your conclusion up front.
- Support your statement briefly with evidence or explanation.
- Call for a specific response.

For example, let's say the objective is to alert the public about risk factors for chronic disease and encourage communities to respond. Here are some possible sound bites:

*Conclusion:* “We can reduce the risk of chronic disease, such as cancer or heart disease.”

*Support:* “If we don't act, two out of every three local residents will die from chronic disease.”

*Response:* “Communities can do something to address the six most important factors influencing chronic disease: tobacco, stress, nutrition, exercise, the environment and socioeconomic status.”



It's not easy to define the qualities that make a successful media bite. As Supreme Court Justice Potter Stewart said about pornography in 1964, “I know it when I see it.” Nonetheless, here are some tips:

- Use fresh, lively images.

- Avoid preaching.
- Be creative. Try literary devices such as alliteration, rhyme or puns.
- Be authoritative. Prepare to back up statements with specific facts from credible sources.
- Use humor and irony where appropriate. Witty statements are often quoted. Biting humor can also be an effective way to convey outrage. A well-conceived quip can instantly deflate your opponent’s message. Experiment with ironic rephrasing of industry statements or popular maxims.
- At the same time, be cautious with humor. If you’re too cute or frivolous, you may undermine the gravity of your own message.

Finally, remember that sound bites can come in the form of pictures as well as words. For a powerful indictment of alcohol marketing to youth, you can’t do better than a photograph of Anheuser-Busch’s Budman—a costumed super-hero—shaking the hand of a four-year-old child at a public event. Likewise, to bolster its anti-tobacco campaign, Contra Costa’s TIGHT project used photographs of markets that displayed cigarettes right next to candy. The group showed the pictures to local officials when asking for an ordinance reducing youth access to tobacco.

### STEP THREE: ANALYZE MEDIA MARKETS

Many local health departments keep a press list, either with a public relations officer or sometimes within individual programs. Build on what already exists to develop a complete, up-to-date list of all newspapers and broadcasters that cover the department’s service area. Be sure to include ethnic media markets and outlets in your list.

Every city, town and county falls into some media market. Large metropolitan areas constitute their own markets, while rural markets may cover a vast geographic area. The market for the San Francisco Bay Area, for example, includes San Francisco and its environs—parts of the Peninsula to the south, Marin County to the north, and the East Bay. Contra Costa County, which lies further east, is usually considered a separate market.

Media markets are usually served by more than one broadcast station or “news feed.” Small broadcasters rarely have enough staff to cover stories beyond the local area, so they contract with wire services, such as the Associated Press, for regional and national stories. A large newspaper chain, such as Knight Ridder, will share stories among its member papers and also rely on wire services.

When seeking press coverage, identify news outlets appropriate to your story. Don’t send a strictly local story to a national paper, for instance. If the story has potential appeal beyond your locality, don’t hesitate to try to shape it accordingly and pitch it to relatively large papers. In general, don’t limit yourself to the daily papers. Though they have the largest readership, their attention may be hard to capture. Look to weekly and monthly community papers, public access television and newsletters.

Keep two press lists—one for mailings and one for phone calls. Sort each list by type of outlet: for example, local, regional and national press; trade publications or other periodicals with a specialized audience; local radio; local television; network news; and so forth. When it comes to radio, consider call-in shows as well as news programs.

Each entry on the mailing list should include the name of the media outlet, address, fax number and e-mail address. It should also include the names of personal contacts at that outlet. When you send out a press release, send it not only to the assignment desk but also to any reporter with whom you have an ongoing relationship. It's acceptable to send multiple releases to the same paper or station. One person might ignore the story, while another might follow up.

The phone list will be smaller than the mailing list. Call lists should include the outlet name, phone number, fax number and names of assignment desks. Also list names of reporters you know, the fields they cover, their direct phone numbers, and their home numbers, when available.

Update media lists regularly to keep up with staff changes or to add producers and reporters you contact through your work.

