

Capacity Building for Diabetes Outreach

A Comprehensive Tool Kit for Organizations Serving
Asian and Pacific Islander Communities
2008



Contact Information

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Capacity Building for Diabetes Outreach

A Comprehensive Tool Kit for
Organizations Serving Asian and
Pacific Islander Communities
2008

Assessments
Evaluation
Support
Staffing
Partnerships
Funding
Outreach
Marketing

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL DIABETES EDUCATION PROGRAM**

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PREFACE

The National Diabetes Education Program (NDEP) is pleased to provide *Capacity Building for Diabetes Outreach: A Comprehensive Tool Kit for Organizations Serving Asian and Pacific Islander Communities*. This tool kit was designed to help community-based organizations and community health centers develop organizational capacity to deliver diabetes prevention and control programs within Asian American and Pacific Islander (AAPI) communities.

NDEP was founded in 1997 by the U.S. Department of Health and Human Services. It is jointly administered by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC), with support from more than 200 partner organizations. From its inception, the program has sought to develop tools and resources to help reach audiences at higher risk for diabetes, including Asian Americans and Pacific Islanders. We continue to plan and execute media relations and outreach campaigns to get important information directly into the hands of people with diabetes and those at risk for the disease.

This comprehensive tool kit, developed in collaboration with the NDEP Asian American/Pacific Islander (AAPI) Work Group, is an important step forward. It provides tools and resources to help you take advantage of NDEP's existing diabetes awareness and educational materials. In addition, where appropriate, it helps you create new materials and programs that you can share with individuals in your community.

Newly formed organizations that are working to hire staff, obtain funding, and assess the health status of their communities, as well as older, long-established organizations, can use this tool kit to expand their reach and effectiveness in their communities.

This tool kit addresses eight key components for capacity building—community assessments, evaluation, organizational support, staffing, building coalitions and partnerships, funding, community outreach and inreach, and marketing. Other resources are provided throughout this document and in the appendices. Each section includes quick tips, case studies, definitions, and examples that will help clarify many concepts.

We greatly appreciate your support and use of NDEP products. We hope that using this comprehensive tool kit will be a positive experience in creating more awareness about diabetes and its complications in Asian American and Pacific Islander communities. If you have any questions or concerns, please contact ndep@mail.nih.gov or cdcinfo@cdc.gov.

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- 0.2 CEU for Part C of this program—Section 4: Evaluating Your Diabetes Program.
- 0.1 CEU for Part D of this program—Section 5: Organizational Support.
- 0.1 CEU for Part E of this program—Section 6: Staffing Your Program.
- 0.1 CEU for Part F of this program—Section 7: Building Community Coalitions, Advisory Committees, and Partnerships.
- 0.1 CEU for Part G of this program—Section 8: Funding.
- 0.1 CEU for Part H of this program—Section 9: Community Education: Outreach and Inreach.
- 0.2 CEU for Part I of this program—Section 10: Marketing Can Increase Your Reach and Effectiveness.

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The materials and CE credits are free. Requirements for obtaining CE credits include reading *Capacity Building for Diabetes Outreach: A Comprehensive Tool Kit for Organizations Serving Asian and Pacific Islander Communities*, registering on the CDC's continuing education Web site (<http://www.cdc.gov/TCEOnline>), and completing an evaluation form.

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HOW TO USE THIS TOOL KIT

- Start by reading all of Sections 1 and 2. This will provide an overview to our approach to identifying key components for successful outreach, and it will tell you how to use the tools in this tool kit.
- Fill out the self-assessment checklists at the end of Section 2. These checklists will help you identify your needs.
- If your organization or program is new, or you are new to diabetes outreach, you may need help in all capacity areas. We suggest that you review this tool kit from the beginning.
- If your organization has urgent needs, you may prefer to focus on those needs first. For example, if you have little information on how diabetes affects your community, focus first on Section 3: Community Assessments for Program Planning.
- Use the Glossary to look up unfamiliar terms.
- Use the Appendices on the CD-ROM to access tools and resources that will help you develop organizational capacity to deliver diabetes prevention and control programs within Asian American and Pacific Islander communities.
- Although you may be most interested in learning about one particular area, you should review and consider all key components identified in this tool kit.

SECTION 1: INTRODUCTION

Learning Objectives

By the end of this section, readers will be able to

- Provide an overview of the National Diabetes Education Program (NDEP) and its goals (Section 1.1).
- Identify the main audience addressed in this tool kit (Section 1.2).
- List the eight areas of organizational capacity described in this tool kit (Section 1.2).
- Describe how each chapter of this tool kit is organized (Section 1.2).
- Identify the known risk factors for diabetes and the issues specific to diabetes in Asian American or Pacific Islander (AAPI) populations (Sections 1.5–1.6).
- Describe major barriers to health care for AAPIs (Section 1.7).

1.1. Program Overview

The National Diabetes Education Program (NDEP) is a U.S. Department of Health and Human Services initiative that is jointly administered by the Division of Diabetes Translation at the Centers for Disease Control and Prevention (CDC) and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health (NIH). NDEP's two major campaigns are "Control Your Diabetes. For Life" and "Small Steps. Big Rewards. Prevent type 2 Diabetes."

Begun in 1997, NDEP now involves more than 200 public and private partner organizations. These organizations work together to improve the treatment and outcomes for people with diabetes, to promote early diagnosis, and to prevent the onset of diabetes among people at highest risk.

One of NDEP's goals is to reduce health disparities in racial and ethnic populations affected by diabetes. Asian Americans and Pacific Islanders (AAPIs) are one of the populations at high risk of developing diabetes.

In 2002, the Diabetes Prevention Program study showed that lifestyle changes could prevent or delay type 2 diabetes among people at high risk. Under the guidance of work groups made up of organizations serving specific populations at high risk for diabetes, NDEP has developed culturally and linguistically appropriate diabetes prevention and control materials and promotes these materials through a nationwide partnership network.

Materials for AAPIs focus on the importance of family as motivator and address barriers identified by AAPI focus groups. The "Two Reasons I Find Time to Prevent Diabetes...My Future and Theirs" materials depict an AAPI family walking together and offer tips for healthier food choices and physical activity. As a part of these efforts, NDEP has developed materials about diabetes prevention and control in many AAPI languages, including the following:

Cambodian	Chuukese	Hmong	Lao	Thai
Chamorro	Gujarati	Japanese	Samoan	Tongan
Chinese	Hindi	Korean	Tagalog	Vietnamese



These materials are on the NDEP Web site at <http://ndep.nih.gov>.

NDEP's Asian American/Pacific Islander (AAPI) Work Group recognizes that AAPIs face many cultural and language barriers. Most AAPIs living in the United States were born outside the country. Community-based organizations serving AAPI populations may not have the resources to teach people effectively about healthy practices and behaviors. This tool kit was developed as one way to help organizations use health education materials and send out NDEP messages.

1.2. Organization of This Tool Kit

This tool kit is intended to help community-based organizations and community health centers develop the means (i.e., organizational capacity) to deliver diabetes prevention and control programs in AAPI communities.

Organizational Capacity



An organization's ability to achieve the best performance in delivering community programs and services.

Using the Association of Asian Pacific Community Health Organizations' (AAPCHO) Community Approach to Responding Early (CARE) Program as a model, this tool kit is intended to help organizations strengthen themselves in the following eight key components of capacity building:

1. Community assessments (resources and needs).
2. Evaluation.
3. Organizational support.
4. Staffing.
5. Building coalitions and partnerships.
6. Funding.
7. Community outreach and inreach (educational efforts).
8. Marketing.

Outreach



Reaching out to people who are not using any of the services provided by your organization or health center. Educating people about your organization's services or messages.

The NDEP AAPI Work Group strongly believes that each of these components is crucial to your organization's success because they cover activities needed to support a comprehensive diabetes program—one that addresses both disease prevention and control.

Inreach

Reaching out to people who are using the services provided by your organization or health center, but who are not using your diabetes prevention and control services. Educating these people about your diabetes program.

If organizations are strong in these capacity areas, they can succeed and thrive in accomplishing their missions. How your particular organization chooses to focus on each of these components will depend on your current level of organizational capacity in each component. This tool kit will help you assess your organization's capacity.

This tool kit is organized into 10 sections, each covering a different subject related to diabetes prevention and control programs and services. It also includes a glossary of common terms and a CD-ROM of appendices.

Section 1: Introduction. Introduces the tool kit; describes how it is organized; gives instructions on how to use it; defines key terms; summarizes information on diabetes prevalence, risk factors, and key capacity areas for a diabetes program; and lists reasons that AAPIs face challenges in getting diabetes and health information.

Section 2: The CARE Model. Introduces the CARE Program model and the transtheoretical model of change. These models provide the main ideas and framework for this tool kit, with an emphasis on the community-organizing approach.

Section 3: Community Assessments for Program Planning. Introduces the concept of community needs assessment for program planning and discusses cultural assessments and inventories of community resources.

Section 4: Evaluating Your Diabetes Program. Describes several ways to assess program outcomes.

Section 5: Organizational Support. Describes how to gain organizational support from within your organization, including how to share new information with staff members and nurture a “program champion.”

Section 6: Staffing Your Program. Introduces key issues in staffing, including positions, recruitment, and training.

Section 7: Building Community Coalitions, Advisory Committees, and Partnerships. Describes the importance and means of improving community collaborations, such as coalitions, community advisory committees, and partnerships.

Section 8: Funding. Discusses funding as it relates to your success and emphasizes how to assess, develop, and advocate for your organization’s financial capacity.

Section 9: Community Education: Outreach and Inreach. Focuses on starting a community education program through outreach or inreach. This section tells you how to use tools such as health education materials and the media (e.g., newspapers, television, radio).



Section 10: Marketing Can Increase Your Reach and Effectiveness. Focuses on improving your organization's reach to make your marketing efforts more effective; includes a discussion of types of marketing strategies and activities.

Glossary. Defines commonly used terms in discussions of public health, organizational effectiveness, evaluation, and diabetes.

Appendices. Include additional materials, such as examples and templates discussed or cited in Sections 1–10. Available on CD-ROM as part of this tool kit.

Each section includes an introduction and an overview of the topic. Some information, including key terms, tips, case studies, and work sheets, is presented in boxes. We used the following graphic images to help you identify the type of information being presented:



We provide you with key terms, concepts, and information that are important as you navigate through the tool kit. Be sure to read these boxes to enhance your understanding of the topic.



We provide tips to guide you on the best way to work through the tool kit and certain ideas. These tips may enhance your learning.



We provide case studies as real examples of how other organizations and communities have implemented certain programs. These case studies provide an overview and key points.



We provide work sheets to guide you through the stages of change model used in this tool kit. We encourage you to photocopy and complete these work sheets with other staff in your program.

Sections 2–10 include self-assessment checklists to help you think about the issues relevant to your community. These checklists have been adapted from the AAPCHO *CARE Program Guide* and other resources recommended by the NDEP AAPI Work Group.

Each section also presents subsections that correspond to different stages in the transtheoretical model of change (this model will be explained in detail in Section 2). The stages of change are

1. Precontemplation.
2. Contemplation.
3. Preparation.
4. Action.
5. Maintenance.

Use the checklists to identify which stage of change matches your organization's current level of development. Once you have identified your organization's stage of change for each of the eight key components of capacity building, you can use the appropriate subsection to find action steps that match your program's needs.

Information in this tool kit has been tailored to each stage of change. For example, in Section 7, programs that have never built community coalitions are encouraged to begin at the Precontemplation and Contemplation stages described in Section 7.3. Programs that have successfully developed a community coalition, advisory committee, or partnerships should turn to either the Action or Maintenance stages described in Section 7.3.

This tool kit gives your clinic or organization the flexibility to refer to information that suits your needs and the needs of your community as you move through these stages of change.

1.3. Diabetes Definitions

Type 1 Diabetes

Type 1 diabetes develops when the body's immune system destroys the beta cells of the pancreas. It was formally known as juvenile-onset diabetes and insulin-dependent diabetes mellitus. Beta cells are the only cells in the body that make the hormone insulin, which regulates blood glucose. Type 1 diabetes usually strikes children and young adults, although this disease can develop at any age. This type of diabetes may account for 5%–10% of all diagnosed cases of diabetes. Risk factors for type 1 diabetes may include autoimmune, genetic, and environmental factors.



Tip

If you can, read all of the tool kit before you start. If you cannot read the entire tool kit, we recommend that you

- Read Sections 1 and 2 to learn about our approach.
- Fill out the self-assessment checklists at the end of Section 2.
- Read the objectives for each section to become familiar with the eight key components of capacity building.

These components support and overlap one another, and addressing each component is important. The assessment checklists can help you to prioritize your approach.

Type 2 Diabetes

Type 2 diabetes may account for about 90%–95% of all diagnosed cases of diabetes. It was formally known as adult-onset and non-insulin-dependent diabetes mellitus. Type 2 diabetes usually goes hand-in-hand with insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the inability of the pancreas to produce insulin results in hyperglycemia (high blood sugar) and eventually type 2 diabetes. Type 2 diabetes is associated with older age, obesity, a family history of diabetes, a history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. Type 2 diabetes is becoming more common in children and adolescents.

Gestational Diabetes

Gestational diabetes (GDM) is a condition of increased insulin resistance and high blood glucose levels among women during pregnancy. If poorly controlled, GDM can lead to many problems, such as an extra large baby, which can cause a difficult delivery, possible nerve damage, and even stillbirth. GDM also is a risk factor for later development of type 2 diabetes in the mother and the baby.



Prediabetes

Impaired fasting glucose, impaired glucose tolerance, or both is now called prediabetes, a strong risk factor for type 2 diabetes. Evidence, such as that identified by the Diabetes Prevention Program (DPP) study, has shown that lifestyle changes can prevent or delay the onset of type 2 diabetes in people with prediabetes. More information on the DPP study is available online at the National Diabetes Information Clearinghouse, <http://www.diabetes.niddk.nih.gov/dm/pubs/preventionprogram/index.htm>.

Important lifestyle changes to make to address prediabetes include losing 5%–7% of body weight if overweight, making healthier food choices, and engaging in moderate physical activity (e.g., brisk walking) for 30 minutes, 5 days a week.

Type 1 vs. Type 2

It is sometimes not clear whether a person has type 1 or type 2 diabetes. Some children have type 2, while some adults have type 1. Type 2 may be increasing among young people because more children and adolescents are overweight or obese today than in earlier years. These young people may have insulin resistance (a condition in which fat, muscle, and liver cells do not use insulin properly) as well as autoimmune destruction of beta cells.

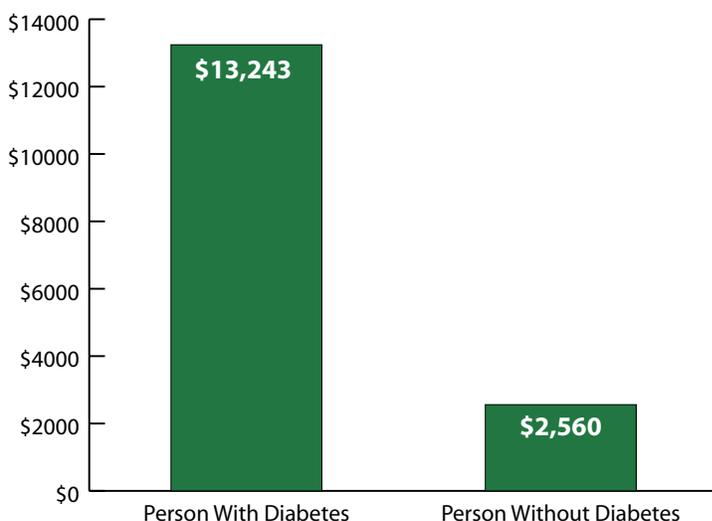
1.4. Prevalence

In 2007, nearly 24 million people—almost 8% of the U.S. population—had diabetes. Researchers estimate that 17.9 million of these people had diagnosed diabetes, and an additional 5.7 million are as yet undiagnosed. In 2007, a total of 1.6 million new cases of diabetes were diagnosed among people aged 20 years or older; 90%–95% of these cases were type 2 diabetes (Source: National Diabetes Fact Sheet, 2007, CDC). Another 57 million Americans have prediabetes.

Racial and ethnic minority groups in the United States are about 2–3 times more likely to have diabetes than non-Hispanic white adults. The prevalence of type 2 diabetes among people in their 20s and 30s continues to increase. In addition, type 2 diabetes is increasingly being diagnosed in children and adolescents. The development of diabetes at a young age is especially worrisome because the development of complications is related to the number of years a person has had diabetes. Developing diabetes at a young age results in decades of medical care to manage the disease and prevent complications, with high human and economic costs.

Most recent U.S. estimates show that diabetes accounts for \$174 billion each year in both direct and indirect medical costs. In 2002, the average yearly cost of health care for a person with diabetes was \$13,243, compared with \$2,560 for a person without diabetes (see Figure 1-1). In 2007, the American Diabetes Association estimated that, on average, the medical expenditures of people with diagnosed diabetes were 2.3 times higher than the medical expenditures of people without diabetes (Source: American Diabetes Association).

Figure 1-1. Average Yearly Health Care Costs, 2002



1.5. Risk Factors for Diabetes

According to the American Diabetes Association, CDC, and NIDDK, the risk factors for getting diabetes include the following:

- A family history of diabetes.
- Impaired glucose tolerance or impaired fasting glucose (prediabetes).
- Obesity.
- Physical inactivity.
- A prior history of gestational diabetes.
- Being a member of one of the following racial or ethnic groups: African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, or Hispanic/Latino.

The risk for diabetes also increases with age. More than half the estimated 23.6 million Americans with diabetes are older than 60, and more than 1 in 5 people in this age group has the disease. Diabetes was the seventh leading cause of death listed on U.S. death certificates in 2006.

How Do We Define “Asian and Pacific Islander”?



Asian refers to those having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Pacific Islander refers to those having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

The Asian and Pacific Islander population is not a homogeneous group. It includes many groups who differ in language, culture, and length of residence in the United States.

Some Asian groups, such as the Chinese and Japanese, have been in the United States for several generations. Others, such as the Hmong, Vietnamese, Laotians, and Cambodians, are comparatively recent immigrants. Few Pacific Islanders are foreign born.

Source: U.S. Census Bureau Report, <http://www.census.gov/prod/2003pubs/p20-540.pdf>.

1.6. Diabetes Among AAPIs

At least 28 Asian and 19 Pacific Islander groups constitute the generalized “Asian American or Pacific Islander” (AAPI) ethnic data category used by U.S. federal agencies (U.S. Census Bureau, <http://www.census.gov>). Controversy regarding this categorization goes beyond the scope of this tool kit. In our use of the term AAPI, the NDEP includes Native Hawaiians (individuals having origins in the original peoples of Hawaii, not those simply born there), Asian Americans, and Pacific Islanders.

Prevalence data for diabetes in AAPIs are limited. According to the National Diabetes Fact Sheet, 2007, the total prevalence of diabetes (both diagnosed and undiagnosed diabetes) is not available for Asian Americans or Pacific Islanders. In Hawaii, the data show that Asians, Native Hawaiians, and Other Pacific Islanders aged 20 years or older are more than twice as likely to have diagnosed diabetes as whites after adjusting

for population age differences. Similarly, in California, Asians were 1.5 times as likely to have diagnosed diabetes as non-Hispanic whites. Other groups within these populations also have increased risk for diabetes (Source: CDC).

Researchers need to collect better information about diabetes in AAPI populations. Such data would help communities begin to measure the rates of diabetes and its complications among AAPIs and to determine whether interventions are working to reduce these rates.



Risk Factors

Overweight and obesity are risk factors for type 2 diabetes, and the number of overweight AAPI children is on the rise. In California, for example, according to research reported by the 5th Asian American Cancer Academy, the percentage of low-income AAPI children who are overweight is increasing rapidly—from 7% in 1994 to 15% in 2003. This percentage will soon catch up to the percentage of low-income white, black, and Latino children in California who are overweight or obese.

Another issue for AAPI communities is that body mass index (BMI) measures—the standard used by public health officials and clinicians to define at-risk weight categories—inaccurately predict risk in Asian patients. Although BMI may be an indicator of body fat, accurate risk assessment also must take into account different body types. Asians typically have a higher body fat percentage than people of the same BMI, age, and sex in other racial/ethnic groups.

The standard used to identify risk for diabetes (as well as heart disease and stroke) in Asian Americans is a BMI of 23 or higher. The World Health Organization (WHO) also has concluded that increased risk for type 2 diabetes and heart disease occurs at a lower BMI for Asians than the standard WHO cut-off point for overweight (BMI greater than 25).

However, many experts believe that the opposite is true for Pacific Islanders—that they do not have a higher risk for disease unless their BMI is 26 or higher.

Figure 1-2 presents at-risk BMI measurements for different racial and ethnic groups in the United States. NDEP has used this chart in its outreach to health care professionals and AAPIs to help them identify people at high risk.

It is important for health care professionals and public health officials to know that different ethnic groups have different body fat compositions, and there is no “one size fits all” risk measurement tool. The danger of using one BMI chart for everyone is that the risk for disease may not be recognized for some people, especially AAPIs. If the risk is not recognized, health care professionals may not give Asian patients appropriate counseling about diabetes risk and the need for healthy eating and physical activity to prevent diabetes.

A more in-depth discussion and references on the issues of BMI and Asian and Pacific Islander body types are available in the free NDEP publication, *Silent Trauma*. Download or order at <http://ndep.nih.gov> or order at 1-888-693-NDEP (6337).

The following podcasts (or audio files) about diabetes risk among AAPIs can be found online at <http://www.cdc.gov/podcasts>—*Rising Tide of Diabetes Among Asian Americans* and *Rising Tide of Diabetes Among Pacific Islanders*. These podcasts also can be found on the CD-ROM provided at the end of this tool kit.

Figure 1-2. At-Risk Weight Charts for AAPIs

At-Risk Weight Charts					
Find your height in the correct chart. If your weight is equal to or greater than the weight listed, you are at increased risk for type 2 diabetes.					
IF YOU ARE NOT ASIAN AMERICAN OR PACIFIC ISLANDER AT RISK BMI >25		IF YOU ARE ASIAN AMERICAN AT RISK BMI >23		IF YOU ARE PACIFIC ISLANDER AT RISK BMI >26	
HEIGHT	WEIGHT	HEIGHT	WEIGHT	HEIGHT	WEIGHT
4'10"	119	4'10"	110	4'10"	124
4'11"	124	4'11"	114	4'11"	128
5'0"	128	5'0"	118	5'0"	133
5'1"	132	5'1"	122	5'1"	137
5'2"	136	5'2"	126	5'2"	142
5'3"	141	5'3"	130	5'3"	146
5'4"	145	5'4"	134	5'4"	151
5'5"	150	5'5"	138	5'5"	156
5'6"	155	5'6"	142	5'6"	161
5'7"	159	5'7"	146	5'7"	166
5'8"	164	5'8"	151	5'8"	171
5'9"	169	5'9"	155	5'9"	176
5'10"	174	5'10"	160	5'10"	181
5'11"	179	5'11"	165	5'11"	186
6'0"	184	6'0"	169	6'0"	191
6'1"	189	6'1"	174	6'1"	197
6'2"	194	6'2"	179	6'2"	202
6'3"	200	6'3"	184	6'3"	208
6'4"	205	6'4"	189	6'4"	213

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*.

1.7. Barriers to Health Care Services for AAPI Communities

The disparity in access to health care services among racial and ethnic minorities, including AAPIs, is well known in public health. In AAPI communities, cultural, language, social, and economic barriers keep people from getting many health care services. These “roadblocks” limit people’s access to care and contribute to the increase in diabetes in the AAPI population (Sources: Ngo-Metzger, 2003; Smedley (ed), 2002; Lurie, 2003; Zuvekas, 2003).

Examples of these barriers include the following:

- Lack of culturally appropriate services and health care professionals who speak AAPI languages in the community.
- Lack of adequate medical insurance or financial resources.
- Belief among health care professionals that most AAPIs are not at risk for diabetes or prediabetes and do not need to be tested for diabetes.
- Previous bad experiences in the medical system (as reported in qualitative research in AAPI populations).
- Lack of access to preventive health care services.



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SECTION 2: THE CARE MODEL

Learning Objectives

By the end of this section, readers will be able to

- Describe the underlying assumptions and theories behind the Community Approach to Responding Early (CARE) Program model (Section 2.1).
- Identify the stages in the transtheoretical model of change and how they apply to diabetes prevention and control on an organizational level (Sections 2.2 and 2.3).
- Use the Organizational Stages of Change checklists to determine what stage of change your organization is in (Sections 2.3 and 2.4).



2.1. The CARE Model

This tool kit is based on the Community Approach to Responding Early (CARE) Program model developed by the Association of Asian Pacific Community Health Organizations (AAPCHO). This community-based model is used to encourage organizations to evaluate their program levels and goals.

The CARE Program model applies Prochaska and DiClemente's transtheoretical model of change to organizations (Prochaska et al., 1992). The five stages of this model are Precontemplation, Contemplation, Preparation, Action, and Maintenance. We will describe each stage in detail in Section 2.2. This model helps organizations determine which stage they are currently in and how to move to the Action and Maintenance stages.

A Community-based Approach

Programs designed to prevent and control disease and promote health, including diabetes programs, should be developed with the specific community in mind. Such programs honor the cultural values of AAPI communities and encourage community member involvement at all levels of program delivery.

This approach is intended to be flexible so that community-based health centers and other organizations with established community relationships actively participate in designing and tailoring their interventions. Direct community input is encouraged. Community members can help assess needs and participate in coalitions, advisory committees, and partnerships. Health workers who perform community outreach can provide valuable feedback.



Focused on Participatory Action

“Participatory action” means that community members actively participate in planning, conducting, and evaluating a program. In this way, they “share ownership” of the program. The goal is to develop culturally appropriate and meaningful prevention and control programs for AAPI communities.

To meet this goal, community members must be included in the entire process. They should help develop project goals and objectives, identify intervention strategies, develop survey questionnaires, conduct activities, and evaluate program progress.

Community members are a vital connection to the community, and they must include community “gatekeepers,” leaders, and clients to ensure full success of the project (Source: AAPCHO, *CARE Program Guide*).

Culturally Tailored

AAP communities vary widely. For diabetes prevention and control programs to be effective, they must be culturally tailored to each specific AAP group. Tailoring messages for a specific culture means doing more than providing services in the

proper language. It also means making sure that information and services are provided in a manner that is consistent with the AAP community’s cultural expectations and viewpoints. This approach requires the use of familiar and accepted behaviors, trusted messengers, comfortable settings, and relevant messages. Culturally tailored programs take AAPs’ health beliefs and cultural values into account.

Strategies will need to change according to the ethnic group, geographical location, immigration status, ages of residents, and environment of your community. Developing a strong participatory relationship with the community you are working in and conducting thorough needs assessments are the best ways to learn how to culturally tailor your program. The bibliography at the end of each section in this tool kit can help you by providing examples and resources.

Tip

There is no list of prescribed steps on how to culturally tailor a program for AAPs. No one method works for all communities.

For more information and resources on how to tailor your program to your target audience, visit The Community Tool Box at <http://ctb.ku.edu/en>.



2.2. Stages of Change: The Transtheoretical Model

The concept of behavior change as a staged continuum was proposed by Prochaska and DiClemente (Prochaska et al., 1992) as the transtheoretical model of change. The stages in this model are Precontemplation, Contemplation, Preparation, Action, and Maintenance. These stages can be used to describe change in people or organizations. The framework of this tool kit comes from AAPCHO’s CARE Program model, which uses the transtheoretical model of change to address the diversity of AAP groups at individual, organizational, and community levels.

Organizational Stages of Change

An underlying premise of this tool kit is that individuals with diabetes are not the only ones who vary in their readiness to participate in diabetes prevention and control programs. Organizations also vary in their readiness to provide comprehensive diabetes services along the continuum of the five stages. In addition, if an organization serves different AAP subgroups, it can be at a different stage of change for each subgroup.

The five stages of change are as follows:

Precontemplation. Describes an organization that does not have diabetes prevention and control programs and believes that it cannot create or does not need such programs. This organization has not yet begun to think about developing such programs.

Contemplation. Describes an organization that is thinking about developing diabetes prevention and control programs but has not yet committed or taken any steps to do so. The organization is comparing the risks and rewards of creating such programs.

Preparation. Describes an organization that has received commitment from all levels and has made initial efforts to plan and prepare for programs and services (e.g., holding community meetings, conducting needs assessments), but has not yet begun community-wide efforts.

Action. Describes an organization that is conducting programs, offering services, making policy changes to allow people with diabetes to seek care, and overseeing and evaluating program efforts.

Maintenance. Describes an organization that has a history of providing diabetes education, testing, and support for patient self-management in its target populations. Addressing program innovation, funding, and institutionalization for long-term survival ensures that health-promoting behaviors are continued on a regular basis.

Where Is Your Organization in This Model?

AAPCHO's CARE Program model outlines seven important components of capacity building that organizations should consider when working to build strong prevention and control programs. NDEP added an eighth component—marketing.

The eight key components of capacity building discussed in this tool kit are

1. Community assessments.
2. Evaluation.
3. Organizational support.
4. Staffing.
5. Building coalitions and partnerships.
6. Funding.
7. Community outreach and inreach.
8. Marketing.

An organization may be in different stages of change for each component. For example, it could have well-established community coalitions (Maintenance) but could be currently training staff in diabetes outreach (Preparation).



Sections 3–10 of this tool kit have information, recommendations, and activities to help you develop each component. The first step is to identify your organization’s current stage of change in each component. Appendix A presents outcomes that organizations in different stages can hope to achieve within at least 1 year of following the CARE Program model.

2.3. Assessing Your Organization’s Stage of Change

By assessing your organization’s current stage of change, you can set more realistic objectives for developing effective programs and services for diabetes prevention and control in your target community. To help you determine your stage of change, use the Organizational Stages of Change Checklists provided at the end of this section.



Look at these checklists now. You will see that the checklists apply each of the five stages of change to the eight key components of capacity building. Primary and secondary activities are listed for each component. Primary activities should be taken into account when defining your organization’s stage of change. Secondary activities are important, but will not be used to define your organization’s stage of change. Secondary activities should be considered when you develop your work plan because they support and complement primary activities.

Step 1

Use a separate checklist for each of the eight key components of capacity building. Working from left to right in each checklist, go through all activities listed and check off each activity for which your organization can answer “yes.” Be sure to read and consider all items and respond to each one.

The questions in italics address secondary (or optional) activities you might want to consider. To help you through this process, we have provided sample checklists adapted from the AAPCHO *CARE Program Guide*. See Figure 2-1: Sample Funding Checklist, page 2-8.

Step 2

Once you have completed Step 1, assign your organization a stage (Precontemplation, Contemplation, Preparation, Action, or Maintenance) in each of the eight key components for capacity building. To do this, look at the checkmarks you placed next to primary activities in the checklists.

Reading from left to right, find the first column where you did not check off all the primary activities. The heading for that column is your organization's stage of change for that component. For example, the organization in Figure 2-1 would be in the Preparation stage because this is the highest level at which it did not check off all primary activities.

After completing Step 2, you may find that your assigned stages are similar in each program component. If you notice that your program is weaker in some areas than in others, try to focus on improving the weak areas before moving on to other components. However, these checklists should not be your only determining factor for moving to another stage. Allow the checklists to serve as a guide to making the best decision.

Use the stage of change classifications you assigned yourself in Step 2 to help you find recommendations on how to move your program to the next stage and ultimately into the Maintenance stage. These recommendations are provided in Sections 3–10, which correspond to the eight key components of capacity building and contain important information about the stages of change.

Step 3

Lastly, use Work Sheet 2-1: Organizational Stages of Change for Diabetes Programs (page 2-27) to identify your organization's overall stage of change. Look at the checkmarks under the stage of change for each of the eight key components of capacity building. Classify your organization in the earliest stage at which you did not check off all primary activities in at least seven of the eight components. See Figure 2-2: Sample Organizational Stages Change Work Sheet, page 2-9.



Figure 2-1: Sample Funding Checklist

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>Belief that no prospects for funding exist, and a diabetes program is not possible.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Have you reached consensus that there is a need for funding for a diabetes program? <input checked="" type="checkbox"/> Have you agreed that it may be possible to create funding for a diabetes program? <input checked="" type="checkbox"/> Have you reached agreement that you will seek more information on the “pros” and the “cons” (e.g., competition for funds with other programs, time needed for fundraising) of funding this program? 	<p>Start to identify funding sources.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Have you reached consensus that the “pros” outweigh the “cons” for funding a diabetes program? <input checked="" type="checkbox"/> Have you resolved ambivalence about the value of funding this program? <input checked="" type="checkbox"/> Have you identified potential funding resources (local, state, federal)? <input checked="" type="checkbox"/> Has your organization considered allocating in-kind resources? <input checked="" type="checkbox"/> Have you identified possible fiscal partnerships with hospitals, local health departments, and other community-based organizations? <input checked="" type="checkbox"/> Have you researched funding available from foundations, corporations, or professional groups?* <input checked="" type="checkbox"/> Have you received Requests for Applications (RFAs) or sample RFAs? <input checked="" type="checkbox"/> Have you identified ways to advocate for diabetes resources at local, state, or federal levels? 	<p>Have a well-developed plan to get funding.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you developed a plan for approaching foundations, donors, businesses, or other financial partners? <input checked="" type="checkbox"/> Have you developed a concept paper or proposal? <input type="checkbox"/> Have you been successful at getting funding for a planning period? <input type="checkbox"/> Have you developed an advocacy plan to increase diabetes resources? 	<p>Have funding for a diabetes program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you been successful at getting funding for a diabetes program? <input type="checkbox"/> Have you developed ways to incorporate this program into your organization’s budget? <input checked="" type="checkbox"/> Have you responded to RFAs for diabetes prevention and control funding? <input type="checkbox"/> Have you been successful at forming partnerships and pooling financial resources for a diabetes program? <input type="checkbox"/> Have you conducted advocacy activities to increase diabetes resources? 	<p>Have funding for sustaining a diabetes program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you followed up with all current sources of funding? <input type="checkbox"/> Have you identified sources for diabetes funding? <input type="checkbox"/> Does your organization have funding to support diabetes activities? <input type="checkbox"/> <i>Is your organization willing to provide funding to support diabetes activities?</i> <input type="checkbox"/> Have you developed long-term commitments from collaborating partners for in-kind services or funding? <input type="checkbox"/> Have you developed a system in which advocacy opportunities will continue to be identified and acted upon?

* Activities in italics are secondary activities, which are not used to determine your stage of change.

Figure 2-2: Sample Organizational Stages of Change Work Sheet

Did you check off all primary activities? (yes/no)					
Component of Capacity Building	Stage of Change				
	Precontemplation	Contemplation	Preparation	Action	Maintenance
Community assessments	Yes	Yes	No	No	No
Evaluation	No	No	No	No	No
Organizational support	Yes	Yes	Yes	No	No
Staffing	Yes	Yes	Yes	No	No
Building coalitions and partnerships	Yes	Yes	Yes	No	No
Funding	Yes	Yes	No	No	No
Community outreach and inreach	Yes	Yes	Yes	No	No
Marketing	Yes	Yes	No	No	No

The organization in Figure 2-2 would give itself an overall classification of Preparation, since it has not met the primary criteria for four of the eight Preparation components (community assessments, evaluation, funding, marketing). The organization would not assign itself to the Precontemplation stage merely because it is able to check off all primary activities in seven of eight of the components in this stage. It would not assign itself to the Action stage because no activities under Action have been checked as completed. The organization should complete all components in the Preparation phase before moving forward because planning is required for effective action. For example, an organization should not create an evaluation tool unless it first defines the type of information it wants to collect and its targeted population.

Checklist Tips

- Keep your target community in mind when answering the questions in the checklist. For example, when checking off the community assessment items, your answers should reflect the community group for which you want to improve services. If you have done a needs assessment with older AAPIs in the past, but now you want to reach out to younger AAPIs, then answer in relation to the younger AAPIs.
- Recognize that your assessed stage of change will likely change over time. For example, you might have a great funding source for a while and consider yourself in the Action or Maintenance stages in that component. However, if that funding

ends, you may return to the Preparation stage as you look for more funding. You may want to fill out the checklists at different times to capture these changes.

- Keep notes on why you chose “yes” or “no.” This will make it easier to share your responses with others and use the checklists to assess future change.

2.4. How to Use the Stages of Change Checklists

- Fill out the self-assessment checklists on the following pages. These checklists will help you identify your organizational stage of change.
- Read Sections 3–10, which provide learning objectives, background information, and specific recommendations for each organizational stage of change.
- Use your checklists to identify the information most important to your needs for each component.
- Although you may be most interested in learning about one particular area, you should consider all of the key components of capacity building discussed in this tool kit.
- Revisit the checklists every year to guide your strategic and program planning. For your convenience, we have included space on each checklist for revisit dates.
- Review information in earlier stages to help reaffirm your organization’s development. Review information in later stages to help you better understand the direction in which your program is headed in the future.



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**Free continuing education credit is available for reading this section.
See page ix for details. When asked for a CEU verification code,
use D1240A for Sections 1 and 2.**

Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 1: Community Assessments

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>No community needs assessment exists or is being considered.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that there is a need for a community assessment for a diabetes program? <input type="checkbox"/> Have you agreed that it may be possible to do an assessment on the community's needs? <input type="checkbox"/> Have you reached agreement that you will seek more information on the "pros" (e.g., value of assessing the community) and the "cons" (e.g., costs, time, human resources) of assessing the community? 	<p>Start to identify ways to assess community needs.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that the "pros" outweigh the "cons" for assessing the community for development of a diabetes program? <input type="checkbox"/> Have you resolved ambivalence about the value of assessing the community's needs? <input type="checkbox"/> Have you defined and identified a specific community that you want to target? <input type="checkbox"/> Have you identified key community leaders who can guide your needs assessment process? <input type="checkbox"/> Have you identified methods for assessing the diabetes prevention and control resources and needs of your community (e.g., focus groups, key informant interviews, community surveys)? <i>Have you begun to identify appropriate assessment tools (e.g., survey, focus group script, interview questions)?*</i> <input type="checkbox"/> Have you begun recruiting participants for your community assessment plan? 	<p>Complete initial needs assessment for program planning.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you obtained or prepared appropriate assessment tools (e.g., survey, focus group script, interview questions)? <input type="checkbox"/> Have you conducted community and cultural needs assessments (through surveys, focus groups, interviews)? <input type="checkbox"/> Have you assessed existing community resources using a resource inventory? <input type="checkbox"/> Have you analyzed your community assessment results? <input type="checkbox"/> Have you developed culturally and behaviorally tailored activities using needs assessment results? 	<p>Conduct ongoing needs assessment.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are you communicating with community contacts on an ongoing basis? <input type="checkbox"/> Have you shared your needs assessment results with the community? <input type="checkbox"/> Have you periodically revisited your initial assessment results to identify changes? 	<p>Institutionalize needs assessment and expansion to address diabetes program services.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you conducted community or cultural needs assessment (e.g., surveys, focus groups, interviews) around diabetes issues? <input type="checkbox"/> Does your organization have a policy requiring community needs assessments to occur as a routine part of program planning? <input type="checkbox"/> Have you summarized your needs assessment results in a way that can be shared with others in the future? <input type="checkbox"/> Are you revisiting assessment findings and evaluating the program on an ongoing basis?

* Activities in italics are secondary activities, which are not used to determine your stage of change.

Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 2: Evaluation

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>No evaluation being done or considered necessary or possible.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that there is a need for evaluation for a diabetes program? <input type="checkbox"/> Have you agreed that it may be possible to do an evaluation? <input type="checkbox"/> Have you reached agreement that you will seek more information on the "pros" (e.g., value of evaluation) and the "cons" (e.g., costs, time, human resources) of evaluating a diabetes program? 	<p>Identify evaluation objectives and methods.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that the "pros" outweigh the "cons" for evaluating a diabetes program? <input type="checkbox"/> Have you resolved ambivalence about the value of evaluating this program? <input type="checkbox"/> Have you begun thinking of evaluation strategies? <input type="checkbox"/> Have you identified specific questions you want your evaluation to answer? <input type="checkbox"/> Have you looked at evaluation designs used by other programs in your organization?* <input type="checkbox"/> Have you identified people with experience in evaluation who can answer your questions or offer advice? <input type="checkbox"/> Have you read evaluation reports and products from other completed programs? 	<p>Develop an evaluation work plan.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you identified resources you can use for evaluation? <input type="checkbox"/> Has your staff been trained to conduct the evaluation? <input type="checkbox"/> Have you developed a plan for evaluating your community outreach and inreach programs? <input type="checkbox"/> Have you developed a plan for evaluating your diabetes program? <input type="checkbox"/> Have you pretested all evaluation tools with the staff, providers, or community members you plan to use them with? <input type="checkbox"/> Have you designated someone to be in charge of summarizing the evaluation findings? 	<p>Evaluate your diabetes program and analyze the results.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you evaluated your community outreach and inreach programs? <input type="checkbox"/> Have you evaluated staff and provider training efforts? <input type="checkbox"/> Have you analyzed your evaluation findings? 	<p>Use evaluation results to improve and expand your diabetes program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you shared evaluation findings with your staff? <input type="checkbox"/> Have you shared evaluation findings with the community? <input type="checkbox"/> Have you used evaluation results to improve your program and add to its sustainability? <input type="checkbox"/> Have you revisited your evaluation plan and goals to address any gaps or changes? <input type="checkbox"/> Have you developed ways to evaluate outcomes of your diabetes program?

* Activities in italics are secondary activities, which are not used to determine your stage of change.

Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 3: Organizational Support

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>No organizational or administrative support exists or is considered possible.</p> <p><input type="checkbox"/> Have you reached consensus that there is a need for obtaining organizational support for a diabetes program?</p> <p><input type="checkbox"/> Have you agreed that it may be possible to get organizational support for this program?</p> <p><input type="checkbox"/> Have you reached agreement that you will seek more information on the “pros” (e.g., organizational leaders who control resources support the program) and the “cons” (e.g., time spent “pitching” the program to leaders) of having organizational support for this program?</p>	<p>Start trying to obtain organizational and administrative support.</p> <p><input type="checkbox"/> Have you reached consensus that the “pros” outweigh the “cons” for having organizational support for a diabetes program?</p> <p><input type="checkbox"/> Have you resolved ambivalence about the value of gaining organizational support for this program?</p> <p><input type="checkbox"/> Have you identified key leaders or gatekeepers within your organization (e.g., executive director, medical director, board members)?</p> <p><input type="checkbox"/> Have you identified ways to motivate and solidify support within your organization?</p> <p><input type="checkbox"/> Have you tried to get verbal support from the leaders in your organization for this program?</p> <p><input type="checkbox"/> Have you identified a “program champion” who will actively advocate for your program within the organization?</p>	<p>Get minimal commitment for a diabetes program from your organization and administration.</p> <p><input type="checkbox"/> Have you defined roles for negotiating activities and partnerships inside and outside your organization?</p> <p><input type="checkbox"/> Do the leaders (e.g., executive director, medical director, board members) of your organization support the program by addressing the program in meetings and incorporating it with other program areas?</p> <p><input type="checkbox"/> Do the leaders of your organization support the program by allocating at least some resources?</p> <p><input type="checkbox"/> Do you have program champions working with you to promote your program within the organization?</p>	<p>Get firm commitment to a diabetes program from your organization and administration.</p> <p><input type="checkbox"/> Do the leaders (e.g., executive director, medical director, board members) of your organization allocate resources (e.g., staff time, funding, supplies) to fully support the program?</p> <p><input type="checkbox"/> <i>Does the organization recognize program accomplishments and reaffirm leadership roles?*</i></p>	<p>The organization and administration are committed to an ongoing diabetes program.</p> <p><input type="checkbox"/> Do the leaders (e.g., executive director, medical director, board members) of your organization support the activities of the program?</p> <p><input type="checkbox"/> Has the organization created specific procedures and protocols to facilitate these activities?</p>

* Activities in italics are secondary activities, which are not used to determine your stage of change.

Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 4: Staffing

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>No staff are dedicated to or being considered for a diabetes program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that there is a need for staffing a diabetes program? <input type="checkbox"/> Have you agreed that it may be possible for your organization to hire new staff or move existing staff to this program? <input type="checkbox"/> Have you reached agreement that you will seek more information on the "pros" (e.g., increased expertise, continuity) and the "cons" (e.g., costs, time, human resources) of hiring new staff or moving existing staff? 	<p>Identify potential staff to address diabetes prevention and control.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that the "pros" outweigh the "cons" for dedicating staff for a diabetes program? <input type="checkbox"/> Have you resolved ambivalence about the value of dedicating staff for this program? <input type="checkbox"/> Have you identified potential staff person(s) to work on the program? <input type="checkbox"/> Have you assessed staff expertise and training in the areas of your planned program? <input type="checkbox"/> Is at least one of your identified staff members bilingual and knowledgeable about the culture of the community that your organization is working with? <input type="checkbox"/> Have you developed a plan for training staff and volunteers? <input type="checkbox"/> Have you developed a plan for cultural competency training for all staff and volunteers? <input type="checkbox"/> Have you identified <i>potential volunteers within the community to work on the program?</i>* 	<p>Dedicate some staff to the diabetes program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you hired bilingual/bicultural staff person(s)? <input type="checkbox"/> Have the staff been provided with basic training to start program activities? <input type="checkbox"/> Have the staff been trained on cultural competency issues? 	<p>Staff firmly dedicated and functioning.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are bilingual/bicultural staff members actively working on the program? <input type="checkbox"/> Do staff members have adequate time dedicated to the program? <input type="checkbox"/> Are the staff meeting regularly to assess and discuss the effectiveness of their practices? <input type="checkbox"/> Have staff received adequate follow-up training to conduct the program effectively on a continuing basis? <input type="checkbox"/> Are mechanisms in place for cultural competency training for new staff? 	<p>Staff continue to be dedicated to and perform diabetes program services.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you identified bilingual/bicultural staff person(s) to work on the diabetes program? <input type="checkbox"/> Do staff members have adequate time dedicated to this program? <input type="checkbox"/> Have staff members received training to support this program?

* Activities in italics are secondary activities, which are not used to determine your stage of change.

Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 5: Building Coalitions and Partnerships

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>No coalitions, advisory committees, or partnerships are working with a diabetes program, and none are being considered.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that there is a need for such partnerships? <input type="checkbox"/> Have you agreed that it may be possible for your organization to create or join such partnerships? <input type="checkbox"/> Have you reached agreement that you will seek more information on the “pros” (e.g., value of partnering with outside coalitions or advisory committees) and the “cons” (e.g., costs, time, human resources) of creating or finding these potential partners? 	<p>Start to form coalition, advisory committee, or partnership.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that the “pros” outweigh the “cons” for creating partners for a diabetes program? <input type="checkbox"/> Have you resolved ambivalence about the value of working with partners? <input type="checkbox"/> Have you resolved ambiguities about how to create or find potential partners? <input type="checkbox"/> Have you identified key leaders (e.g., community leaders, state diabetes programs, health care professionals) to participate in such partnerships? 	<p>Establish coalition, advisory committee, or partnership by holding initial communications.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you recruited key leaders (e.g., community leaders, state diabetes programs, health care professionals) to participate in such partnerships? <input type="checkbox"/> Has your program convened its first meeting or held initial discussions with potential partners? <input type="checkbox"/> Has your program and its partners decided on mission and objectives? <i>Has your program and its partners developed a schedule for meetings or other communications?*</i> 	<p>Talk regularly with coalition, advisory committee, or partnership and actively conduct diabetes program activities.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has your program and its partners held more than one meeting or group discussion? <input type="checkbox"/> Has your program and its partners defined roles for supporting your program? <input type="checkbox"/> Has your program and its partners worked through conflicting goals and expectations? <input type="checkbox"/> Has your program and its partners developed a system for sharing control of the meetings? <input type="checkbox"/> Has your program and its partners conducted community activities together? <input type="checkbox"/> Has your program and its partners developed strategies to evaluate the activities and decision-making process (e.g., who is chair, how community factions are represented)? 	<p>Coalition, advisory committee, or partnership is ongoing and committed to your diabetes program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has your program and its partners defined roles for supporting your program? <input type="checkbox"/> Has your program and its partners used evaluation results to improve your efforts? <i>Has your program and its partners revisited or renewed your mission and objectives, and the commitment of all partners?</i> <input type="checkbox"/> <i>Has your program and its partners focused on promoting group interaction and cohesiveness?</i>

* Activities in italics are secondary activities, which are not used to determine your stage of change.

Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 6: Funding

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>Belief that there are no prospects for funding, and a diabetes program is not possible.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that there is a need for funding for a diabetes program? <input type="checkbox"/> Have you agreed that it may be possible to create funding for this program? <input type="checkbox"/> Have you reached agreement that you will seek more information on the "pros" and the "cons" (e.g., competition for funds with other programs, time needed for fundraising) of funding this program? 	<p>Start to identify funding sources.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that the "pros" outweigh the "cons" for funding a diabetes program? <input type="checkbox"/> Have you resolved ambiguities about the value of funding this program? <input type="checkbox"/> Have you identified potential funding resources (local, state, federal)? <input type="checkbox"/> Has your organization considered allocating in-kind resources? <input type="checkbox"/> Have you identified possible fiscal partnerships with hospitals, local health departments, and other community-based organizations? <input type="checkbox"/> Have you researched funding available from foundations, corporations, or professional groups?* <input type="checkbox"/> Have you received Requests for Applications (RFAs) or sample RFAs? <input type="checkbox"/> Have you identified ways to advocate for diabetes resources at local, state, or federal levels? 	<p>Have a well-developed plan to get funding.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you developed a plan for approaching foundations, donors, businesses, or other financial partners? <input type="checkbox"/> Have you developed a concept paper or proposal? <input type="checkbox"/> Have you been successful at receiving funding for a planning period? <input type="checkbox"/> Have you developed an advocacy plan to increase diabetes resources? 	<p>Have funding for a diabetes program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you been successful at getting funds for a diabetes program? <input type="checkbox"/> Have you developed ways to incorporate this program into your own organization's budget? <input type="checkbox"/> Have you responded to RFAs for diabetes prevention and control funding? <input type="checkbox"/> Have you been successful at forming partnerships and pooling financial resources for a diabetes program? <input type="checkbox"/> Have you conducted advocacy activities to increase diabetes resources? 	<p>Have funding for sustaining a diabetes program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you followed up with all current sources of funding? <input type="checkbox"/> Have you identified sources for diabetes funding? <input type="checkbox"/> Does your organization have any funding to support diabetes activities? <input type="checkbox"/> <i>Is your organization willing to provide funding to support diabetes activities?</i> <input type="checkbox"/> Have you developed long-term commitments from collaborating partners for in-kind services or funding? <input type="checkbox"/> Have you developed a system in which advocacy opportunities will continue to be identified and acted upon?

* Activities in italics are secondary activities, which are not used to determine your stage of change.

Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 7: Community Outreach and Inreach

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>Not interested or willing to consider community outreach or inreach activities for a diabetes program.</p> <p><input type="checkbox"/> Have you reached consensus that there is a need for community outreach and inreach for a diabetes program?</p> <p><input type="checkbox"/> Have you agreed that it may be possible to reach others inside your organization and in the community who will be interested in learning more about a diabetes program?</p> <p><input type="checkbox"/> Have you reached agreement that you will seek more information on the “pros” (e.g., value of community outreach and inreach) and the “cons” (e.g., costs, time, human resources) of doing community outreach and inreach?</p>	<p>Start to identify community outreach or inreach strategies.</p> <p><input type="checkbox"/> Have you reached consensus that the “pros” outweigh the “cons” for doing community outreach and inreach for a diabetes program?</p> <p><input type="checkbox"/> Have you resolved ambivalence about the value of doing community outreach and inreach?</p> <p><input type="checkbox"/> Have you begun to think of specific outreach or inreach strategies and activities (e.g., media, social networks, messengers, tools)?</p> <p><input type="checkbox"/> Have you identified credible community professionals, experts, and community health advisors to help develop outreach or inreach strategies?</p> <p><input type="checkbox"/> Have you begun to identify appropriate health education materials?*</p> <p><input type="checkbox"/> Have you identified resources for media interventions?</p>	<p>Start to develop outreach or inreach plan.</p> <p><input type="checkbox"/> Have you developed an appropriate plan for outreach and inreach activities?</p> <p><input type="checkbox"/> Have you developed program goals and measurable objectives for your outreach and inreach activities?</p> <p><input type="checkbox"/> Have you recruited community professionals, experts, and community health advisors to help develop outreach or inreach strategies?</p> <p><input type="checkbox"/> Have you pre-tested your curriculum and materials with community members?</p> <p><input type="checkbox"/> Have all outreach and inreach staff members and community health advisors been trained?</p> <p><i>Have you developed media outreach plans?</i></p> <p><i>Have you recruited people living with and controlling their diabetes to share their experiences?</i></p>	<p>Implement and evaluate outreach or inreach activities for a diabetes program.</p> <p><input type="checkbox"/> Have the outreach and inreach activities been implemented and integrated?</p> <p><input type="checkbox"/> Have diabetes resources been promoted?</p> <p><input type="checkbox"/> Have systems that support diabetes awareness (e.g., interpretation services; the provision of transportation vouchers, mobile vans, a diabetes symptom checklist) been promoted?</p> <p><input type="checkbox"/> Are mechanisms in place to follow up with AAPIs participating in outreach or inreach activities?</p> <p><input type="checkbox"/> Are mechanisms in place to obtain ongoing input about the program from the defined community and the networks within it?</p> <p><input type="checkbox"/> Are you evaluating your outreach and inreach activities for impact and effectiveness?</p> <p><i>Has a media outreach plan been implemented?</i></p>	<p>Outreach and inreach activities for a diabetes program are institutionalized.</p> <p><input type="checkbox"/> Have you included diabetes education in your community outreach or inreach activities?</p> <p><input type="checkbox"/> Have you created mechanisms within the agency and community for sustaining the program?</p> <p><input type="checkbox"/> Have you encouraged legislative and policy support to institutionalize the program?</p> <p><input type="checkbox"/> Have you used evaluation results to improve your outreach or inreach activities?</p>

* Activities in italics are secondary activities, which are not used to determine your stage of change.

Target Community: _____ Date Completed: ____/____/____ Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 8: Marketing

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>Not aware that marketing is important or belief that marketing is not possible.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that there is a need for marketing your diabetes program? <input type="checkbox"/> Have you agreed that it may be possible to do marketing? <input type="checkbox"/> Have you reached agreement that you will seek more information on the “pros” (e.g., value of marketing) and the “cons” (e.g., costs, time, human resources) of marketing your program? <input type="checkbox"/> Have you begun identifying other organizations also involved in diabetes outreach? <input type="checkbox"/> Have you identified recently fielded diabetes programs? 	<p>Aware that marketing support of the organization and its programs is important, and weighing pros and cons of implementation.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that the “pros” outweigh the “cons” for marketing your diabetes program? <input type="checkbox"/> Have you resolved ambivalence about the value of marketing? <input type="checkbox"/> Have you resolved ambivalence about your program’s ability to do marketing? <input type="checkbox"/> Have you estimated the size of the marketplace you wish to serve? <input type="checkbox"/> Have you identified and prioritized the key issues your programs will address? 	<p>Committed to increasing diabetes outreach activities.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you identified or established relationships with other organizations that you might want to partner with? <input type="checkbox"/> Have you established an organizational position statement? <input type="checkbox"/> Have you created a brand image and defined a brand personality? <input type="checkbox"/> Have you developed relationships with key media partners (especially their editorial staff)? <input type="checkbox"/> Have you established a program calendar? <input type="checkbox"/> Have you determined the key benefit or unique “selling” proposition for your organization? For each planned program? 	<p>Currently implementing diabetes program activities.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you specified measurable objectives for your organization and for each program? <input type="checkbox"/> Have you ensured that each strategy is specific to the accomplishment of the objective(s) it serves? <input type="checkbox"/> Have you developed marketing support materials that answer the requirements of the communications strategy? <input type="checkbox"/> Are you tracking and evaluating the effectiveness of program support and marketing materials? 	<p>History of successful implementation and ongoing program development.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are you consistently tracking program results and using findings to refine your marketing plan? <input type="checkbox"/> Have you successfully reached out to media contacts in your market and become recognized as a “go-to” expert in your field? <input type="checkbox"/> Have you established consistently reliable sources for designing and producing materials? <input type="checkbox"/> Have you successfully partnered with other organizations in your community in fielding diabetes initiatives?

Checklist continued on next page

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>Not aware that marketing is important or belief that marketing is not possible.</p> <p><input type="checkbox"/> Have you determined what outreach activities your organization may have the capacity to field successfully?</p> <p><input type="checkbox"/> Have you assessed internal competency to create and field marketing support (e.g., who can write well, who can interface with media)?</p>	<p>Aware that marketing support of the organization and its programs is important, and weighing pros and cons of implementation.</p> <p><input type="checkbox"/> Have you identified the media resources and contacts (editorial and sales staff) available to you?</p>	<p>Committed to increasing diabetes outreach activities.</p> <p><input type="checkbox"/> Have you created a communications strategy for your organization and for each planned program?</p> <p><input type="checkbox"/> Have you planned the best mix of marketing strategies for each planned program?</p> <p><input type="checkbox"/> Are you working with media and other contacts to learn more about the market you want to reach?</p>	<p>Currently implementing diabetes program activities.</p> <p><input type="checkbox"/> Are you continuing to build relationships with media contacts?</p>	<p>History of successful implementation and ongoing program development.</p> <p><input type="checkbox"/> Are you consistently reviewing and revising your communications materials and media choices to align with changes in your market conditions?</p> <p><input type="checkbox"/> Are you continuing to ensure behaviors and attitudes consistent with your organization's brand position?</p>

* Activities in italics are secondary activities, which are not used to determine your stage of change.

Work Sheet 2-1: Organizational Stages of Change for Diabetes Programs

Date: _____ **Name of Person Filling Out Work Sheet:** _____

Organization Name: _____

Step 1: Read every item on the Organizational Stages of Change checklists. Place a checkmark next to any question to which your organization can answer “yes.”

Step 2: Assign your organization a stage of change for each of the eight key components for capacity building. Look at the checkmarks you placed next to primary activities in the checklists. Find the first column where you did not check off all the primary activities. That is your organization’s stage of change for that component. See Sections 3–10 of this tool kit for information and recommendations on how to move your program to the next stage and ultimately into the Maintenance stage.

Component of Capacity Building	Stage of Change (Precontemplation, Contemplation, Preparation, Action, or Maintenance)	Notes/Comments
<i>Example: Marketing</i>	<i>Contemplation</i>	<i>Currently working on creating a slogan for program.</i>
Community assessments		
Evaluation		
Organizational support		
Staffing		
Building coalitions and partnerships		
Funding		
Community outreach and inreach		
Marketing		

Are any components lagging behind the others? If so, which ones?

Step 3: Look at the checkmarks for all eight components for each stage of change. Use the table below to summarize this information. For each component, write “yes” if your organization has completed all primary activities for the corresponding stage of change. Write “no” if your organization has not completed all primary activities. Classify your organization in the earliest stage at which you did not check off all primary activities for at least seven of eight components. The goal is to move toward the Action and Maintenance stages for all components. This table shows the areas where you are moving ahead and the areas that need more attention.

Component of Capacity Building	Stage of Change				Action	Maintenance
	Precontemplation	Contemplation	Preparation			
Community assessments						
Evaluation						
Organizational support						
Staffing						
Building coalitions and partnerships						
Funding						
Community outreach and inreach						
Marketing						
Can you answer “yes” to at least 7 of the 8 components?						

SECTION 3: COMMUNITY ASSESSMENTS FOR PROGRAM PLANNING

Learning Objectives

By the end of this section, readers will be able to

- Discuss the importance of conducting community assessments for program planning (Section 3.1).
- Identify different methods for conducting community assessments (Section 3.1).
- Explain how to conduct a cultural assessment and how it can help in planning effective outreach strategies (Section 3.3).
- Explain how to conduct a community resource inventory and how it can help to define potential partnerships for developing a diabetes prevention and control program within your community (Section 3.4).



Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 1: Community Assessments

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>No community needs assessment exists or is being considered.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that there is a need for a community assessment for a diabetes program? <input type="checkbox"/> Have you agreed that it may be possible to do an assessment on the community's needs? <input type="checkbox"/> Have you reached agreement that you will seek more information on the "pros" (e.g., value of assessing the community) and the "cons" (e.g., costs, time, human resources) of assessing the community? 	<p>Start to identify ways to assess community needs.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that the "pros" outweigh the "cons" for assessing the community for development of a diabetes program? <input type="checkbox"/> Have you resolved ambivalence about the value of assessing the community's needs? <input type="checkbox"/> Have you defined and identified a specific community that you want to target? <input type="checkbox"/> Have you identified key community leaders who can guide your needs assessment process? <input type="checkbox"/> Have you identified methods for assessing the diabetes prevention and control resources and needs of your community (e.g., focus groups, key informant interviews, community surveys)? <i>Have you begun to identify appropriate assessment tools (e.g., survey, focus group script, interview questions)?*</i> <input type="checkbox"/> Have you begun recruiting participants for your community assessment plan? 	<p>Complete initial needs assessment for program planning.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you obtained or prepared appropriate assessment tools (e.g., survey, focus group script, interview questions)? <input type="checkbox"/> Have you conducted community and cultural needs assessments (through surveys, focus groups, interviews)? <input type="checkbox"/> Have you assessed existing community resources using a resource inventory? <input type="checkbox"/> Have you analyzed your community assessment results? <input type="checkbox"/> Have you developed culturally and behaviorally tailored activities using needs assessment results? 	<p>Conduct ongoing needs assessment.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are you communicating with community contacts on an ongoing basis? <input type="checkbox"/> Have you shared your needs assessment results with the community? <input type="checkbox"/> Have you periodically revisited your initial assessment results to identify changes? 	<p>Institutionalize needs assessment and expansion to address diabetes program services.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you conducted community or cultural needs assessment (e.g., surveys, focus groups, interviews) around diabetes issues? <input type="checkbox"/> Does your organization have a policy requiring community needs assessments to occur as a routine part of program planning? <input type="checkbox"/> Have you summarized your needs assessment results in a way that can be shared with others in the future? <input type="checkbox"/> Are you revisiting assessment findings and evaluating the program on an ongoing basis?

* Activities in italics are secondary activities, which are not used to determine your stage of change.

3.1 Introduction

At the heart of any effective diabetes program for AAPI communities is a comprehensive community assessment. Such assessments help guide the development of tailored program strategies that take into account the culture and language of your target community.

You should expect to learn the following from your community assessment:

- What your community already knows about diabetes and its risk factors.
- Who in the community you need to reach.
- How important diabetes is in relation to other issues and problems facing the community.
- What types of support services will make it easier for AAPIs to come in for health care services (e.g., low-cost or reimbursable services, transportation, child care, interpreters, support groups, social services).
- Specific barriers that keep AAPIs from coming in for diabetes prevention and control services.
- The best ways to reach AAPIs in the community to discuss diabetes prevention and control.
- Specific ways to tailor your program to be more culturally sensitive and appropriate in its approach, educational messages, and evaluation.
- Who in the community you should meet, learn from, and partner with.
- The nature and location of medical, psychological, and social service resources available to the community and what additional resources are needed.

The answers to these types of questions vary from community to community and at different points in time. Knowing where your community stands on these issues before your program starts is key to planning a program that fits the community and addresses its needs.

In addition, reassessing the community after your program has started can help you see what changes have occurred and whether a change of direction is needed in program activities.





Tip

Some organizations require **institutional review board** (IRB) approval of research that involves human subjects. Always consult with your IRB to determine what approvals may be needed before collecting information from community members.

Gaining IRB approval is often a long process, so do this step early in the planning stage of your study.

Ideally, community assessments are conducted before you define your program's target population, the health needs of this population, and the behavior-change strategies you plan to use. One or more of these things may already be defined by you, your organization, or your funding agency. In this case, community assessments are needed to help you confirm your basic approaches, target your activities to important subgroups, and tailor your program to the social and cultural characteristics of your community.

Before conducting a community assessment, make sure you know and follow your organization's rules and policies on data collection. If you need additional information on how to collect data and conduct assessments, visit the W.K. Kellogg Foundation Web site at <http://www.wkcf.org>.

Section 3 presents information about the following four community assessment approaches:

- Cultural assessment.
- Community resource inventory.
- Community asset mapping.
- Segmentation and stratification.

3.2. Types of Questions That Community Assessments Can Answer

In general, **community assessments** will help you answer the following questions:

- What is the extent of diabetes in your community (e.g., disease prevalence, incidence, subgroups at risk)?
- What knowledge, attitudes, beliefs, and behaviors related to diabetes are common among AAPIs in your community?
- What are the individual and community barriers to recognizing who is at risk for diabetes?
- What are the individual and community barriers to getting diabetes testing, diabetes education, and medical care?
- What are the individual and community barriers to making changes in food choices and physical activity levels to prevent or control diabetes?
- What are the cultural issues that you should keep in mind and address when promoting your program?
- What are the community resources that can help you promote diabetes prevention and control activities?

Multiple subgroups in your community (e.g., defined by characteristics such as age, sex, or English proficiency) may have different access to health care or other community resources. You may need to do a targeted assessment to isolate the issues for a particular group, or you may need to consider the results of your community assessment by subgroups.

The goal of a community assessment is to identify issues that will affect diabetes prevention and control in your target population. The following steps will help you perform a community assessment and develop a community profile:

- Rally the community.
- Find out the major diabetes-related health problems.
- Find out WHAT contributes to these problems.
- Find out WHY.
- Decide WHAT to do.
- Locate possible help.
- Put your plan into action.
- Assess whether your plan is working.



A **cultural assessment** strives to answer the following types of questions:

- What are the major ethnic groups that you are committed to working with?
What are the defining socioeconomic groups that make up your community?
- Where are the social settings for community gatherings?
- Who are the health decision-makers for AAPI groups in your community?
- Who are the sources of credible information on diabetes for the community?
- What are the cultural beliefs about health among AAPIs?
- What are the cultural attitudes toward chronic disease in general and diabetes specifically?
- What are the cultural norms related to discussing body image and privacy issues?

A **community resource inventory** strives to answer the following types of questions:

- Who are the community “gatekeepers” or community leaders?
- What are the current political issues in the community?
- Who can help you reach your target audience?
- Who currently provides diabetes programs?
- Who provides other related health programs?
- Who provides support services (e.g., transportation, interpreters, child care) or organizes support groups?
- Who can contribute to the credibility of your program?
- What media outlets are used by community members, and who are the contact people for these outlets?

Community asset mapping strives to answer the following types of questions:

- What kind of changes would you like to see in the community in the next 5 years?
- What are the existing concerns that may hinder community members and organizations from accessing diabetes services and education programs?
- What is the geographic location of the community?
- What current diabetes resources are available?
- Do certain community members have skills and expertise that may be helpful?
- What organizations have the resources and tools you need?
- Are there community buildings or locations you can use?

Segmentation and stratification strive to answer the following types of questions:

- What is your overall target population?
- Are there ways you can divide your overall target population into subgroups?
- What are the different demographics within your population?
- What different languages do the community members speak?
- What are the different ethnicities?
- Does each subgroup participate in different social activities?

3.3 Cultural Assessment

To effectively prevent and control diabetes in AAPI populations, you must recognize and respect the cultural characteristics of the specific communities you want to target. You also must be aware of the broader political environment that may promote or hinder your program efforts. Even if most of your organization's members are of the same ethnic group as your target community, cultural assessment is needed to identify important subgroups with different cultural issues.

A cultural assessment will identify the social structure of the target AAPI community, including how individuals interact with each other, what they believe about AAPI health issues, and whom they turn to for health information and services. Understanding this information will help you incorporate the community's cultural beliefs and practices into your program's content and practice. An overview of the community assessment process and a timeline can be found in Appendix B.



Topics and questions to consider in your cultural assessment include the following:

Historical Issues

- What is the history of the community itself?
- What major historical events may have affected community members?
- What conflicts have occurred between the community and other groups?
- Have there been rapid shifts in acculturation, immigration, demographics, or socioeconomic status of community members?

Economic and Political Issues

- What different socioeconomic groups make up the community?
- What are the different literacy levels (in English, another language, or both) in your community?
- How does the economic and political status of the community affect health and health care?
- What political status do members of your community have? Are they empowered to make changes?
- What are the community's main priorities?

Traditional or Cultural Issues

- How does the community view health and illness in general?
- Is the concept of preventive health care embraced, or do community members seek medical care only when feeling ill?
- Are there religious or cultural prohibitions against speaking about illness or seeking preventive care services?
- What is the most common type of family structure found in the community (e.g., two-parent households, single-parent households, extended families)?
- What are the responsibilities of each family member in the household?
- How many languages or dialects are spoken or written?
- Who are the community leaders?



Use Storytelling to Promote Health

Some cultures are deeply rooted in oral tradition and, in fact, they developed no written language before the past 100 years. Cultures that use Western alphabets phonetically to represent the spoken language have only recently adopted written communication.

The tradition of learning through storytelling is particularly strong in such cultures. Consider the possibility that your target audience may have a strong tradition of learning through storytelling, even though they may be able to read in English or in their native language. Use storytelling to your advantage in your outreach and health communications activities.



Linking AAPI Traditions With Your Health Promotion Effort

- Religious and cultural traditions may help to promote healthy lifestyles. Build on the connection between the body and the spirit.
- Community events that bring together people who are at risk present opportunities for communication.
- Many Asian Americans do not perceive Asians as being overweight and at risk for diabetes, but they are concerned about younger generations. Use this interest to promote healthy behaviors in the community.
- In focus groups, Asian Americans perceived diabetes as less threatening than other diseases, such as cancer and HIV/AIDS. Look for ways to raise awareness by using the community's traditions, its view of health, and family roles.

- What religions are practiced in the community?
- Who are the religious leaders in the community?
- How is information shared in the community?
- How does the community view medicine as practiced in the United States?
- What other medical practices are common?
- Is a combination of Western and traditional Asian medical practices considered acceptable by community members? Is it considered acceptable by the health care professionals in the community?
- How do community members view diabetes in particular?
- What does the community think about causes, prevention, diagnosis, and treatment of diabetes?
- How is trust established between individuals?
- What is the traditional view of diet in health? What are the dietary staples in the community?

Audience Segmentation

As you perform your cultural assessment, it may be helpful to think about segmenting your data by age, sex, immigration status, educational background, or socioeconomic status. Different segments of your population will need different services, and they will respond to your health messages differently (see Section 3.6 for more information about segmentation).

For example, older adults may have different views than younger people in your community, and these differences may be important in designing your outreach activities. Analyzing your assessment without segmentation may ignore important differences in knowledge, attitudes, and behaviors, which can lead to missed opportunities.

You may not have to do this type of research on your own. Other organizations that serve your target population may already have research results you can use. For example, the Fruits and Veggies—More Matters program (<http://www.fruitsandveggiesmatter.gov/>) may have done research on attitudes toward fruit and vegetable consumption by age group; such research would be helpful to you in designing a diabetes program.





Case Study: Audience Segmentation

This case study involves cancer screening behaviors, but it illustrates audience segmentation principles relevant to diabetes. The following text is from *Making Health Communication Programs Work*.