## STEP FOUR: DEVELOP A CAMPAIGN PLAN

Your media strategy should fit within your larger program goals. Design a campaign in concert with other activities. Try to include the voices of people who are personally affected by an issue or policy. As you pursue a range of strategies, make sure that all the participants in your initiative deliver a unified, consistent message to journalists as well as policy makers and the community. (See Appendix S: Planning a Media Campaign.)

With goals, objectives and a clear message defined, you are ready to plan for action.

1. **Choose your outlets.** These are the specific newspapers or broadcast shows you will target.
2. **Develop a news hook.** In other words, frame for access. Perhaps you want to publicize an initiative to reduce chronic disease, or a new report showing an increase in deaths from chronic disease. Write a press release about the story. Look continually for new angles as the project continues—perhaps a new organization joins your network, or a community group reaches one of its goals.
3. **Fine-tune your message.** In other words, frame for content. Each time you seek coverage, have one main theme in mind that you want to get across. Deliver it in simple, concise words.

4. Appeal to your audience. Consider the language and tone that will capture the group you want to reach. Public radio listeners, for example, may be more receptive to scientific discourse than those who listen to call-in shows.
5. Respond to current news. Write letters to the editor. For example, if you see an article on the relationship between diet and heart disease, seize the opportunity to talk about multiple risk factors that contribute to a range of illnesses. Suggest a comprehensive approach to chronic disease prevention and give the name of a person to contact at the health department for more information.

## STEP FIVE: TALK TO THE MEDIA

To reach the media, you must deliver a clear and compelling message. Health department staff can set the stage for the story, providing a comprehensive message about risk factors. They can also prepare representatives of the community to speak to the press, and can direct reporters to those speakers. Make sure that community partners are comfortable in their role as public and media spokespersons. All spokespeople should be thoroughly familiar with the objectives of the campaign and the messages that have been developed.



Health department staff trained members of its citizen advisory group to talk about CDPOP. The citizens made presentations to various groups using a slide show and discussion guide. They were also listed as spokespeople on press releases. But while volunteers were enthusiastic, they found the subject difficult to master. They gave few talks and tended not to be contacted by the media for interviews. In the end, paid staff proved more effective in this particular role.

Letters to the editor proved to be a more effective vehicle for making a community leaders aware of the project. As articles about chronic disease appeared in local papers, staff sent commentaries that put chronic disease in a broader context and described CDPOP. Numerous community requests for presentations resulted.

Talking to journalists can be intimidating, especially when you are speaking into a tape recorder, and even more so when you are on camera. Nonetheless, interviews are an invaluable opportunity to promote public awareness. The more you do them, the easier they get.

Interviews will go more smoothly if you are prepared. Always keep on hand the objectives of your campaign. Don't simply answer the reporter's questions. Instead, think ahead about the message you want to convey. Perhaps you want to emphasize the success of a program or the need for action. Remember that ultimately you should have one message in mind. Make it simple and succinct.

If a journalist calls to interview you and catches you off guard, see whether it's possible to buy a little time. Find out the reporter's deadline and ask if you can call back shortly. Take a few minutes to collect your thoughts and review your sound bites.

Often reporters have an agenda or angle that is different from your own. Feel free to touch on the reporter’s question and then go on to emphasize your own message. Don’t wait for the reporter to ask the perfect question. It probably won’t happen.

APPENDIX

See Appendix T: Tips for Talking to the Media

## STEP SIX: EVALUATE MEDIA ACTIVITIES

Evaluating a media advocacy effort is not easy; nonetheless, it can provide important information about how to focus future efforts. To find out which media outlets are most effective for informing people, you will need to document how people heard about your chronic disease prevention program. Develop a simple form for key staff, including support staff who are the initial contacts for the public. Have them ask callers how they heard about the program. Note periods of increased inquiries and assess whether they correlate to any intensive publicity activities.

It may be difficult to evaluate whether your efforts have led to a greater understanding of chronic disease prevention or to changes in policy. Staff can try tracking changes over time to see whether the media have begun to reframe the issues. A review of minutes from governing bodies or policy-making boards may reveal whether community leaders and decision-makers are viewing the issues in a new light or beginning to consider new policies. A more formal evaluation might include interviews with leaders you are trying to reach, to see whether their view or level of commitment to chronic disease prevention has changed.