“The key to success is to segment the intended population on characteristics relevant to the health behavior to be changed. A logical starting place is the behavior itself. When possible, compare those who engage in the desired behavior with those who do not and identify the determinants of their behavior. Consider two 55-year-old African-American women. They work together in the same department. They have the same amount of schooling and comparable household incomes. They live next door to each other, enjoy the same television shows, and listen to the same radio stations. Neither has a family history of breast cancer. However, one woman goes for annual mammograms and the other has never had one. A demographic, physical, or cultural segmentation would group these women together, yet one is a member of the intended audiences for health communications about mammography and the other is not.”

Key Points

- Behaviors are influenced by attitudes and values.
- Similar demographics do not always mean similar attitudes and values.
- You will need different health communication messages for different attitudes and values.

Source: *Making Health Communication Programs Work*, National Institutes of Health, 2001.

3.4. Community Resource Inventory

In addition to gaining an understanding of your community’s cultural norms, you also need to identify the community resources that can help you with your diabetes program.

These resources may include any of the following:

- Diabetes testing services.
- Clinical diabetes management services.
- Culturally appropriate nutrition education providers.
- Case management services.
- Translation and interpretation services.
- Transportation providers.
- Child care services.

- Financial assistance providers to help with the cost of supplies or other medical needs.
- Social services.
- Religious groups.
- Mental health services.
- Support groups.
- Legal services.



Do these resources exist in your community? Where can they be found? Are

there any gaps that need to be addressed? A community resource inventory will help you identify these needs and where to get program assistance and support. The people in your community organization, advisory committee, or partnerships are important sources of information.

Check with other groups in your community, such as the United Way, to see if they have information about community resources. Resource lists should include addresses, hours of operation, eligibility requirements, and information on access by public transportation. Be sure to verify these details with the resource organizations.

3.5. Community Asset Mapping

When you think of maps, what comes to mind? Confused tourists standing on street corners? Mom and Dad squabbling about “who got who lost” on family road trips? Most of us use maps in our everyday lives. Maps show us what’s “out there” and help us figure out how to get from one place to another.

Community asset mapping is a creative and participatory tool used to build capacity in communities and get community members involved. It helps you identify existing community resources and uncover solutions to community problems. Community asset mapping also is a visual and comprehensive way to present this information. It is a great tool for evaluations, research, policy work, community organizational development, and community art projects.

The first step is to take an inventory of a community’s strengths and resources. The next step is to show this information in some type of visual format, such as a diagram or table (see Figures 3-1, 3-2, and 3-3). Once your information is compiled in this manner, it will help you think about how to build on the existing assets to address community needs and improve people’s health.

Asset mapping also promotes community involvement, program ownership, and empowerment. (For more information on this approach, see the UCLA Center for Health Policy Research at http://www.healthpolicy.ucla.edu/healthdata/ttt_prog21.pdf.)

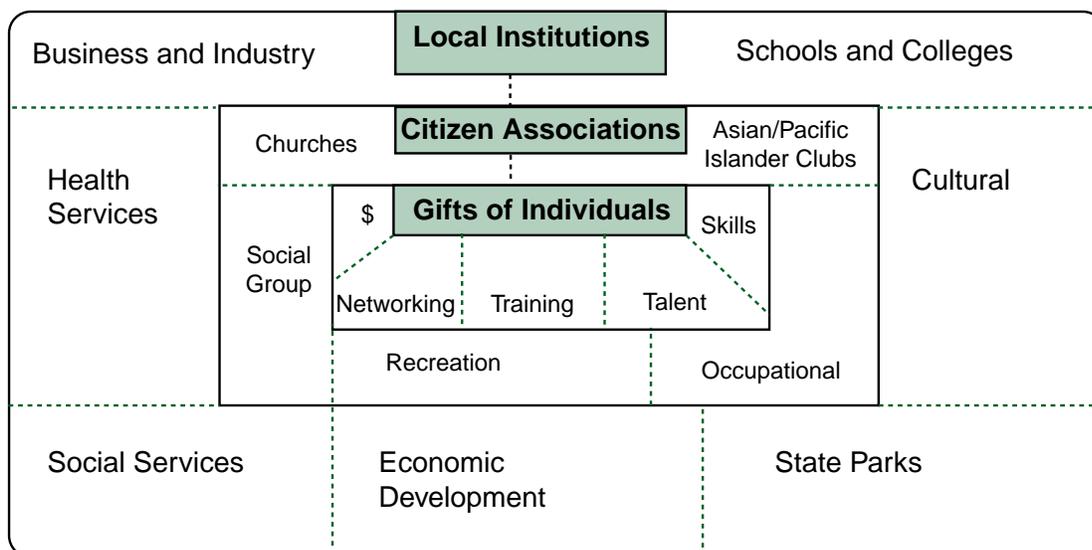
What Is a Community Asset?

A community asset or resource is anything that improves the quality of community life. Examples include the following:

- The capacities and abilities of community members.
- A physical structure or place, such as a school, hospital, church, library, recreation center, or social club.
- A business that provides jobs and supports the local economy.
- Associations of citizens such as neighborhood watch groups or parent-teacher associations.
- Local private, public, and nonprofit institutions or organizations.

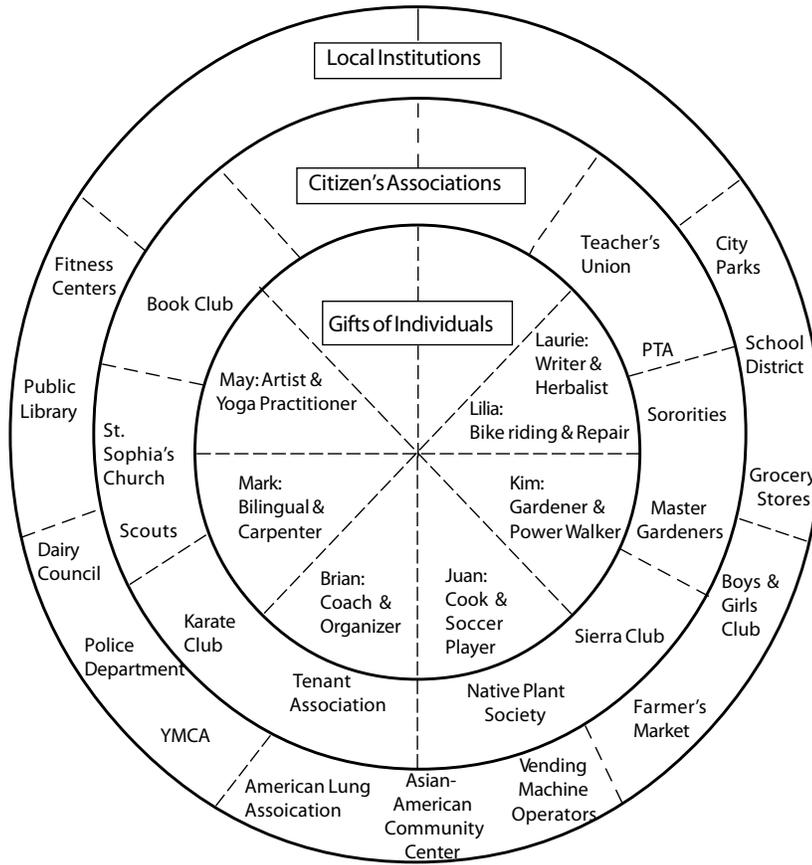
Figure 3-1 is a broad schematic that can help you think through the information you need to gather to create a community asset map. Remember that no community asset map is ever complete; it is a work in progress that is updated and revised as more information becomes available. Figure 3-2 (page 3-14) shows a more detailed example of a community asset map.

Figure 3-1: Block Diagram of a Community Asset Map



Adapted from: University of Missouri System and Lincoln University, <http://extension.missouri.edu/about/fy00-03/assetmapping.htm>.

Figure 3-2: Community Asset Map



Source: Center for Collaborative Planning, <http://www.connectccp.org>.

Figure 3-3 present community asset information in a table format that can be used to help programs create an inventory of their capacity.

Figure 3-3: Template for Community Capacity Inventory

Problem, Issue, or Concern Being Addressed	Geographic Area of the Community	Assets or Resources	Individuals (Include information about talents and skills)	Citizen Associations in the Community	Institutions in the Community

For more information on how to create community asset maps and capacity inventories, see the Southern Rural Development Center’s *Mapping the Assets of Your Community: A Key Component for Building Local Capacity* at http://srdc.msstate.edu/publications/227/227_asset_mapping.pdf. Information about capacity inventories can be found in The Community Tool Box, a resource for free information on how to build healthy communities, at http://ctb.ku.edu/tools/en/sub_section_tools_1043.htm#tools1.

3.6. Segmentation and Stratification

What is Segmentation?

For any initiative, different groups of community members will need different types of programs and services. A great deal of diversity can exist within a population group in terms of language, culture, and history, as well as in tastes, characteristics, interests, lifestyles, and past responses to specific intervention approaches. Population groups can be split into many different segments according to these differences.

Effective segmentation can help you identify “gaps in the market”—in this case, people in your target community who need diabetes services. It also can provide insights into the types of services that people need, and this information will guide your program development. Population segmentation can be done in the following four stages:

1. Define the overall population.

The way a population or “market” is defined affects how it can be segmented. For example, the group we call “APIs” comprises many different “segments,” such as Japanese Americans, and Native Hawaiians.

2. Decide how to segment your population.

A population can be segmented in many different ways. For diabetes outreach, you can use demographic factors such as age, sex, lifestyle, or occupation. There is no “correct” segment, but wise choices can help you categorize the motivations, desires, and other characteristics of your target population and can reflect the benefits that different groups of people may get from your efforts.

3. Create a map of your population segments.

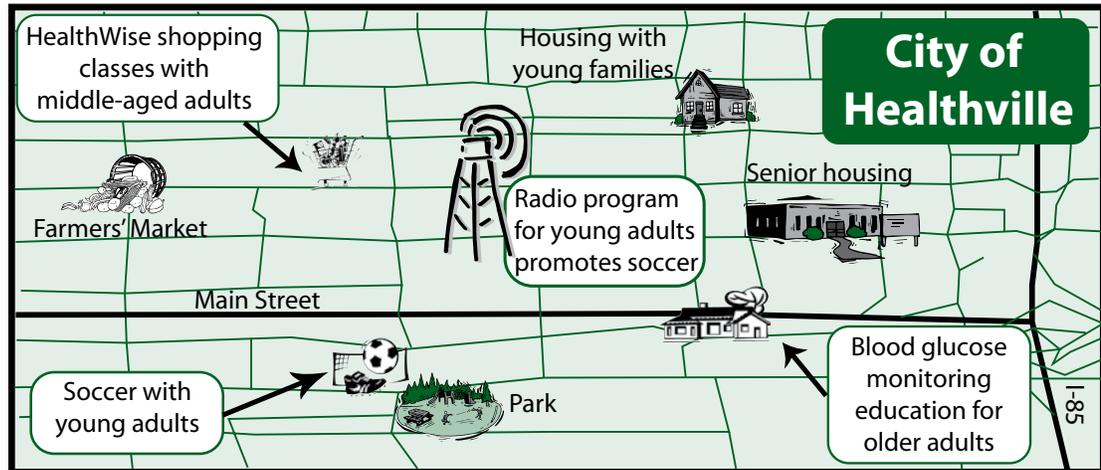
A map is a visual way of representing the segments of your target population and showing where services will be offered. An effective map will help you identify clusters of users. Creating a map is especially helpful when you are trying to determine whom to involve in your research.

Figure 3-4 is a map of population segmentation in the fictional city of Healthville. It shows three target groups—young adults, middle-aged adults, and older adults—and areas in the community where they can be reached. The map also shows the type of services that will be offered to educate each group about diabetes

prevention and control. For example, to promote physical activity among young adults, outreach activities will be conducted at a local park to encourage people to participate in weekend soccer games.

Figure 3-4 is a generalized example of a segmentation map. Your organization should think in more detail about your different target audiences, ways to reach them, and how you plan to present your diabetes program to them.

Figure 3-4. Population Segmentation Map



4. Identify areas of need and offer a solution.

After you have drawn your map, reexamine it and look for the gaps in services. In Figure 3-4, for example, you can see there is no program targeting teenagers and adolescents. Can you draw new connections? Can you identify links between the needs of different target groups and the products and services you have to offer?

For example, the volunteer soccer coach for the young adults program could work with a new target audience, such as middle-aged adults. Understanding the needs of a segment makes it possible to offer new programs and services where they are needed most in the community.

Community Profile and Segmentation

Develop a community profile according to the type of intervention you want to implement. Think carefully about what you would like to know about your target audience.

The following list of questions will help you with this process:

- How will you use the information you collect?
- What will it tell you about clients or potential clients?
- What else would be helpful to know?

- Do you want to know the extent to which people in your community participate in programs similar to yours?
- How are the populations you intend to serve similar or different?
- How do they act?
- What questions are asked?
- What do they purchase?
- Where do they work?
- How do they spend their leisure time?
- What are some traditional gathering points (e.g., faith-based or cultural activities)?



Once you have addressed these questions, develop a profile to learn more about your potential target audience. Use what you learn to make decisions about what type of program to create and how to implement it. See Section 10: Marketing for additional resources on how to collect data to develop a community or “customer” profile.

What is Stratification?

Stratification is a technique used to divide the data you have collected into homogeneous groups or “strata.” Often, data collected about a problem or an event reflect multiple sources that need to be treated separately. Stratification involves looking at process data, splitting it into distinct layers (almost like a rock is stratified), and conducting analysis to see a possibly different process.

Almost any demographic or lifestyle characteristic can stratify what may seem, at first, to be a common audience. Every community and group of people will have its own unique set of characteristics. It is important to identify and address them well in advance of planning for your diabetes program.

For example, in 2003, a public opinion survey conducted in California found that 38% of respondents who did not have health insurance reported having a problem getting medical care when they needed it, as opposed to 21%–24% of people who had some type of insurance. Stratification by insurance coverage revealed different levels of need and perceptions of access to medical care (see Figure 3-5 on page 3-19). When the same data were stratified by ethnic group, they showed variation in how well new immigrants understood a medical diagnosis because of language barriers (see Figure 3-6 on page 3-19).



Ways to Segment Your Population

The following examples and statements are hypothetical and should not be generalized. Do not guess about your target audience. Segmenting your local community will help you create a targeted approach that will attract more people to your services.

Location

One simple but important difference between people who are similar demographically is where they live. In rural communities, transportation is often largely dependent on owning or having access to a vehicle. You may need to address transportation issues to improve access to care. In contrast, urban dwellers may have better access to public transportation to visit health care centers, but fewer opportunities for physical activity. For example, they may not have access to nearby parks or recreational facilities, or it may be unsafe to walk in their neighborhoods. For these people, programs centered on in-home exercise or group activities may be better choices.

Age

Age can have a profound effect on a person's response to an outreach program. Older adults are often less able to be physically active, and dietary habits appear more difficult to change as people age. Older adults may be less open to help and less trusting, requiring more time and effort on the part of caregivers and community health professionals to establish a productive relationship. Older adults also can be more limited in their ability to find transportation out of the home, and they tend to be more reluctant to leave their homes.

Despite these challenges, older people can change, and disability does not mean inability. In the Diabetes Prevention Program study, participants older than age 60 had the best response to the lifestyle interventions of making healthy food choices and walking more often. This age group reduced its risk for type 2 diabetes by 70% through these lifestyle changes.

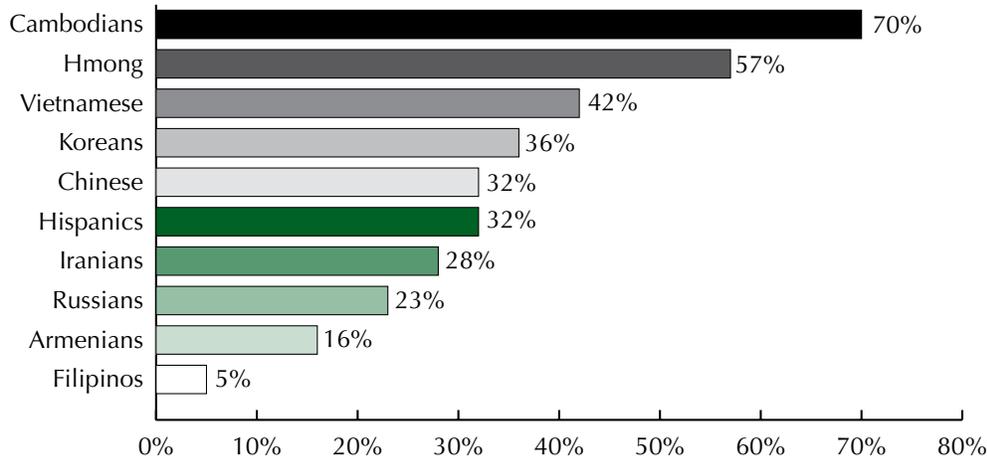
Children

Segmentation by family structure can help you identify needs and opportunities. For example, stay-at-home mothers may have more time to work with older adults and children to make healthier food choices and be active, but they may not have much money or be able to travel. Working mothers may have little time to learn about best practices in prevention or care, and less ability to monitor what their children eat or how much exercise they get. They also may be less able, because of their work commitment, to find much free time to participate in available programs. In either case, program development must take into account how the presence or absence of children affects the mother's ability to get, and stay, involved.

Acculturation

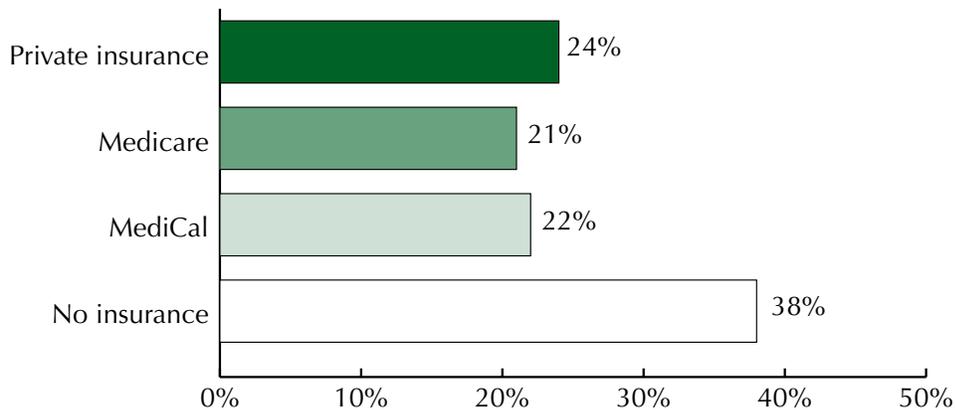
People who have been in this country only a short time may not yet be familiar or comfortable with American style or with openness, frankness, personal demonstrativeness, and aggressiveness. These people may require a far more moderated approach to engage and commit than their counterparts who are more assimilated into American culture.

Figure 3-5. Percentage of California Immigrants Who Have Ever Had a Problem Getting Medical Care When They Needed it



Source: *Bridging Language Barriers in Health Care: Public Opinion Survey of California Immigrants from Latin America, Asia and the Middle East.*

Figure 3-6. Percentage of California Immigrants Who Have Ever Had a Problem Understanding a Medical Situation Because It Was Not Explained in Their Language



Source: *Bridging Language Barriers in Health Care: Public Opinion Survey of California Immigrants from Latin America, Asia and the Middle East.*

3.7. How to Collect Information

There are many ways to gather information about your community, including conducting interviews with knowledgeable leaders or key informants, holding community forums, distributing questionnaires, and conducting focus groups. Different assessment methods are required depending on what information you need. You should pick the method or combination of methods that works best for your community and organization's resources. See Section 4 for more information and resources related to this topic.

Knowledgeable Leader or Key Informant Interviews

Interviewing key individuals in the community can be a cost-effective way to gather information quickly to guide further community assessment plans. For example, interviews with community leaders can identify resources that may help you develop your program, as well as challenges that can hinder your program development. However, key informant interviews should include many people besides those in leadership positions. You want to understand the perspectives of your target audience—what do they perceive as the community’s strengths and needs?

Interviewing people who represent the community in a variety of roles (e.g., health care professionals, educators, church leaders, researchers) and demographic categories (e.g., varying ages and socioeconomic groups, non-English vs. English-fluent speakers) is relatively inexpensive, and it provides information quickly. However, be careful when using key informant interviews, and do not rely solely on these interviews for



Key Informant Interviews

Key informant interviews can help identify potential barriers to outreach efforts. For example, professionals working with Southeast Asian refugees note that their clients, who have experienced chaotic wartime conditions, political repression, and often starvation and torture, do not trust government agencies or telephone interviews. As a result, they may ignore preventive health messages.

“I’ve received many telephone calls from Vietnamese women around the [United States] complaining about their diabetic husbands who ignored health care professionals’ instructions for care. The husbands would say things like, ‘Diabetes cannot be cured,’ and ‘I am going to die anyhow,’ to justify the lack of interest in their own health.”

—Tam Phan, former consultant with the National Vietnamese American Health Care Association

“An old man told me, ‘Even though I know it’s not true, I still hear the Khmer Rouge slogans in my head. I think maybe I am safe if I just don’t talk. I don’t know who this person on the phone is, so I am polite, but I don’t tell them anything.’ I think my other patients are like that too.”

—Cambodian community health worker who reported to Theanvy Kuoch, executive director of the Khmer Health Associates, on whether her patients liked to use the telephone interpreter service

How would your team respond to these key informant interviews? Could you tailor your approach to the need for direct human contact? What more information would you need for your community assessment?

Source: *Silent Trauma*, National Diabetes Education Program, 2006.

your assessment. This information represents the opinions of individuals, not the entire community. It is absolutely critical that a trained interviewer with a standard process and script be used. Untrained interviewers can influence the conversation, and they may not get the true feelings of the person being interviewed. For more information on how to conduct key informant interviews, see the UCLA Health Policy Center for Research Web site (http://www.healthpolicy.ucla.edu/HealthData/ttt_prog24.pdf).

Community Forums

Another way to conduct a community assessment is to invite community members and professionals to gather and discuss relevant issues as part of a community forum. This approach needs careful planning, organizing, and advertising ahead of time. Providing refreshments or conducting your forum with another popular community event may increase attendance. Be sure that the location and time are convenient and that the location is accessible.

Once people are gathered, information can be collected in several ways. Key questions can be posed to the audience and their responses recorded, or questionnaires can be passed out and collected. It is preferable to divide some populations into age groups, because in some AAPI populations, youth have been taught not to speak out in front of their elders. Dividing a forum by age group would encourage younger people to speak up.

Questionnaires

Conducting questionnaires in the community is another popular way of collecting information on community demographics and health issues. Depending on what you want to learn, community questionnaires can be used to gather information from community members or health care professionals. Usually, samples of representative community members are asked a series of questions. It is important to be clear about what you want to learn from your questionnaire so that you can develop relevant questions.



The Pink Book: A Resource for Data Collection

A detailed discussion of research methodology is beyond the scope of this publication. A good resource for more information is *Making Health Communication Programs Work* (also called the *Pink Book*), published by the National Cancer Institute.

This free resource offers a detailed planner's guide for health communications and in-depth information on communications research methods, including the following:

- Differences between qualitative and quantitative methods.
- Questionnaire design.
- Focus group participant recruitment and interviewing techniques.
- Discussion of survey formats.
- Questionnaire and focus group templates.
- Planning and strategy development.
- Development and pretesting of concept messages and materials.
- Program implementation.
- How to assess effectiveness and make refinements.
- Additional selective readings and resources.

The *Pink Book* can be found at <http://www.cancer.gov/pinkbook> or on the CD-ROM provided with this tool kit.

Once you develop your questionnaire, pilot test it with a small number of participants to see if your questions are worded well, easily understood, and written at the appropriate literacy level for your target group. This step is important to making sure that your questions make sense to the community. Appendix C provides a sample questionnaire that was used with high-school students in a Pacific Islander community to collect family history of diabetes and other health indicators.



Tips for Conducting Questionnaires

- Developing your own questionnaire can drain resources. Look for existing validated questionnaires that address your topic. A validated questionnaire is one that has been independently assessed to ensure that it actually measures or tests what it was designed to measure. For example, a researcher might ask other researchers to review the questionnaire or compare the questionnaire to other questionnaires used in the field.
- Pilot test questionnaires before you use them, if possible. A pilot test is a preliminary test or study of your materials or products to evaluate if your target audience will understand them. For example, English may be the second language for your target audience. If you plan to use a survey created for people with English as their first language, you should test it first on a small group of people from your target audience. This test may show whether the survey is appropriate.
- Developing questionnaires in both English and the target AAPI language is helpful. English may be a second language or not understood at all by some participants. However, some terms may be more familiar in English. In other cases, clarification of a translation may be needed. In addition, some AAPI languages have different dialects, and certain words may have different meanings.
- Questionnaires can be completed in writing, by telephone, or in person. Telephone interviews may not be the most effective way to collect data from Pacific Islanders because many do not have telephones in their homes. Think about using a variety of interviewing approaches to capture as many members of your target audience as possible.
- Some populations do not trust telephone interviews, especially when discussing sensitive or taboo subjects. (See Key Informant Interviews box, page 3-20.) Your resources, your stakeholder or partner input, and your knowledge of your community's culture will play an important role in your choice of survey methods.



Be prepared if members of your target population speak other languages. Consider the following tips:

- Have your questions translated, back-translated, and revised ahead of time to ensure accuracy and appropriateness. Back-translation is needed because simple direct translation can miss the nuances of the original question.
- Bilingual workers should administer the questionnaire.
- Decide whether a written or oral questionnaire will work better with your community.
- If local health educators work with your target community, ask them to administer the questionnaire to reduce mistrust.
- Questionnaires with pictures often help to increase understanding. See Appendix D for sample pages of Harvard Trauma Questionnaires in Cambodian and Vietnamese. Complete copies of the questionnaires can be found at http://www.hpvt-cambridge.org/Layer3.asp?page_id=9.

Focus Groups

A focus group is a group of people brought together to discuss their views on a particular issue. A typical focus group is made up of 8–10 people with similar characteristics (e.g., Chinese men aged 40 or older). If your group is too small, you may not get the correct information. If the group is too big, you may not have enough control. Try not to have groups larger than 15 people.

If you are trying to get information from people who broadly represent a certain community, talk with people of varying ages, education levels, and other characteristics. Make sure your focus group includes people with the specific characteristics you plan to target so you will get the most accurate information. Unlike questionnaires, focus groups allow the group facilitator to probe more deeply. Focus groups can be more efficient than individual interviews.

Always recognize and respect the community's cultural values as you select people to participate in your focus groups.



Back-translation

Back-translation is the process of translating a document that has already been translated into a foreign language back into the original language, preferably by an independent translator.

Translation of raw data, such as focus group transcripts, back into the language of a client from the language of the consumers is common in market research in Asia.

Source: Asia Market Research Dot Com, <http://www.asiamarketresearch.com>.



Focus Group Findings

The focus groups conducted by CDC's Division of Diabetes Translation suggested that Asian Americans perceived "finding time to exercise" as a barrier. Participants also indicated that they had strong family ties.

The NDEP AAPI Work Group used this information to create a prevention campaign that includes posters of AAPI adults with children and grandchildren and the tag line "Two reasons I find time to prevent diabetes . . . my future and theirs."

To view and download these print ads from the Internet, visit http://ndep.nih.gov/campaigns/SmallSteps/SmallSteps_tworeasons.htm.

Cultural values, such as whether women will speak in the presence of men or whether children should speak in the presence of their parents, can influence the flow of your discussion. In these cases, you may want to hold separate groups for men, women, or different age groups.

If your budget allows, you may want to provide incentives for people who participate. Incentives do not have to be elaborate. They can be as simple as food items or a small token of appreciation, such as an ink pen with your organization's name on it. If you decide to use an incentive, it cannot be so substantial that it could be conceived as coercive (i.e., it could influence the participant's answers).

Conducting focus groups with AAPIs and health care professionals in your community can help you to

- Better understand the cultural issues related to diabetes in the community.
- Identify the knowledge, attitudes, and health behaviors of AAPIs in your community.
- Identify the important factors that help or prevent AAPIs from getting tested and treated for diabetes.



Focus Group Findings

Researchers used bilingual interviewers and a standardized, translated moderator guide to interview 122 Chinese-American and Vietnamese-American patients in focus groups in four communities in Massachusetts.

Patients with limited English proficiency said they wanted to discuss the use of non-Western medical practices with their health care professionals, but they encountered significant barriers. They viewed providers' knowledge, inquiry, and nonjudgmental acceptance of traditional Asian medical beliefs and practices as part of quality care.

Patients also considered the quality of interpreter services to be very important. They preferred using professional interpreters, rather than family members, and they preferred translators of the same sex. They also wanted help navigating health care systems and getting support services.

These types of findings can guide the development of interventions—such as cultural competency training for community clinicians and improved interpreter services—that can improve services for patients in AAPI communities.

Source: *J Gen Intern Med.* 2003 Jan;18(1):44–52.

If possible, always use a professionally trained researcher as a focus group moderator. The focus group moderator should create a comfortable environment for people to express different perceptions and points of view. Ideally, the focus group moderator should match the cultural and language characteristics of the participants.

The Association of Asian Pacific Community Health Organizations (AAPCHO) recommends that you choose a moderator who is

- Trained to do focus group research.
- Fluent in the language of the participants.
- Knowledgeable about the focus group topic area.
- Knowledgeable about focus group members' culture.
- Living in the target community.

Moderators often use a written guide to help them stay on track with the discussion and ask key questions. This guide may list ideas and topics that the group should discuss. Appendix E presents an example of a moderator's discussion guide. The *Pink Book* also includes a sample moderator's guide.



TIP

Make sure the moderator understands your objectives and the specific issues that should be discussed by the focus group. Review the moderator's guide to make sure the session will focus on the questions most important to your organization.

3.8. Recommendations for Each Organizational Stage of Change

Precontemplation

Why Assess Your Community?

Let's consider a hypothetical case in which your organization believes that there is no need for a diabetes program, and it is not considering adding one. Your organization might not view diabetes prevention and control as a priority, or it might not think that diabetes is within its scope of work. After all, organizational leaders can mistakenly assume that other groups are adequately addressing diabetes concerns. A community assessment can gather the information needed to move your organization from Precontemplation to Contemplation by identifying gaps in care and outreach to AAPIs.



Contemplation

When to Assess Your Community?

Consider this hypothetical case: Your organization is considering starting a diabetes program and is weighing the pros and cons. An assessment is needed. Sometimes a team is so excited to get started with a program, that it is difficult to stop and do a needs assessment first. However, doing a community assessment is the key to making the most of your limited resources. Do not assume that you know all of the needs in your community.

The assessment process can help you identify community strengths (e.g., partners, skills), needs (e.g., educational materials in the appropriate language), barriers (e.g., few safe places to be physically active, few grocery stores stocking fresh fruits and vegetables), and even attitudes and values (e.g., immigration policies, school lunch policies).

Review the community assessment checklist you completed in Section 2. Is your organization in the Contemplation stage with regard to performing a community assessment? To help your organization advance to the next stage (Preparation), review the reasons for doing community assessments and some of the approaches to identifying needs, barriers, and resources for a diabetes program.

An organization in the Contemplation stage is thinking about doing an assessment but is not sure where to begin—what are the most suitable assessment methods for your needs? How much will it cost? How can you convince your organization’s leadership that you need the resources to do this assessment? Involving members of the community in the process even at this early stage will help you in the long run.

Collaborate with partners to define what you want to learn and from whom you want to learn it. Then, according to your resources (staff and finances), determine the best methods for conducting assessments (see Preparation). You may be able to partner with local university faculty or others with special expertise in questionnaire design, focus group design, and data analysis if your organization does not have these skills internally.



Preparation

How to Assess Your Community?

Start by clearly defining the specific community you want to assess. A community can be defined by many variables, including ethnic group, residence, age, sex, immigration history, socioeconomic status, or sexual orientation. Whom are you interested in reaching? Reaching a small targeted group successfully may be more productive in the long run than reaching a few members of a large and undefined group. Do not be afraid to think small, at least at first.



Identify people in the community who could guide you in your community assessment planning (e.g., questionnaire design, focus group design, data analysis). These may be the same people you identify as potential participants in your coalition, advisory committee, or partnerships (see Section 7).

Talk to them to see what they think are the greatest needs for diabetes prevention and control in the community and what types of programs and services will address those needs.

A key informant interview might be a good way to get this information. (For more information on how to conduct key informant interviews, see the UCLA Health Policy Center for Research Web Site, at http://www.healthpolicy.ucla.edu/HealthData/ttt_prog24.pdf.)

Make a list of the most important questions you want your community assessment to answer. In addition to questions suggested at the beginning of this section (page 3-6), you might include the following:

- Which AAPIs are at higher risk (e.g., older Chinese, Thai, or Chamorro populations)? These data might not be available, but key informants (e.g., health care professionals in your community) may have input to guide you.
- What are the community resources that can help you with your program?



- What are the cultural characteristics of the community (e.g., attitudes and practices around health-care-seeking behavior, food, and physical activity) that might affect diabetes prevention and control activities?
- What are the levels of knowledge, attitudes, and behaviors related to diabetes education, prevention, and control among AAPIs in your community?
- What are the barriers that keep more AAPIs from getting diabetes prevention services, testing, or education?
- What are the best ways to educate specific subgroups of AAPIs about diabetes?

Initial steps to take in assessing your community include the following:

- Decide which type of needs assessment method is most appropriate for your community according to the resources available (staff and finances). What will work best—a community forum, interviews, questionnaires, focus groups, or something else? Get input from management and others in your organization.
- Think about who should conduct your community assessment. Train these people so they will be able to conduct the assessment the way you planned. They should understand the purpose of the assessment, what they are expected to do, and how to ask the assessment questions. Provide opportunities for them to practice, and help them anticipate potential problems. Make sure they know what to do with the information after they collect it. Listen to their recommendations (e.g., on how to put participants at ease).
- Decide whether giving participants a small incentive (e.g., gift certificates, a stipend) is appropriate and would help with recruiting.
- After you develop your community assessment tools, pilot test them with a small number of participants and revise them if necessary.
- Build analysis into your community assessment plan from the beginning. How will you assemble qualitative data (e.g., answers to interview questions) into a report? Who will do the quantitative analysis for questionnaires? Do your existing staff members have these skills, or can you train them to do these analyses? Are there partners who can help with analysis, or will you need to hire a contractor for this work?
- Determine what resources you need to do the analysis (e.g., staff, computers). If appropriate, partner with other staff or community members who can help provide resources or analyze your results, such as evaluation partners, advisory committee members, or faculty of local universities.



Action

Conducting Your Community Assessment

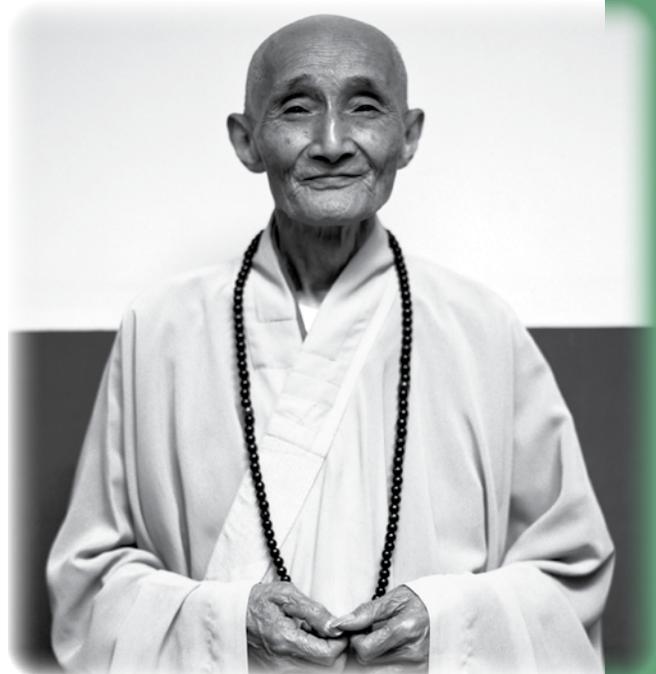
At this stage, you will be actively conducting your community needs assessment. You should also be summarizing your results so that you can use them to tailor your diabetes prevention and control program to your target audience.

The information you obtain will help you design all aspects of your program, including the following:

- **Whom** to conduct screening outreach or inreach with.
- **Where** to reach AAPIs.
- **What** an outreach or inreach diabetes program should cover.
- **How to develop** appropriate health messages for AAPIs at risk.
- **How to facilitate** educational programs and follow-up services.
- **Where to get** medical, psychological, and social services for AAPIs.
- **What information** needs to be distributed.

In short, community assessment should help you decide what your program should cover and the best way your program should be conducted (where, when, how, and with whom). This process will include the following activities:

- Train your staff members on how to conduct your needs assessment plan. Give them the opportunity to practice and ask questions.
- Conduct a community needs assessment by using one or a combination of the methods already discussed (e.g., interviews, community forums, questionnaires, focus groups).
- Create a community resource inventory by using the questions presented in this chapter. This inventory will give you a better idea of organizations and key community leaders or gatekeepers who can provide assistance.
- Conduct a cultural assessment. Look at published materials on your population and ask community members to identify people you should talk with. Once you identify local community leaders, consider conducting key informant interviews with them. You also may want to conduct focus groups with AAPI groups in your community to find out how acceptable it is to talk about health issues, health care, and lifestyle (e.g., food choices, physical activity). In addition, you may want to conduct focus



groups with staff members from AAPI community organizations who interact with community members and are familiar with the local leaders, cultural norms, and political issues in your target community.

Analyzing Your Data

Once you have conducted your community assessment, it is time to analyze it and put it to use. Your specific approach will depend on how you collected the information.

- Review your collected information for common elements. Did many people provide you with similar information? What differences or conflicting information did you find? Did the differences vary by some common factor, such as age, length of time in the United States, ethnic group, or insurance status?
- Can you now answer the questions you asked in the Preparation stage?
- Whenever possible, try to summarize information in easy-to-understand formats, such as graphs, charts, or tables. For more ideas, see the Create a Graph Web site at <http://nces.ed.gov/nceskids/graphing>.
- What valuable cultural and behavioral information did you learn that could be useful in planning your prevention and control activities?
- Ask community members, advisory committee members, and partners to provide feedback on your interpretations of the results.



The results of your community assessment should guide you on what content to include in your diabetes program, how to adapt this content so that it is culturally appropriate, and what strategies might be useful in implementing your program.

Remember that the information collected and reported must meet the conditions under which funding was received, as well as what conditions were agreed upon in early discussions with stakeholders.

Maintenance

Ongoing Assessment of Community Needs

At this stage, your baseline community assessment has been completed and used to guide your program's objectives and strategies. However, this process must be ongoing. As you achieve some goals (e.g., outreach to easy-to-reach populations), you can shift resources to others (e.g., outreach to hard-to-reach populations).

In addition, community assets may change over time—through environmental changes (e.g., new sidewalks), expanded social networks (e.g., a new senior center), changes in social acceptability (e.g., attitudes about overweight and obesity), or loss of resources (e.g., funding for a local clinic or cultural center).

Ongoing needs assessment will help ensure that your program continues to meet community needs and anticipates new needs. Other activities to conduct during this stage include the following:

- Share your findings with those who were directly involved in the process, as well as with the community itself. Failing to share the end results of research and programs can make the community feel “used.” It may be helpful to share the findings as a draft document and ask for input. Sharing the draft shows community members how much their participation was useful and valued. Once the draft is finalized, be sure to provide community members with the final version.
- Periodically review your findings to make sure the community resources and cultural characteristics you originally identified are still relevant for your population.
- Evaluate your efforts, including the extent to which your diabetes program has been able to address the community’s unique characteristics and concerns, as identified in your community assessment.
- Continue working with your coalition, advisory committee, and partnerships to keep everyone informed and involved with ongoing outreach activities and program monitoring.
- Institutionalize ongoing assessment. Work with your organization’s leaders to set up a system for community assessment that does not rely solely on your program to get it done.
- Meet with leaders in your organization to discuss the results of your ongoing assessments and how they have improved your program. Gather support for making community assessments standard practice in your organization.



Building a Future for Your Program

Establish a legacy. You want your program to continue even after the founders have retired or after funding from a grant has ended. Activities to consider include the following:

- Begin to identify community leaders interested in assuming some responsibility for the ongoing efforts of the program.
- Continue to evaluate your program for effectiveness. Make sure that you revisit your assessment findings and link them to development efforts. See Section 4 for more on how to evaluate your program efforts.



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Free continuing education credit is available for reading this section. See page ix for details. When asked for a CEU verification code, use D1240B for Section 3.

SECTION 4: EVALUATING YOUR DIABETES PROGRAM

Learning Objectives

By the end of this section, readers will be able to

- Explain how evaluation can improve program planning and implementation (Section 4.1).
- List the steps in a program evaluation (Section 4.2).
- List the elements of an evaluation plan (Section 4.3).
- Explain the differences between formative, process, outcome, and impact evaluation (Section 4.3).
- Recognize how to plan and conduct a program evaluation that fits your needs (Section 4.3).
- Identify how to make sure your evaluation findings are useful to your program (Section 4.3).



Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 2: Evaluation

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>No evaluation being done or considered necessary or possible.</p> <p><input type="checkbox"/> Have you reached consensus that there is a need for evaluation for a diabetes program?</p> <p><input type="checkbox"/> Have you agreed that it may be possible to do an evaluation?</p> <p><input type="checkbox"/> Have you reached agreement that you will seek more information on the "pros" (e.g., value of evaluation) and the "cons" (e.g., costs, time, human resources) of evaluating a diabetes program?</p>	<p>Identify evaluation objectives and methods.</p> <p><input type="checkbox"/> Have you reached consensus that the "pros" outweigh the "cons" for evaluating a diabetes program?</p> <p><input type="checkbox"/> Have you resolved ambivalence about the value of evaluating this program?</p> <p><input type="checkbox"/> Have you begun thinking of evaluation strategies?</p> <p><input type="checkbox"/> Have you identified specific questions you want your evaluation to answer?</p> <p><input type="checkbox"/> Have you looked at <i>evaluation designs used by other programs in your organization</i>?</p> <p><input type="checkbox"/> Have you identified <i>people with experience in evaluation who can answer your questions or offer advice</i>?</p> <p><input type="checkbox"/> Have you read <i>evaluation reports and products from other completed programs</i>?</p>	<p>Develop an evaluation work plan.</p> <p><input type="checkbox"/> Have you identified resources you can use for evaluation?</p> <p><input type="checkbox"/> Has your staff been trained to conduct the evaluation?</p> <p><input type="checkbox"/> Have you developed a plan for evaluating your community outreach and inreach programs?</p> <p><input type="checkbox"/> Have you developed a plan for evaluating your diabetes program?</p> <p><input type="checkbox"/> Have you pretested all evaluation tools with the staff, providers, or community members you plan to use them with?</p> <p><input type="checkbox"/> Have you <i>designated someone to be in charge of summarizing the evaluation findings</i>?</p>	<p>Evaluate your diabetes program and analyze the results.</p> <p><input type="checkbox"/> Have you evaluated your community outreach and inreach programs?</p> <p><input type="checkbox"/> Have you evaluated staff and provider training efforts?</p> <p><input type="checkbox"/> Have you analyzed your evaluation findings?</p>	<p>Use evaluation results to improve and expand your diabetes program.</p> <p><input type="checkbox"/> Have you shared evaluation findings with your staff?</p> <p><input type="checkbox"/> Have you shared evaluation findings with the community?</p> <p><input type="checkbox"/> Have you used evaluation results to improve your program and add to its sustainability?</p> <p><input type="checkbox"/> Have you revisited your evaluation plan and goals to address any gaps or changes?</p> <p><input type="checkbox"/> Have you developed ways to evaluate outcomes of your diabetes program?</p>

* Activities in italics are secondary activities, which are not used to determine your stage of change.

4.1. Introduction

Program evaluations are typically conducted to 1) get information to help you improve projects as they are being developed and 2) help you assess a project's effectiveness after it has had time to produce results. With these two broad goals in mind, program evaluation is most effective when it is integrated with program planning. How will you know that change is an improvement? How will you know that you are going in the right direction? Which activities give you the best results for the effort and expense involved? Start thinking about these questions early and build evaluation into your program from the beginning. Involve the people affected by an intended program (e.g., your staff and program participants) in the program and evaluation planning process. This section includes examples and work sheets to guide you through the learning and skills-development process.

Why Evaluate?

The purpose and use of a program evaluation will vary over the life of a program. Evaluation may be used to decide whether your program will continue, although those kinds of decisions are rarely based on evaluation findings alone. Program evaluation more commonly helps refine your projects and increase your organization's performance. Good program evaluations always clearly define their focus—what you and important stakeholders want to know and why.



Questions that program evaluations can answer include the following:

- What were the unique strategies your program used to reach its objectives?
- To what extent were your program strategies carried out as intended?
- What was the overall effectiveness of your program in reaching its intended goals and objectives, such as promoting diabetes awareness, prevention, and management or related issues such as food choices and physical activity?
- What did it cost to reach those goals and objectives?

A program evaluation that addresses one or more of these questions also contributes to

- Improving your program during its implementation.
- Identifying program challenges and weaknesses that you can address through staff training or program revision.
- Identifying key successes to help promote the program to future funding sources and other audiences.

4.2. Planning with Evaluation in Mind

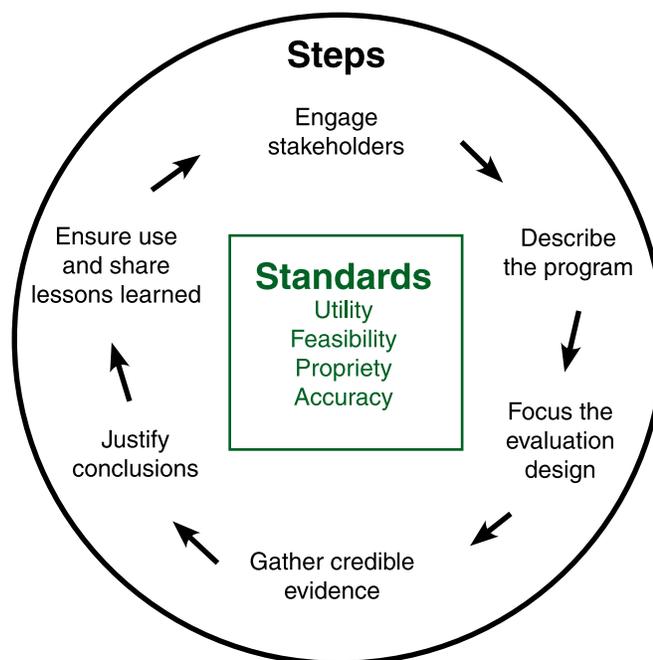
CDC's Framework for Program Evaluation

In 1999, CDC published the *Framework for Program Evaluation in Public Health* to help public health professionals conduct program evaluations. This resource summarizes and organizes essential elements of program evaluation (see Figure 4-1).

Each step in the framework builds on the previous step. For example, engaging stakeholders will enhance your program description; developing a good program description will help you define the best focus of your evaluation; focusing your evaluation will help you choose the most effective and efficient way to gather and analyze credible evidence.

The evidence you gather will justify your conclusions. All of these steps help ensure that you can successfully get to the final step, where your evaluation results are actually used to make a difference. For more information about this process, visit <http://www.cdc.gov/eval>.

Figure 4-1. Framework for Program Evaluation



The steps in this framework integrate planning and evaluation activities. For example, “engage stakeholders” and “describe the program” are key steps in program planning that you would do even if you do not plan to evaluate your program. The evaluation steps help you to see what is and is not working and make changes as needed. These steps are presented in a cyclical way because you should continue conducting these activities as the needs of your program, stakeholders, and evaluation process change over time.

Program Evaluation Standards

The *Framework for Program Evaluation in Public Health* also includes the national program evaluation standards adopted by the American Evaluation Association (Joint Committee on Standards for Educational Evaluation). These standards are guiding principles that contain cautions about potential mistakes, identify practices generally believed to be acceptable or unacceptable, and propose guidelines on current best practice. (Appendix F presents more details about these standards.)

4.3. Recommendations for Each Organizational Stage of Change

Precontemplation

Identifying the Benefits

If your organization is not considering a diabetes prevention and control program, you do not need an evaluation plan. Ask your organization's leaders what benefits they can see from developing a diabetes program. Identifying these benefits can move your organization to the Contemplation stage.

Contemplation

Identifying Stakeholders

As you consider creating a diabetes prevention and control program, you should think about your potential stakeholders. Stakeholders are people involved in conducting the program, those served or affected by the program, and the primary users of the evaluation results. You may already know a lot about your stakeholders from earlier efforts, or you may need to seek and collect this information so that you can talk with them about program evaluation and program planning. When identifying stakeholders, you should consider people particularly affected by the outcome of the program at the community level; government officials; and representatives of health, education, and other agencies.

You also should identify people with experience in designing and conducting program evaluations. Include these people in your coalitions, advisory committees, or partnerships. They can ask you key questions about the scope of your evaluation and suggest practical ways to accomplish it. Local universities may be one place to look for experts in evaluation.

Use Work Sheet 4-1 to help you identify your stakeholders.





Work Sheet 4-1: Identify Stakeholders*

To identify and bring together stakeholders, consider the following questions:

1. Which stakeholders are
 - Involved in implementing the program?
 - Served or affected by the program?
 - Primary users of evaluation results?
2. How can you find out what each stakeholder cares about?
3. What communications strategies can you use to ensure that different interests are represented?
4. What challenges or barriers might you face in finding and recruiting stakeholders?
5. How can you deal with these challenges and barriers?

* Adapted from *An Evaluation Framework for Community Health Programs*.

Engaging Stakeholders

Once you identify your stakeholders, ask them what they hope to learn from the evaluation process. You need to know what answers you want before writing your questions. Everyone's input is needed before you set the evaluation focus. You need clarity and agreement because your stakeholders are the people who will build credibility for your efforts; carry out those efforts; or be responsible for funding, authorizing, and extending your program.

Use Work Sheet 4-2 to help you engage your stakeholders.



Work Sheet 4-2: Engage Stakeholders*

Once you have identified stakeholders, consider asking them the following questions throughout the evaluation planning process.

1. What is important to you about this program?
2. Who do you represent, and why are you interested in this program?
3. What would you like this program to accomplish?
4. What are the critical evaluation questions?
5. How will you use the results of the evaluation?
6. What resources (e.g., time, evaluation experience, funding) can you contribute to this evaluation?

*Adapted from the *Physical Activity Evaluation Handbook*.

Describing the Program

Before planning an evaluation, it helps to have a clear understanding of the strategies you plan to use and why you think using them will make a difference. We call this a program description. Information from stakeholders will help you write this description (see Work Sheet 4.2).

A good program description lays out the entire landscape of a program. This “big picture” is a helpful backdrop for the more immediate step of choosing the best evaluation focus.

Your program description should contain the following elements:

- **Statement of Need:** What is your program designed to improve? Who is affected? How big is the problem? Is it changing? How is it changing?
- **Expectations:** What do you expect the results of your program to be? What are the expected immediate, intermediate, and long-term consequences of your program? What are the vision, mission, goals, and objectives of your program?
- **Activities:** What activities or interventions should you conduct to address the problem?
- **Resources:** What are the resources you need to conduct the program (e.g., time, talent, equipment, money)?
- **Logic model:** How can you draw a chart that maps out your objectives and activities and their expected outcomes? How can you visualize the steps of conducting your program to help with evaluation planning?

You can create a diagram, known as a logic model, that depicts key program activities, the intended outcomes of your program, and the implied “causal” connection between the activities and the outcomes.



See Figure 4-2 (page 4-12) for a sample logic model. Logic models can be simple tables or complicated box-and-arrow flow charts. In all cases, the intent is the same—to provide clarity about what your program does and what you hope will result from it. For example, for your diabetes program, you may want to send an outreach worker into the community to talk with AAPIs about diabetes. You want the outreach worker to reach AAPIs who may not know a lot about the topic or who may not be using any existing diabetes education and outreach services.

You hope that by talking with AAPIs, the outreach worker will 1) help people know more about diabetes, 2) increase their awareness of convenient health care facilities, and 3) help them deal with barriers to getting services, such as fear or lack of transportation.



The assumption is that if people know about the impact of unrecognized or poorly controlled diabetes, are aware of available health care facilities, and have support to overcome obstacles, they are more likely to see a health care professional to be evaluated and to participate in a diabetes prevention or management program.

The evaluation process will help you identify if your strategy will achieve the results you want. Once you have clarified your approach, you can focus your evaluation on assessing your assumptions. For example, did your outreach efforts result in AAPIs having more knowledge about diabetes, greater awareness of health care facilities, and fewer reported barriers to using services? This would be the short-term impact.

Did the AAPIs who were contacted actually come in for testing or education programs? This would be a long-term impact. If stakeholders disagreed about a program, did the logic model help them focus on the parts of the program that they all agreed should be part of the evaluation?

Use Work Sheet 4-3 (page 4-13) to help you develop and organize the statement of need, expectations, activities, resources, and logic model for your program description.

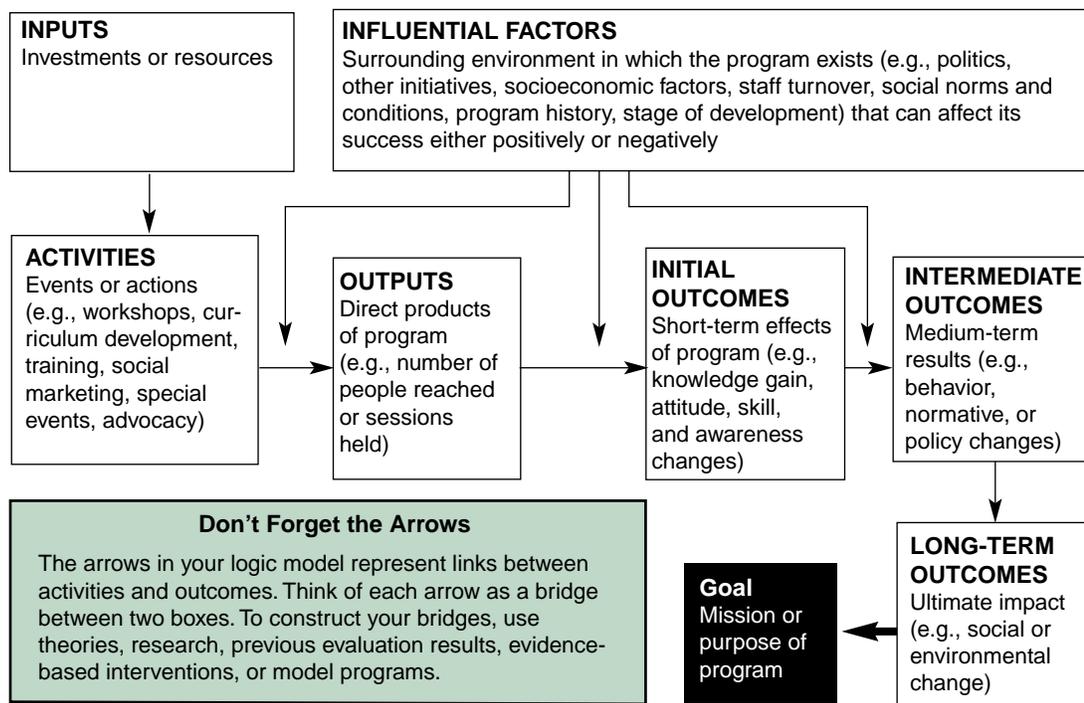
Creating a Logic Model

There is no one correct way to create a logic model. However, the stage of development of the program (i.e., planning, implementation, or maintenance) should steer you to one of two approaches to creating your model: right to left or left to right. Figure 4-2 provides an example of a basic logic model.

The **right-to-left logic model**, also called reverse logic, starts with desired outcomes and requires you to work backwards to develop activities and inputs. Usually used in the planning stage, this approach ensures that program activities will logically lead to the specified outcomes if your arrow bridges are well-founded. You will ask the question “How?” as you move to the left in your logic model. This approach is also helpful for a program in the implementation stage that still has some flexibility in its program activities.

The **left-to-right logic model**, also called forward logic, may be used to evaluate a program that does not already have a logic model, and it is usually done in the implementation or Maintenance stage. Start by describing the program inputs and activities. To move to the right in your model, you must ask the question, “Why?” You can also think of this approach as an “If..., then...” progression. (Source: *Physical Activity Evaluation Handbook*.)

Figure 4-2. Components of a Basic Logic Model



Source: *Physical Activity Evaluation Handbook*.

Work Sheet 4-3: Describe the Program*



Name of Program: _____

1. How are your program's goals, objectives, and strategies defined?

2. How are your program's activities, processes, and products linked to the program's outcomes?

3. What resources might be available to conduct the program?

4. What else is happening in your community that could have an impact on your program? What other programs have been tried, and who tried them?

5. Is your program new or has it existed for 1 year or more?

6. Plan or describe the program using a logic model. Use one of the two following formats:
 - a. You know your end goal. Work from right to left and ask, "How?"

 - OR**
 - b. You know what you must include in the program. Work from left to right and ask, "Why?"

* Adapted from *An Evaluation Framework for Community Health Programs* and the *Physical Activity Evaluation Handbook*.

Preparation

Types of Evaluation

Determining an evaluation focus is important because it helps ensure that evaluation results will be used. Because evaluation is time-consuming, costly, and complicated, you want to improve the chances that the results will lead to program improvement. The two major types of evaluation are formative and summative (see box on pages 4-15 and 4-16 for more details).

Formative Evaluation

Formative evaluation includes implementation and process evaluations, which examine program development. They may lead to changes in a program's structure or how the program is conducted. Formative evaluations help to determine the extent to which a program was implemented as originally intended.

For example, were the activities conducted in the same way as they were proposed? Were the activities conducted in the same order and manner and within the proposed amount of time? Do preliminary data show that program participants are making progress in ways that are consistent with the program's goals? Which activities seem to be contributing most or least to this progress?

What barriers did those implementing and participating in the program experience, and how have those barriers been overcome? According to all this information, what changes (if any) would we reasonably expect to improve the likelihood of achieving the stated program goals? (Source: National Science Foundation.)

Summative Evaluation

Summative evaluation is also called outcome or impact evaluation. It looks at what has occurred as a result of a program. For example, summative evaluations ask

- To what extent did the program meet its stated goals?
- Was the program equally effective for all participants?
- Were some program components more effective than others?
- Did the program have unintended effects?
- Can the program or key aspects of it be replicated elsewhere?

(Source: National Science Foundation.)

As you write your formative and summative evaluation questions, think about the most likely ways to gain access to the information you need to answer those questions. Do not ask questions that will be difficult to answer because you have too few resources or no possible way to get the information.

Examples of information you might consider include the following:

- Referrals made, appointments kept, and tests performed.
- Information from medical chart reviews.
- How you will track and follow up on referrals, if your organization makes referrals for diabetes prevention and treatment services available in the community.
- Educational or medical services or service referrals.
- Clinical measures that do not require a doctor's office visit. For example, do you have staff members who can be trained to monitor weight, waist circumference, and blood pressure as outcome measures of individual behavior change?
- Other outcome measures to help you assess community changes.



Types of Evaluations

Formative evaluations assess the strengths and weaknesses of program strategies and materials before they are put into full use. It allows for revisions to be made before too much has been invested.

Examples of formative evaluation include pretesting (pilot testing) or conducting focus groups with AAPIs who are at risk for diabetes, especially focus groups designed to understand AAPIs' knowledge, attitudes, beliefs, and behaviors. It frames the planned intervention and can refine your expectations. Focus groups are particularly useful for helping you to understand cultural and social issues that might affect the way participants will respond to a program.

This type of evaluation is useful in determining if the strategies or materials you are planning to use are appropriate for use in the specific community of AAPIs you are targeting. Let community feedback guide the revisions needed to tailor your program to local AAPIs.

Process evaluations assess program implementation, such as how educational presentations and materials were developed, how and to whom they were given, and what types of resources and support were used.

Process evaluation can tell you how many people attended a diabetes-related program (e.g., a nutrition or physical activity program), whether the program design resulted in the intended experience among participants, what obstacles stood in the way of program implementation, and how you dealt with these obstacles.

This type of evaluation is important for helping you understand whether the program was implemented as originally intended. This type of information is crucial to figuring out why your program had or did not have the desired effect in the outcome evaluation.

Outcome evaluations assess your program's direct effects on participants, such as changes in diabetes knowledge, attitudes, and behaviors, or a decrease in A1C levels or blood pressure in your target population. It usually focuses on short-term, immediate changes (1–3 years).

Continued on page 4-16



Types of Evaluations, continued

An example of an outcome evaluation is measuring knowledge, attitudes, and behaviors of the AAPI participants before and after a program is delivered. Determining whether significant changes have occurred since the program began is key to this type of evaluation. The ideal situation for assessing program effects is to compare people not exposed to the intervention or program to people who are exposed.

This type of evaluation is important in determining whether your program had the desired immediate effect on the target audience.

Impact evaluations examine the effect of your program on more long-term goals, such as fewer deaths from diabetes or a decrease in diabetes-related complications, that can be attributed to better diabetes management and lifestyle changes.

This type of evaluation requires large groups of participants, some of whom are exposed to the diabetes program and others who are not, sometimes for 5–10 years. If the program is effective, the expectation is that AAPIs exposed to it will have fewer deaths or complications than those not exposed to the program.

This type of evaluation is often difficult to conduct because it usually requires long-term follow-up and is often more costly and staff-intensive. Impact evaluation is best done with county, state, or national groups that are working on the same goal and with the same AAPI population. These evaluations help your organization connect with larger communities for health advocacy and capacity-building.

Focusing Your Evaluation Design

Evaluation can help you improve your program during its implementation and understand the effectiveness of the program at the end. To begin making decisions about your own evaluation design, review the information you have gathered and organized up to this point. This step will help you understand what your program evaluation can realistically accomplish.

You also might begin to familiarize yourself with the evaluation designs used by other programs in your organization or in similar organizations. Often, programs with similar goals (such as health promotion) share similar evaluation methods and measures. Finally, consider reading evaluation reports and products that have been created by other completed programs. This will give you ideas about what you may want (and not want) from your own evaluation.



Use the information you now have to develop a strong evaluation focus that considers key stakeholders and their needs, the key activities and outcomes of your program, and the purpose and intended use of your program evaluation. Use Work Sheet 4-4 to focus your evaluation. For a list of resources to help you through this process, see the Bibliography (page 4-27).

Your evaluation questions also will help you focus your plan, which should include the following elements:

- Methods (e.g., surveys for outcome evaluation) and measures (e.g., changes in knowledge and skill) to be used.
- Resources and staff to be used to conduct evaluation activities.
- Possible problems that could hinder your evaluation (e.g., problems getting data or the length of time required to conduct the evaluation).
- Any desired technical help from outside the project.
- Ways to share your findings.

(Source: *Understanding Evaluation: The Way to Better Prevention Programs.*)

Data Collection Techniques in Evaluation

There are many ways you can collect information. Some ways are more useful than others for certain types of questions. It will be up to you to decide which method best answers your questions and is feasible, given the situation and resources of your organization. Some of these techniques include the following:

- Interviews (e.g., questionnaires, focus groups, key informant interviews).
- Examination of medical records or charts (useful for getting clinical testing or screening information such as A1C and blood pressure trends or rates of diabetes foot exams or dilated eye exams).
- Document review (e.g., reports, logs, diaries, minutes of meetings).
- Direct observation (e.g., site visits, performance of health educators' interactions with clients).
- Written questionnaires (e.g., pre-intervention/post-intervention comparisons of knowledge, attitudes, or intention to change behavior; participant satisfaction questionnaires).
- Keeping track of goals and objectives, including which ones have been achieved.



Developing a Detailed Evaluation Plan

A detailed evaluation plan includes the following elements:

- **Summary of Program Description:** A short list of major activities or strategies that make up the program and a description of major outcomes and impacts (often called measurable and time-phased objectives) that your program hopes to accomplish. This background information helps you make decisions about how to focus your evaluation.
- **Evaluation Focus:** The major questions to be included in the evaluation and a short justification of why these questions are important. Note that the evaluation questions in the focus can be about activities and strategies, outcomes and impacts, or all of these.
- **Data Sources:** A list of information sources that tells whether your objectives have been met (e.g., information on the knowledge, attitudes, and behaviors of AAPIs regarding diabetes prevention and control).
- **Methodology:** A general description of how you plan to collect the data (e.g., conducting a questionnaire before and after your activities).
- **Instrumentation:** The actual tools you will use to gather the information. These should ideally be pilot tested to prevent potential problems.
- **Data processing:** What is done to the data after collection to make sure the data are in a format for analysis.
- **Data analysis:** How data will be summarized or analyzed to give you information and show you relationships. Analysis should answer the questions you previously listed as important to answer.
- **Reporting:** How evaluation results will be compiled in a way that is useful for sharing your experiences with others and for guiding where to take your program next.

(Source: *Community Health Education and Promotion Manual*.)



Work Sheet 4-4: Focus Your Evaluation*



Step 1: Identify Evaluation Questions

Program evaluations will change over the life of a program. Answer the following questions to identify what you would like to see from the current program evaluation you are designing. Use information from Work Sheets 4.1–4.3 as needed.

1. What are the major intended goal(s) and objective(s) (outcomes and impacts) of your program? Think about short-term outcomes and long-term impacts.
2. What are the major activities that are part of your program, according to your program description?
3. Who are the primary users of the evaluation? What kinds of information needs are they likely to have? List all potential uses for the evaluation results for each user (be as specific as possible).
4. List all potential evaluation questions. Many of these questions will come from your logic model. Put a “+” next to those that are likely to be most important and acceptable to stakeholders and a “-” next to those likely to be least important and acceptable.
5. Look at the questions with high levels of stakeholder acceptance and importance. Which ones do you expect to achieve in the short-term? Which ones will have long-term outcomes or impacts?
6. What types of information do you need to address each evaluation question? Which questions are most feasible to answer, given the types of information needed to show that the program had the intended effect?

Continued on page 4-20



7. How can you get the information you need? What kinds of technical help do you need to design and conduct your evaluation?

8. Use the previous steps in this work sheet to write your evaluation questions and focus your evaluation on the areas of your program that will address these questions. Keep in mind the intended users and uses of your findings. Can you answer the proposed questions with the resources and data available?

Step 2: Develop Your Evaluation Plan

1. What questions will be answered? What outcomes will be addressed?
2. What processes will be followed (e.g., scheduling meetings, deadlines)?
3. What methods will be used to collect, analyze, and interpret the data (e.g., census data, client records, logs, interviews, surveys, expenditure reports)?
4. Who will perform the different activities (e.g., collecting the data, analyzing and interpreting the data, writing the report)?
5. How will the results be shared (e.g., who is the intended audience, which specific people are in a position to use the findings)?

* Adapted from *An Evaluation Framework for Community Health Programs* and the *Practical Evaluation in Public Health Programs Workbook*.

Before You Implement Your Evaluation Plan

Summarize your answers from the work sheets, and then write your evaluation plan using the elements on pages 4-17 and 4-18. Before you begin conducting your evaluation, follow these steps:

- Pretest (pilot test) any evaluation tools you plan to use with a small group of your staff or community members. Use their input to revise the evaluation tools before you begin using them in the community.
- Train evaluation staff on how data should be collected. This helps ensure that evaluation information is collected in a consistent manner.
- Make sure you have all the tools you will need (e.g., staff, computer, software) to manage and analyze the evaluation information you collect.
- If your organization lacks evaluation expertise or the necessary tools (e.g., human resources, equipment), work with a university or school of public health that may have graduate students available to work on your project as part of their coursework.

(Source: *Community Health Education and Promotion Manual*.)

ACTION

Gathering Credible Evidence

The information (or evidence) collected to address each evaluation question must be credible (believable). What is considered credible evidence will depend on the users of your evaluation. Although some users may prefer quantitative data (e.g., numbers that help them assess the level of program success against some standard), others may find interviews or other qualitative data more powerful in revealing program successes.

Ask users what kinds of data will be most credible to ensure that your evaluation findings are used. A simple table can be helpful for tracking and communicating how the data being collected will align with the evaluation questions being addressed (see Figure 4-3).



Figure 4-3. Sample Table for Summarizing Your Evaluation Evidence

Name of program _____

Evaluation Questions	Indicators	Data Sources	Performance Indicators

Source: *Physical Activity Evaluation Handbook*.

Review your program goals and objectives to help you decide what types of evidence to collect. For example, one of your main program goals may be to improve awareness of diabetes prevention and control among AAPIs. To evaluate your efforts, you will need to collect information about initial awareness outreach, education about risk factors, referrals for diagnostic tests, and enrollment in diabetes prevention or management programs.

Answers to the following evaluation questions may provide evidence for this type of assessment:

- What were baseline measures of diabetes knowledge in your target population before outreach?
- How many AAPIs in your community did you reach in your efforts to improve diabetes awareness?
- What were the measures of diabetes knowledge in your target population after outreach?

- What was the percentage of people with risk factors who consulted a health care provider for evaluation and testing?
- What percentage of AAPIs tested had abnormal test results (indicating diabetes or prediabetes)?
- What was the percentage of AAPIs with diabetes (preexisting or newly discovered) who consulted a health care provider for appropriate care and follow-up?
- Were diabetes management interventions initiated in a timely manner (i.e., how long between a diabetes diagnosis and treatment)?
- How many AAPIs received culturally and linguistically appropriate nutrition counseling from a dietitian or certified diabetes educator?
- Were AAPIs satisfied with the services they received?



Quantity or Quality of Evidence

There is a trade-off between the quantity (breadth) and quality (depth) of the evidence you can collect. Researchers usually try to collect information from a large number of program participants. This approach helps to ensure that the participants are representative of some larger group, and it can improve the ability to detect program effects. At the same time, researchers want to have detailed information from participants so they can better understand what benefits participants got from the program.

Although resource limitations often affect how much evidence can be collected, a variety of factors may affect the quality of the evidence. These factors include survey instrument design, data collection procedures, training involved in data collection, selection of data sources, coding of the data, data management, and routine error checking.

Although all data will have some of these limitations, the limitations may be tolerable if they are clearly explained in the final evaluation report. Researchers should consider evidence from a variety of data sources, because the strengths and weaknesses will vary.

Impact Takes Time



Moving from increased awareness of diabetes risk among AAPIs to taking action for diagnosis, prevention, and control takes time. Usually, only organizations working in the Action or Maintenance stages can realistically demonstrate an impact on diagnostic testing rates for AAPIs at high risk.

These organizations will have completed the Preparation work and are actively conducting comprehensive programs.

Researchers also should use data sources that stakeholders believe to be trustworthy and relevant for answering evaluation questions.

(Sources: *An Evaluation Framework for Community Health Programs* and *Practical Evaluation in Public Health Programs*.)



Implementing Your Evaluation Activities

At this stage, you should have already planned your evaluation, and you should be actively conducting both your program and your evaluation. Make sure that the evaluation addresses the most critical functions of your program, which you identified in your evaluation research questions.

These functions may include the following:

- Day-to-day activities and progress by program staff.
- Efforts at building coalitions, advisory committees, or partnerships.
- Assessment of the community.
- Staff training (cultural competency or skill development).
- Health care provider training (cultural competency or skill development).
- Your outreach or inreach program.
- Referral for diabetes testing and appropriate follow-up (including for AAPIs at high risk for diabetes or those with prediabetes).



Tip

Keep a record or copy of all the original data you collect. Today, you may need the data or information to answer a specific question.

Next year, these same data or information could be used to answer another question. You will not have to collect the same information twice if you keep good records.

Justifying Your Conclusions

Once you have progressed through all the previous stages of evaluation design and implementation, you are ready to analyze your evaluation data and report your findings. This stage is often the most time-consuming of an evaluation. It will take some effort to “crunch the numbers” and pull out lessons learned from progress notes or case study information. Use Work Sheet 4-5 to help you with this process.

MAINTENANCE

Applying Your Evaluation Findings

By this stage, you have already planned and conducted your evaluation and analyzed your findings. Now focus on applying and sharing what you have learned. Use your evaluation to improve your program.

Share your findings with others so that you can renew support for the program and allow others to learn from your experiences. As your program continues, be sure to evaluate future efforts as well.

Examples of these activities include the following:

- Review your evaluation goals and the progress toward achieving them with your staff at regular intervals. Sharing findings, such as numbers of AAPIs reached so far or positive changes in AAPIs' knowledge based on post-test surveys, will allow staff members to see the benefits of their evaluation efforts. Concentrate on giving your staff answers in a useful manner. Focus on the most important data.
- Share your results with the leaders of your organization. Showing results is a good way to ensure that your program will receive ongoing organizational support in the future.
- Share your evaluation results with other coalition members, your advisory committee, or your partners. They may be able to help you find ways to fill gaps and strengthen your program.
- Share your program's successes with the community you served. Through press releases, local news media, or "report backs" at community forums, tell what your evaluation found and how AAPIs in the community were affected. Communities can feel "used" if they participate in programs but are not informed about outcomes.
- Remember that program "failures" offer important information that should not be hidden or dismissed. If the target group was not reached, if the cost was higher than expected, or if the evaluation results were unexpected, you should review these results with stakeholders. You can use this information to change your programs or design future efforts.



- Write up your results in a way that can be used to promote your program in the future. You may want to write a couple of reports, depending on your intended audience. For example, a report intended to share your accomplishments with funders may be much more formal than one intended to let the community know how the program turned out.

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Free continuing education credit is available for reading this section. See page ix for details. When asked for a CEU verification code, use D1240C for Section 4.



SECTION 5: ORGANIZATIONAL SUPPORT

Learning Objectives

By the end of this section, readers will be able to

- Identify the importance of gaining organizational support for the long-term health of your diabetes prevention and control program (Section 5.1).
- Identify ways to encourage support within your organization (Section 5.2).
- Describe how to identify and cultivate program champions (Section 5.2).

Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 3: Organizational Support

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>No organizational or administrative support exists or is considered possible.</p> <p><input type="checkbox"/> Have you reached consensus that there is a need for obtaining organizational support for a diabetes program?</p> <p><input type="checkbox"/> Have you agreed that it may be possible to get organizational support for this program?</p> <p><input type="checkbox"/> Have you reached agreement that you will seek more information on the “pros” (e.g., organizational leaders who control resources support the program) and the “cons” (e.g., time spent “pitching” the program to leaders) of having organizational support for this program?</p>	<p>Start trying to obtain organizational and administrative support.</p> <p><input type="checkbox"/> Have you reached consensus that the “pros” outweigh the “cons” for having organizational support for a diabetes program?</p> <p><input type="checkbox"/> Have you resolved ambivalence about the value of gaining organizational support for this program?</p> <p><input type="checkbox"/> Have you identified key leaders or gatekeepers within your organization (e.g., executive director, medical director, board members)?</p> <p><input type="checkbox"/> Have you identified ways to motivate and solidify support within your organization?</p> <p><input type="checkbox"/> Have you tried to get verbal support from the leaders in your organization for this program?</p> <p><input type="checkbox"/> Have you identified a “program champion” who will actively advocate for your program within the organization?</p>	<p>Get minimal commitment for a diabetes program from your organization and administration.</p> <p><input type="checkbox"/> Have you defined roles for negotiating activities and partnerships inside and outside your organization?</p> <p><input type="checkbox"/> Do the leaders (e.g., executive director, medical director, board members) of your organization support the program by addressing the program in meetings and incorporating it with other program areas?</p> <p><input type="checkbox"/> Do the leaders of your organization support the program by allocating at least some resources?</p> <p><input type="checkbox"/> Do you have program champions working with you to promote your program within the organization?</p>	<p>Get firm commitment to a diabetes program from your organization and administration.</p> <p><input type="checkbox"/> Do the leaders (e.g., executive director, medical director, board members) of your organization allocate resources (e.g., staff time, funding, supplies) to fully support the program?</p> <p><input type="checkbox"/> <i>Does the organization recognize program accomplishments and reaffirm leadership roles?*</i></p>	<p>The organization and administration are committed to an ongoing diabetes program.</p> <p><input type="checkbox"/> Do the leaders (e.g., executive director, medical director, board members) of your organization support the activities of the program?</p> <p><input type="checkbox"/> Has the organization created specific procedures and protocols to facilitate these activities?</p>

* Activities in italics are secondary activities, which are not used to determine your stage of change.

5.1. Introduction

Ensuring that your diabetes prevention and control program will be able to conduct activities over the long term requires support from within your sponsoring organization, especially at the later stages of change (i.e., Action, Maintenance). Getting organizational support should be the first step in setting up a well-planned program. Strong organizational support often makes it easier to build program infrastructure and capacity in other areas.

For example, your organization may provide unrestricted “seed” money or staff for program startup. It also may help you find sources of funding and resources for health care professionals. On the other hand, a lack of organizational support often means that program staff will have a harder time getting the funds, staffing, space, materials, and other resources needed for their projects.

This section will discuss ways to increase organizational support for your diabetes prevention and control program. Begin by filling out Work Sheet 5-1 to assess your organization’s current level of support. The more items you are able to check off, the more organizational support you have. Pay attention to the items that you are not able to check off, and consider them when developing your work plan.



Work Sheet 5-1: Assess Your Organization's Level of Support



Check the box if you can answer “yes” to the question. The more boxes checked, the greater the capacity your organization has to create and support a diabetes prevention and control program.

- Is the proposed diabetes program consistent with your organization’s missions, goals, and vision?
- Do people in key leadership positions in your organization—such as the executive director, the board of directors, the clinical director, or the program director—support your program’s planning, growth, and institutionalization?
- Can the same person(s) also attract other sources of support for your program, both within and outside your organization?
- Have key members or leaders in your organization—such as the executive director, the board of directors, the clinical director, or the program director—been actively involved in your program’s planning and implementation?
- Has the organization’s executive director or board of directors discussed the mission, goals, project plan, and budget of your project and voiced support for them?
- Have diabetes prevention and control services been discussed and promoted at staff meetings?
- Does your organization demonstrate its support through action, such as by committing resources or including diabetes prevention and control in long-range plans?

5.2. Recommendations for Each Organizational Stage of Change

Precontemplation

Identify Pros and Cons

If your organization is not considering a diabetes prevention and control program, ask your organization’s leaders what benefits they can see from developing one. Ask them to identify the pros and cons of setting up a diabetes program. Correct misperceptions about barriers or challenges in developing this program.

For example, if leaders do not believe the organization has the financial resources to provide diabetes outreach, you can point out that it may not take a lot of extra funding (see Section 8: Funding). This discussion can move your organization to the Contemplation stage.

Contemplation

Identifying Ways to Foster Organizational Support

During the Precontemplation and Contemplation stages of organizational development, program planners will probably be most concerned about assessing their current level of organizational support and identifying initial ways to increase it. Program planners also should conduct continuous follow-up to ensure that support for your program continues over time.

Worksheet 5-1 helped you assess your organization's current level of support. At this point, you want to start discussions within your organization to communicate the goals and objectives of your program to other staff members. The case study on page 5-8 underscores the importance of communication and collaboration among staff members and the community.





Case Study: Pacific Island Territories

Fostering Organizational Support

A doctor working with two different community health centers in the Pacific Island territories found that leadership style was a key factor in the support for and overall success of diabetes prevention and control programs in each center. One of the programs, which evolved from a state-run program, has a top-down leadership style, with executive decisions made at the administrative level.

With little collaboration from staff or community members, the health center has experienced high staff turnover, undermining its ability to provide care for the community and ultimately creating rifts within the community. The health center has faced other problems, such as duplication of services already available to the community and competition with the preexisting native health system.

The second health center has been run as a collaborative community effort. Partly because of the center's funding source, which comes through the territory's Diabetes Prevention and Control Program, many more people have had to sign off on the program. This makes the program seem more valid to the community.

This health center has been primarily a community-run effort, with most of the work being done at the community level. As a result, it has been able to identify the needs of the community through a more collaborative process. The doctor works with the clinic solely as a consultant to meet the community's needs, and he has found strong support for the program from its members and the community at large.

Key Points

- Style of leadership can influence grassroots support.
- Involving the community is the key to fostering organizational support.
- A collaborative rather than a “top-down” approach is better.

An important first step to building organizational support for your diabetes program is to identify a program champion who will guide and support your program within the organization and promote its goals and objectives to the community.

Ways to identify a program champion include the following:

- Create a list of staff members in your organization whose support may help or hinder the progress of your program. You will have to plan different tactics for bringing your program plans to those you think will embrace it than to those who are slow to embrace change.

- Identify someone in an influential position who can address concerns, guide your program’s growth, and promote your program within the organization. Try to identify someone who is not directly connected to your program’s daily activities but still has a good working knowledge of your program’s goals, objectives, and successes. Consider ways to develop a long-term relationship with this person.
- Determine the best way to share your program plans within your organization. For example, ask for time to present your plans at the next staff meeting.
- Conduct one-on-one meetings with other program planners and managers in your organization to discuss shared goals and ways to combine activities or resources.
- Consider making site visits to other programs in your area to gather ideas on how they get organizational support.
- Discuss long-term program goals, including how to sustain diabetes education and awareness and how to maintain services and programs in other areas.
- Focus on ensuring that organizational support continues for all elements of your program (e.g., outreach, education, case management, support services).

For more information on identifying program champions, visit the Khmer Health Advocates Web site at <http://www.hartnet.org/khmer>.

Preparation

Fostering Organizational Support

As you prepare for your diabetes prevention and control program, you should already have identified ways to develop organizational support, and you should be taking steps to obtain support from administrative and organizational staff. You also should actively begin to cultivate a program champion. In addition, you should foster relationships with other staff members in your organization who you believe will be important allies in your program’s success (e.g., clinical personnel or data management staff).



Activities to consider include the following:

- Meet with your identified program champion(s) to discuss their potential role in promoting the program.
- Discuss with other staff members, such as your executive director, clinical director, or other high-level managers, ways that your program can integrate with and support other program areas.
- Look for ways to communicate your program’s goals and objectives to your board of directors. For instance, you may need to meet with your board of

directors to get the members' approval of grant proposals, since many proposals require signatures from the board or executive staff. Other ways to make regular contact include quarterly updates on program progress and successes.

- Meet with other staff members, such as data management staff or medical assistants, who may be indirectly affected by your program or whose assistance you may need in order to accomplish certain objectives. Brief them on your plans and listen to their feedback and ideas. Address any initial concerns they might have.

Action

Securing Organizational Support

Once your plans for developing organizational support are firmly developed, it is time to put them into action. Implement and update your organizational support plan and hold regular meetings with your program champion and other key staff in your organization.

Other ways to promote your program include the following:

- Community support is also important for cultivating organizational support. Consider conducting a media event, such as a program kick-off, at which key community and organizational leaders are present. Such an event helps foster relationships with people from outside the organization who may be willing to support the program.
- Share program news in your organization's newsletter, if one exists. Doing so will communicate program activities to staff and to others outside your organization who can spread the word.
- Make sure to circulate program news items to staff members within the agency. You can pass a document around your office or put together short packets to distribute at staff and board meetings.
- Always credit important people outside your program who are instrumental in conducting your activities (e.g., medical practitioners who provide in-kind support at outreach events or receptionists who help schedule appointments or make follow-up calls).
- Acknowledge your organization's financial donors when you share information (when appropriate).
- Always check with any individual or partner organization before publicly acknowledging their contribution to make sure they are okay with your sharing their involvement.



Case Study: Khmer Health Advocates



Maintaining Organizational Support

Khmer Health Advocates (KHA) is a national nonprofit organization dedicated to the health and well-being of the estimated 33,280 Cambodian refugees in the United States. As the only organization dedicated solely to this cause, the program's directors understand intimately the challenges of meeting the needs of a severely traumatized population. Beyond the many challenges typical of immigrant populations seeking access to health care, such as linguistic, cultural, and economic barriers, Cambodian refugees suffer the trauma of a recent holocaust that resulted in the loss of roughly one-third of their population—about 3 million people.

The resulting health issues faced by Cambodian refugees include high rates of depression (70%), post-traumatic stress disorder (50%), chronic diseases, and disabilities (30%). These problems are compounded by illiteracy and poverty among the survivors of the Cambodian holocaust, also called the Mahandorai.

One of the key strategies employed by KHA to solidify and maintain organizational support has been to retain and adhere to the organization's original mission. Through a high level of commitment from directors and staff to its mission, KHA has been able to establish and maintain the trust necessary to work with Cambodian refugees. Often, this has meant working without salaries to ensure that community needs are met consistently rather than purely on the basis of the availability of funds. KHA directors realize that expanding the organization's mission and services to include other communities might make finding funds easier. However, they have made a conscious decision to maintain their energy and focus as the only organization dedicated to the health of Cambodian refugees.

As a result, they have established themselves among staff and the community as the champion of that cause. Instead of expanding their focus to encompass other Southeast Asian communities, such as Laotian and Vietnamese refugees, KHA has partnered with other organizations to share information and coordinate efforts directed toward these communities. The organization's director also recognizes that certain health issues can become fads, and that funding sources will dry up as the fads change. The director believes that it is important to stay focused and allow the program's benefits to flow to the target population. If you change the mission, the benefits for your primary audience will change. Therefore, KHA has consistently resisted pressure from funders to change its scope of work.

Key Points

- Relate your program to your organization's original mission.
- Stay focused on your primary audience.
- Partner with other organizations to share information and coordinate efforts.

Maintenance

Maintaining Organizational Support

Although the actual work of developing organizational support may have already been accomplished, you should conduct continuous follow-up to ensure that support for your program continues over time. Plan these activities during the Contemplation stage.

Communicating the importance of your work to your organization is critical. Such activities take considerable resources and time, and it is important for all staff members in your organization who do not work directly with your program to see the value of your ongoing efforts.



Ways to ensure ongoing support for your program include the following:

- Ask your program champion to stress the benefits of continuing the program and providing support for your activities, including tracking and follow-up of diabetes prevention and control services.
- Invite members of your organization, coalition, or community to talk about the importance of diabetes prevention and control and to discuss ideas for promoting this service in the community.
- Make sure that discussions about tracking the activities of your diabetes services develop into specific procedures and protocols that can be documented and shared within the organization.
- Use evaluation results (see Section 4) to assess the impact of your program and services—i.e., whether your program achieved its expected outcomes.
- Remember that maintaining organizational support is an ongoing process.

Bibliography

Khmer Health Advocates. Theanvy Kuoch, director. Available at <http://www.hartnet.org/khmer>.

Free continuing education credit is available for reading this section. See page ix for details. When asked for a CEU verification code, use D1240D for Section 5.

SECTION 6: STAFFING YOUR PROGRAM

Learning Objectives

By the end of this section, readers will be able to

- Describe the different levels of staffing needed to implement a diabetes prevention and control program (Sections 6.1 and 6.2).
- Identify the staffing needs of your diabetes program (Sections 6.1 and 6.2).
- Explain the importance of cultural competency training for your staff (Section 6.3).
- Identify the federally mandated culturally and linguistically appropriate services (CLAS) standards in health care (Section 6.4).
- Identify ways to develop and train diabetes program staff (Section 6.4).
- Discuss the role and training of community health workers (Sections 6.4 and 6.5).

Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 4: Staffing

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>No staff are dedicated to or being considered for a diabetes program.</p> <p><input type="checkbox"/> Have you reached consensus that there is a need for staffing a diabetes program?</p> <p><input type="checkbox"/> Have you agreed that it may be possible for your organization to hire new staff or move existing staff to this program?</p> <p><input type="checkbox"/> Have you reached agreement that you will seek more information on the “pros” (e.g., increased expertise, continuity) and the “cons” (e.g., costs, time, human resources) of hiring new staff or moving existing staff?</p>	<p>Identify potential staff to address diabetes prevention and control.</p> <p><input type="checkbox"/> Have you reached consensus that the “pros” outweigh the “cons” for dedicating staff for a diabetes program?</p> <p><input type="checkbox"/> Have you resolved ambivalence about the value of dedicating staff for this program?</p> <p><input type="checkbox"/> Have you identified potential staff person(s) to work on the program?</p> <p><input type="checkbox"/> Have you assessed staff expertise and training in the areas of your planned program?</p> <p><input type="checkbox"/> Is at least one of your identified staff members bilingual and knowledgeable about the culture of the community that your organization is working with?</p> <p><input type="checkbox"/> Have you developed a plan for training staff and volunteers?</p> <p><input type="checkbox"/> Have you developed a plan for cultural competency training for all staff and volunteers?</p> <p><input type="checkbox"/> Have you <i>identified potential volunteers within the community to work on the program?</i>*</p>	<p>Dedicate some staff to the diabetes program.</p> <p><input type="checkbox"/> Have you hired bilingual/bicultural staff person(s)?</p> <p><input type="checkbox"/> Have the staff been provided with basic training to start program activities?</p> <p><input type="checkbox"/> Have the staff been trained on cultural competency issues?</p>	<p>Staff firmly dedicated and functioning.</p> <p><input type="checkbox"/> Are bilingual/bicultural staff members actively working on the program?</p> <p><input type="checkbox"/> Do staff members have adequate time dedicated to the program?</p> <p><input type="checkbox"/> Are the staff meeting regularly to assess and discuss the effectiveness of their practices?</p> <p><input type="checkbox"/> Have staff received adequate follow-up training to conduct the program effectively on a continuing basis?</p> <p><input type="checkbox"/> Are mechanisms in place for cultural competency training for new staff?</p>	<p>Staff continue to be dedicated to and perform diabetes program services.</p> <p><input type="checkbox"/> Have you identified bilingual/bicultural staff person(s) to work on the diabetes program?</p> <p><input type="checkbox"/> Do staff members have adequate time dedicated to this program?</p> <p><input type="checkbox"/> Have staff members received training to support this program?</p>

* Activities in italics are secondary activities, which are not used to determine your stage of change.

6.1. Introduction

An important building block for an effective diabetes prevention and control program is your staff. You will need trained staff members to run and evaluate the program and conduct community outreach and inreach. This section will discuss the type of employees you will need for a diabetes program that uses the CARE model (see Section 2) and effective ways to recruit them. The first step is to fill out Work Sheet 6-1 to identify your program's staffing needs.



Work Sheet 6-1: Assess Your Program's Staffing Needs

Check the box if you can answer “yes” to the question. The more boxes checked, the greater the capacity your organization has to create and support staffing for a diabetes program.

- Have you thought about what you would like to accomplish with your program and the roles staff members would play in administering your program (e.g., diabetes educators, program coordinators, clinical coordinators, outreach workers, case managers, management information staff)?
- Have you identified the educational level and time commitment needed from staff members?
- Does your budget allow for the hiring of staff members?
- If so, have you developed job descriptions?
- Are people in your community comfortable communicating in English, and if not, do you have trained interpreters on staff or a system in place for contacting them?
- Do you already have a staff on board, or have you identified possible recruitment sources and the required qualifications?
- Do you have staff members who are trained in diabetes prevention and control programs and familiar with developing and using diabetes educational materials that support your organization's goals and objectives (e.g., nutrition education, physical activity support)?
- Are staff members able to commit the time needed to conduct your program's activities?
- Are resources available to support activities under this program?
- Do you have a plan to assess whether your staff is culturally competent in diabetes prevention and control? See Appendix G, which provides resources on capacity building, for more information on cultural competency.
- Have you identified who will supervise and evaluate each staff person?
- Does your program rely on in-kind staffing, such as medical personnel or others who do not get their salaries directly from your program?
- Is there a plan to retain project staff members for as long as they are needed?

TIP



Use volunteers to support program activities and operations. Recruit student volunteers from local colleges and universities to save money and help you recruit and train future employees.

Do not rely too heavily on volunteers—you still need the structure of a reliable paid staff.

6.2. Program Staffing

At a minimum, your diabetes prevention and control program should include the following positions: 1) program director, 2) clinical coordinator, and 3) health educator. You also may need the following positions, depending on the scope of your program and whether you provide clinical services: 1) case manager, 2) interpreter, 3) program evaluator, 4) dietitian, 5) physical activity coordinator, and 6) health communications specialist (for public health or community outreach, as opposed to one-on-one health education with individual patients). Look within your existing staff for people who can be trained to assume these roles or cross-trained to support specialists. For example, you may hire one dietitian but train outreach workers to provide basic nutrition education.

Program Director

First, you will need a program director to oversee all project activities. Duties include but are not limited to the following:

- Organize project staff meetings.
- Help develop work plans and timelines.
- Monitor project activities.
- Maintain communications between all those working on the program (e.g., funders, staff members, community members, outreach workers, health care professionals).
- Oversee the evaluation of the program.
- Develop partnerships with others.
- Provide guidance and training for other program staff (e.g., outreach workers).
- Deal with problems as they arise.
- Write summary reports.



(Source: Association of Asian Pacific Health Organizations. *CARE Program Guide*.)

The program director is responsible for ensuring that all of these tasks are done, even if they are delegated to someone else. This position usually demands extensive time, which varies from program to program, depending on the organization's staffing structure and resources.

Clinical Coordinator

If your program's scope of work includes clinical services or coordination with clinical care professionals, you should think about having a clinical coordinator on staff. This person will be a member of the clinical team and will handle the following duties:

- Work with clinical care professionals and secure their support, participation, and input into your program.
- Find clinical care professionals to serve on your coalition or advisory committee.
- Identify health care professionals or partners who can provide necessary testing or resources for testing, counseling, treatment, and control services in the community.
- Coordinate or develop training programs for health care professionals (e.g., cultural competency, diabetes testing, education).
- Develop a system to follow up on patients with abnormal glucose testing results, in conjunction with the case manager.
- Develop mechanisms for quality assurance, tracking, follow-up, and case management.



This position is often overlooked at first, but the participation of a clinical coordinator is important in arranging follow-up services. The practice of naming a program director and a clinical coordinator may vary from clinic to clinic. The positions may be combined depending on the number of clients served or the clinical services provided.

Health Educator

A health educator works with people in one-on-one or group counseling. This position will be useful in the development of diabetes education programs at multiple levels. They may help with inreach to AAPIs already involved with your clinic or organization and with outreach to AAPIs in the community, professional staff, and health care professionals.

Duties might include the following:

- Develop inreach education programs.
- Develop outreach education programs in collaboration with community partners and outreach staff.
- Help to develop professional education programs in collaboration with the clinical coordinator.

It is beneficial if the health educator is also a dietitian or a certified diabetes educator (CDE). CDE certification requires a certain number of hours of experience in providing direct clinical services to people with diabetes. If no one on your staff currently has this experience, consider contracting with a CDE/dietitian who has experience in your community. The American Association of Diabetes Educators Web site (<http://www.aadenet.org>) has information on how to find a CDE in your area.

Case Manager

If your organization provides clinical services, a case manager is essential for making sure that clients have all the support they need for continuing along the care continuum, such as returning for testing, linking with other support services (e.g., social or financial services), and finding facilities that provide treatment. Having a diagnosis of diabetes or prediabetes can have a great emotional impact on a person, and making the necessary lifestyle changes can be challenging. A case manager's role includes listening to clients' concerns and helping them learn diabetes self-management. These activities can take a great deal of time and require that a staff member be dedicated to only this aspect of the program.

Interpreter

Because many AAPIs have limited English proficiency, some need an interpreter during educational sessions and appointments. Even if clients speak English as a second language, they may feel more comfortable speaking their native language when dealing with medical terminology and their own health. Having a trained bilingual, bicultural staff member on site is the ideal solution.



TIP

Do not ask patients to bring their own interpreters or use family members. Do not use bilingual staff members who are not trained interpreters. Federal standards for culturally and linguistically appropriate services (CLAS) in health care require interpreter services in clinical care settings. See page 6-14 and Appendix H for more information about the CLAS standards.

In addition, Title VI of the Civil Rights Act states that, "No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Remember that interpreters and translators are not the same thing. Translators can help clients read educational materials or assessment questionnaires from the program, but interpreters are trained to participate in a medical interview so that a person's questions and comments are correctly translated and put into the proper context. If it is not possible to have interpreters on staff, then a system is needed that gives your organization access to trained interpreters.

Evaluator

An evaluator is needed to assess whether your program is achieving its intended goals. An evaluator will help you measure what is working or not working and explain how you can maximize your success.

An evaluator's duties might include the following:

- Help to develop a logic model to help staff define their program and evaluation goals and strategies.
- Help program staff assess whether a program is being implemented as intended.
- Help the staff chart the program's progress, identify problems, and make adjustments, improvements, and program changes as needed.
- Help define how programs are working to achieve the desired long-term outcomes.
- Adapt existing evaluation tools, such as The Community Tool Box created by the University of Kansas, to specific program needs. (The Community Tool Box is available online at <http://ctb.ku.edu/en>; see Section 4 for other evaluation tools and information.)
- Format evaluation data for reports to funders and other stakeholders.

Dietitian

A dietitian, who is preferably also a CDE, will add expertise to the development of educational materials and credibility to your organization's efforts. Gaining CDE certification requires a certain number of hours of experience in providing direct clinical services to people with diabetes. If your dietitian is not a CDE, consider helping that person get training and certification.



The National Certification Board for Diabetes Educators (<http://www.ncbde.org>) can help you find a CDE/dietitian with experience in your community who may be available for contracting. For additional information on finding a dietitian in your area, visit <http://www.eatright.org>.

Physical Activity Coordinator

Depending on the services provided by your organization, a part-time or full-time physical activity coordinator may be a good addition to your staff. This person can develop culturally appropriate programs that are designed to increase physical activity in specific age groups or social networks. If you serve any people with diabetes or heart disease who are medically at risk, the physical activity coordinator must work with the health care team to create safe, appropriate programs.

Health Communications Specialist

A health communications specialist will coordinate, develop, and implement diabetes media campaigns, as well as other educational campaigns. This person also will be responsible for working with the media and community outreach groups. In addition,

he or she will work with the evaluator to provide process measures, such as the number of people reached by your health communications campaign.

If no one on your current staff has such expertise, train a member of your staff in health communications or partner with an organization that has staff members with these skills.

6.3. The Importance of Cultural Competence

In 1999, the Institute of Medicine (IOM) was commissioned by Congress to examine the factors that contribute to health disparities. The IOM found that health disparities between racial and ethnic groups existed and that these disparities could not be easily explained by socioeconomic status or access to care. Cultural barriers between health care professionals and patients emerged as a previously underappreciated factor that hindered communication and appropriate health care delivery.

This study resulted in a report called *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. The full report can be found at <http://www.nap.org>. See Appendix I for a summary of the findings of this report.

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*



Study Goals

- Determine the presence and extent of racial/ethnic disparities in health care.
- Evaluate possible causes due to factors other than access to care (e.g., bias within the health care system).
- Provide recommendations for strategies to eliminate disparities.

Findings

- Disparities were consistently found across a wide range of health care settings, clinical services, and disease areas (e.g., heart disease, cancer, high blood pressure, diabetes). These disparities remained even when researchers controlled for several confounders, such as socioeconomic status and multiple medical conditions.
- Systems-level factors (e.g., financing, structure of care) and provider-level factors (e.g., stereotyping, communication) contribute to disparities in health care.

Recommendations

- Address systems of care, not just individual health care professionals.
- Increase awareness of the existence of disparities among key health care stakeholders.
- Provide culturally and linguistically appropriate patient education.
- Facilitate interpretation services when needed.
- Deliver health care provider education (cultural competency training).

*Available at <http://www.nap.org>.

What is Cultural Competence?

Cultural competence is a system of care that acknowledges and incorporates—at all levels—the importance of culture and adapts services to meet culturally unique needs. It is also an awareness of the integration and interaction of health beliefs and behaviors, disease prevalence and incidence, and treatment outcomes for different patient populations.

Your organization can play a key role in the quality and cultural relevance of the health care services delivered to AAPIs in your community even if you are not involved in direct care services. A high-ranking management official, such as your program director, is the best person to conduct outreach activities to health care systems and professionals.

Outreach to Health Care Systems and Professionals

As you make decisions about staffing and outreach activities to health care professionals, consider the IOM's recommendations. Discuss what supportive role your organization can play in helping local health care systems and professionals follow these recommendations.

For example, can your organization do the following:

- Provide training for health care professionals on cultural issues?
- Educate professionals on cross-cultural communications and cultural expressions of medical needs, especially in communications about mental distress and pain?
- Present local statistics on types of medical and psychological conditions present in the population you serve?
- Identify appropriate interpreter services?
- Train interpreters?
- Provide appropriate patient education materials or revise existing materials used by local health care systems?

“Diabetes is simply beyond the capacity of any single physician, patient, or caregiver to manage all alone.”

—*Athena Philis-Tsimikas, MD, Project Dulce*

Project Dulce is a diabetes care and education program that addresses the specific needs of underserved, ethnically diverse populations, including Asian Americans. More information can be found at http://www.whittier.org/pages/pp_dulce.html.

Reasons to Provide Culturally Competent Health Care

By providing cultural competency training and helping to bridge the gap between health care professionals and patients, your organization can have a huge impact in your community. You may find it helpful to discuss the benefits of providing culturally and linguistically appropriate care with local health care systems administrators and clinicians.

Points to think about include the following:

- You will be responding to demographic changes. For example, in many parts of the country, the number of people whose first language is not English is increasing.
 - You will be helping to eliminate health disparities among people of diverse racial, ethnic, and cultural backgrounds, which is one of the main goals of *Healthy People 2010*.
 - You will be helping to improve the quality of health services and outcomes, which will improve people's health and may lower health care costs.
 - You will be helping communities meet legislative, regulatory, and accreditation mandates (e.g., CLAS standards).
 - You will be gaining a competitive edge in the marketplace.
 - You may be helping to decrease the likelihood of medical malpractice claims.
- (Source: National Center for Cultural Competence, *Policy Brief 1: Rationale for Cultural Competence in Primary Health Care*.)



Case Study: New York*

Using Student Interns

Because the pool of AAPI public health professionals and social workers is limited, a program can target college students with internship opportunities. For example, the Charles B. Wang Community Health Center, Inc., which serves AAPIs in New York City, offers an 8-week internship program for students as part of its Project AHEAD (Asian Health Education and Development) program. Many of the students go on to get medical degrees, and they often come back to work in the community. The health center also offers ongoing training programs for graduate students, providing fieldwork and volunteer opportunities. These programs help build commitment to the local community among program participants.

Key Points

- Local colleges are a great resource for volunteer opportunities.
- Having an internship program may build a partnership for future collaboration with students.

* Source: Charles B. Wang Community Health Center.

6.4. Staffing Your Community Outreach Program

In addition to general program staff, you also need staff members to provide outreach to your community. Outreach is critical for educating and recruiting AAPIs to be tested for diabetes. In turn, outreach staff can provide information and referrals to AAPIs in need of health services and testing. In addition, they can help link AAPIs who test positive for diabetes with follow-up and case management services.

Your community outreach program will probably rely on two kinds of program staff—community health outreach workers (CHOWs) and community health advocates (CHAs). Experience and research in program planning have shown that members of the community are the most effective educators. Ideally, CHOWs and CHAs should be recruited from the communities you are serving.

The major differences between these two staff types are the extent of their previous experience and, in some cases, their compensation. CHOWs are usually more experienced paid staff members, whereas CHAs are usually volunteers or minimally paid staff members (e.g., they receive a stipend rather than a salary). CHOWs are usually members of the community being served who are fluent in the language and culture of this community. Their training provides them with specific knowledge and skills in diabetes prevention and control.



Community Health Workers



Some groups do not distinguish between CHOWs and CHAs. Instead, they group all outreach workers under the broader definition of community health workers (CHWs).

CDC defines CHWs as “community health advocates, lay health educators, community health representatives, peer health promoters, community health outreach workers, and in Spanish, *promotores de salud*. They are community members who work almost exclusively in community settings. They serve as connectors between health care consumers and professionals to promote health among groups that have traditionally lacked access to adequate health care.”

For more information, visit <http://www.cdc.gov/diabetes/news/docs/qacomm.htm>.

CHAs are usually active leaders in their communities. To serve your program, they might be trained to have a better understanding of the health care system and issues related to diabetes. CHAs link community health centers and their staff to the community they serve.

Involving community members in your program is an effective way to develop culturally appropriate programs because local people know what will work best in their communities. Section 9 will discuss CHWs and their role in community outreach in more detail. Training resources for CHWs are discussed on pages 6-15 and 6-16.

Recruiting Outreach Staff

A well-developed staff recruitment strategy will help ensure a good match with your program and organization. You should look for applicants who

- Have experience and a relationship with the community being served.
- Are fluent in the language and culture of the target community. They will need to be able to understand language-specific outreach materials and communicate clearly with the community.
- Respect people with different values.
- Are able to keep the necessary records and reports to document and evaluate your program.
- Have access to transportation, if needed, to do community outreach.
- Are open to new ideas and can handle change.
- Want to help the community.
- Are able to balance their work lives to avoid burn-out.

(Source: Aspen Reference Group.)



CLAS Standards in Health Care

In 2001, the U.S. Department of Health and Human Services' Office of Minority Health developed national standards for culturally and linguistically appropriate services (CLAS) in health care. These standards are a guidepost for many different purposes and audiences. They set forth what should be done by service professionals and how it should be done, and they provide a basis for evaluation, comparison, and quality assurance by policy makers, consumers, and researchers.

Standards help to overcome common organizational barriers in health care organizations that affect how diverse patient populations access health care and how health care organizations and professionals deliver that care.

The first CLAS standard states that, “Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.” One way to accomplish this objective is to use trained CHWs.

Training Outreach Staff

Once you have hired a CHW, this person must learn the specifics of your program. Training is not a one-time event. Your staff will need ongoing training as your program and staff members continue to develop. Training can include (but not be limited to) the following:

- Orientation to your organization and your diabetes program.
- Knowledge and skills related to diabetes prevention and control.
- Community resources.
- Role of community health workers.
- Recordkeeping and organizational skills.
- Presentation and teaching skills.
- Research and data collection skills.
- Advocacy skills.
- Cultural competence.

(Source: Ohio Commission on Minority Health: South East Asian Regional Community Health.)



There is no single approved training curriculum for CHWs. Consider adapting available training programs to suit your needs or working with your local university or community college to develop a course that provides college credit. For example, the University of Alaska–Anchorage provides college credit for a Community Health Aide/Practitioner Diabetes Course (called Diabetes Prevention and Care in the Villages of Alaska), which is offered through the Anchorage Native Medical Center Diabetes Program. For more information, visit <http://www.alaska.net/~akdm>.

Cultural Sensitivity in Medical Education and Professional Medical Organizations

You do not have to do all of the training yourself. Cultural sensitivity training for health care professionals is available through the Institute for Health Care Communication, and there are many Web resources on how to provide culturally competent care. These training opportunities may be appropriate for your staff, or you may be able to help your partners by raising awareness of these training opportunities. In addition, local, regional, and national organizations serving AAPIs offer cultural sensitivity training for a variety of health care professionals.

The following professional medical specialty groups have published guidelines or policies related to the care of culturally diverse populations:

- Society of Teachers of Family Medicine (http://www.stfm.org/index_ex.html).
- American Academy of Family Physicians (<http://www.aafp.org>).
- American Academy of Pediatrics (<http://www.aap.org>).
- American College of Obstetrics and Gynecology (<http://www.acog.org>).
- American Psychiatric Association (<http://www.psych.org>).

In addition, the Institute for Health Care Communication offers training sessions and videos on communications skills for health care professionals, including cultural competency issues. These resources can be found at <http://www.healthcarecomm.org/index.php?sec=courses>. Another resource is the Cross Cultural Health Care Program (CCHCP), which provides training and tools for health care professionals, organizations, and interpreters.

Through a combination of cultural competency training, interpreter training, research projects, community coalition building, and other services, the CCHCP serves as a bridge between communities and health care institutions to ensure full access to quality health care that is culturally and linguistically appropriate.



An online library of books, videos, medical glossaries in multiple languages, news articles, best practices with regard to CLAS standards, and information on interpreter services (e.g., code of ethics, models of interpreter services, Office of Civil Rights guidelines) can be found at <http://www.xculture.org>.

6.5. Recommendations for Each Organizational Stage of Change

Precontemplation

Probing for Interest

If your organization has not begun to think about starting a diabetes program, you may not have adequate staffing to do so. It usually is not reasonable to simply add new program duties to staff members with other duties. Additional staff members will be required.

However, you can begin to probe for personal connections to diabetes or experience in diabetes prevention and control among existing staff so that you can identify people who would be interested in developing and staffing such a program.

Identifying capacity and interest can help move your organization to the Contemplation stage. Before you start the recruitment process, check the recruitment guidelines of your organization.

Contemplation

Identifying Staff

During the Contemplation stage of organizational development, program planners will probably be most concerned with assessing their current levels of staffing and identifying staffing needs. Do the pros of adding staff to this new diabetes program outweigh the cons? What risks are being taken?

You should consider two different staffing strategies for your program:

- Recruitment of staff from within the organization.
- Recruitment of staff from outside the organization.

If you recruit your staff from within the organization, make sure to consider the following issues:

- Assess current staff members' interest in positions related to the program. Assess your organization's capacity to reassign these staff members to your program.
- Discuss your program with prospective staff members before you submit any grant proposals or begin program planning. Some staff members may be looking into other opportunities and may not be able to commit to your program until it is fully funded.
- Consider conducting an assessment of staff expertise, training, linguistic skills, cultural competence, and interpersonal skills for diabetes prevention and control. This assessment will form the basis of their training, supervision, and evaluation.



If you intend to recruit new staff members, you must plan how you are going to conduct the recruitment and selection process. Write a job description, including as much detail as possible on the duties, experience, salary, closing date, and instructions for application. You may want to show the job description to other staff members in your organization who hold similar positions to get their feedback and suggestions for improvement. See page 6-19 for an example of a job description.

Decide where you will distribute the job description. Consider other health and social service organizations, as well as schools and universities (e.g., job placement programs and special departments, such as Asian American Studies), English as a Second Language (ESL) classes, churches, and other community-based social groups. Places to post in the community include church bulletin boards, supermarkets, and laundromats.

Identify local newspapers or newsletters where you could post job announcements. Contact people you already know to see if they know of others looking for jobs. Remember that word-of-mouth can be an important way to recruit people.

Common Staffing Problems

One common staffing problem is not being specific enough when you develop your program. For example, if you apply for a grant to fund your program, you must identify all of the different types of staff you will need. Use Worksheet 6-1 (page 6-5) to think through what staff positions you will need and what staff resources you already have.

Another possible staffing problem is high turnover, which can cause unexpected delays in implementing your program. A staff training program should be in place to help bring new or replacement staff members up to speed as quickly as possible. It is also useful to try to learn why staff members leave, so that you can solve any problems that might be contributing to the turnover.

One way to gather this information is to conduct exit interviews with departing staff members. For information on how to conduct effective exit interviews, see Microsoft Office Online, Work Essentials at <http://office.microsoft.com>.





Sample Job Description for a Chronic Disease Coordinator

The chronic disease coordinator will function as the central coordinator of care for health center clients identified as having chronic disease. Responsible for developing, executing, and coordinating disease management activities and implementation plans related to the improvement of medical care and disease outcomes for chronically ill clients. Will use a computer-based system (Patient Electronic Care System [PECS]) to review medical care and patient outcome measures.

Job Specifications

- Responsible for proactive management of chronically ill clients, with the objective of improving quality of medical care and disease outcomes. Responsible for identifying and assessing clients with chronic disease who need services.
- Conducts regular discussions and updates with primary care physicians and health services staff regarding the status of particular clients/populations.
- Assists and leads multidisciplinary work groups to identify and develop clinical and operational process improvement activities to ensure improvement in patient and medical care outcomes. Works closely with physicians, nurses, senior management, and department directors. Responsible for reporting important results to the quality improvement team.
- Prepares reports and presentations of activities and outcomes for identified chronic diseases and communicates the results to both internal and external audiences. Communicates progress of program(s), as appropriate, to staff and senior management.
- Maintains registry of chronic disease clients, along with the processes and operating mechanisms to manage chronic diseases. Tracks results to improve patient and medical outcomes. Reviews and processes clinical data to ensure the accuracy and consistency of the chronic disease registry (PECS), including discrepancy management, query generation, data analysis, and identification and assessment of clients for admittance to the registry.
- Acts as a resource for internal departments in disease management and quality improvement.
- Provides education and orientation on chronic disease management to internal and external groups.
- Calls and facilitates meetings, develops meeting agendas, and records meeting minutes for all meetings.
- Responsible for keeping records, including meeting minutes and agendas; project and action plans; and charts, graphs, and other data related to chronic disease management.
- Serves as a member or team leader of chronic disease collaborative teams.

Preparation

Recruiting and Training Staff

As you prepare for your diabetes program, you will need to create an effective plan for your staffing needs. You also should recruit, hire, and train at least the minimal number of staff members needed to start your program. Allow adequate time for training on diabetes prevention and control goals and objectives, even if your staff is already working in this area.

Your program may have unique goals, activities, or evaluation needs that require special documentation or strategies. Ensure that staff members have an orientation that includes comprehensive program training. Such training is important so that staff members know what elements make up your program and what their contributions are to each program component.



If your staff will need outside training from other organizations, make sure you know exactly what type of training they need to meet your program goals. Certain training is geared toward certain types of professionals, and you should identify your needs before registering staff for any course. There may be courses on public health (for your diabetes coordinator), self-management (for people with diabetes), or clinical treatments (for health care professionals). Many types of courses are available to meet your staff training needs.

Examples of activities and resources to consider include the following:

- Research local hospitals or schools for possible training courses. Hospitals and schools often will have diabetes training available at minimal costs.
- If paying for training courses is a major problem for your organization, start with online training courses, which are often free. Sites with free online courses related to diabetes include the Joslin Diabetes Center (<http://www.joslin.org>) and Medline Plus (<http://www.nlm.nih.gov/medlineplus>).
- The International Diabetes Center (IDC) offers intensive courses (lasting several days to 1 week) for people with diabetes and for health care professionals. This organization is unique because it will design a course to suit an organization's specific needs. If you have a group of staff members with similar training needs, consider contacting IDC to create a special curriculum. For more information, visit <http://www.parknicollet.com/Diabetes>.

- CDC offers a Short Course in Diabetes Public Health and Research. This course was created for public health professionals with a minimum of a master’s degree in public health (or equivalent) or at least 2 years’ experience in public health research within the past 5 years. CDC created this course to familiarize participants with diabetes epidemiology; to promote the use of standard ways to measure the public health burden of diabetes; to introduce the rationale, concept, and methods used in translation research, health economics, social and behavioral research, and community-based interventions and programs; and to help participants develop skills in diabetes public health and translation research. For more information, visit <http://www.cdc.gov/diabetes> or call the Division of Diabetes Translation at 770-488-5000.

Other Factors to Consider

Begin planning for cultural competency training for all staff members participating in your program. Your organization may want to conduct this type of training across all programs, since cultural competency skills are relevant beyond just diabetes prevention and control.

Cultural competency training is important because the AAPI community may have views on diabetes that differ from those of other communities. Some may fear the illness or be angry about having diabetes. Some may even think of it as a “white man’s disease” and be in denial. Even if your employees are from the same AAPI culture, investing in this type of training will prove to be a great benefit.

Consider whether your staff needs to be trained on different aspects of diabetes, such as risk factors, screening exams, diagnostics screening exams, or treatment options. The clinical leaders you identified for organizational support or clinical members of your advisory committee may be able to provide staff training.

Make sure to allow for adequate start-up time for your staff to be trained, not only in diabetes prevention and control, but also in the program documentation and evaluation activities that will be required. Such training could take months, depending on the availability of your staff members (e.g., whether they are part-time or full-time) and their experience.

In addition, make sure to allow time for general skill-building activities and opportunities. Often, staff members are knowledgeable about health but may need



training in other areas, such as how to conduct presentations or one-on-one meetings. Role-play scenarios and pretesting opportunities—such as having staff members make presentations at staff meetings—are good ways to build such skills.

Action

Continuing Staff Development

By this stage, your organization should have staff members firmly dedicated to your diabetes program and functioning in their roles. Regular staff supervision, ongoing training, and staff evaluation are important focus areas. You should have regular meetings and follow-up training sessions with your staff.

Analyze the current situation and see if any other staffing changes are needed. In addition, find ways to include unpaid staff members who are providing in-kind support, such as doctors and nurses who are helping with screening or follow-up, in the training sessions.

TIP

Remember that staff recruitment, training, supervision, and evaluation require a lot of time from an organization. It can take at least 1 month to post a job announcement and conduct interviews for a new hire, and another 1–2 months to train the new person. Be sure to allow for this time when developing your program.



Other activities to consider include the following:

- Consider asking staff members to conduct their own research and presentations on special topics so that they become active participants in their own training.
- As part of training, ask each staff member to develop his or her own list of expected accomplishments for the next 6 months. This self-assessment can form the basis of your supervisory review and evaluation.
- Remember to keep an eye on staff departures and turnover. For departing staff, conduct exit interviews to identify ways to improve staff communication and retention.
- Make sure training is available for new staff members hired in place of those who leave.
- Assess whether staff members feel they have adequate time and resources to perform expected tasks. If not, brainstorm ways to handle the perceived work overload or funding inadequacy (e.g., hire more staff, shift responsibilities, use volunteers, seek additional funding).
- Consider assessing how clients view the staff's performance by conducting satisfaction surveys with a sample of the AAPI community members your program serves.

Staffing Follow-up and Sustainability

Although the work of initially staffing your program may have been done already, you will want to follow up periodically to ensure that ongoing or new staffing needs are met. At this stage, you should be conducting follow-up activities with all staff members and planning for the institutionalization of your program within your agency.

Suggested activities include the following:

- Reassess and evaluate staff roles, skills, training, and time commitments with regard to diabetes prevention and control activities, health communications, outreach, counseling, and education.
- Develop a plan that will allow for the long-term sustainability of your program, including how staff functions can be incorporated into the routine practice of clinical and public health staff.
- Reassess staff workload and available resources. Does the organization have additional resources to hire more staff, if needed, as the program increases its outreach? If hiring more employees is not an option, does your organization have the capacity to provide temporary staffing from other nondiabetes programs to support special community events?
- Consider whether program evaluation results (see Section 4) have any implications for staffing. For example, an increase in the number of AAPIs with diagnosed diabetes suggests a need to increase the number of staff members who track the disease burden in your community or provide case management services.

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Free continuing education credit is available for reading this section. See page ix for details. When asked for a CEU verification code, use D1240E for Section 6.

SECTION 7: BUILDING COMMUNITY COALITIONS, ADVISORY COMMITTEES, AND PARTNERSHIPS

Learning Objectives

By the end of this section, readers will be able to

- Describe the value of forming collaborations in your community (Section 7.1).
- Assess your organization's capacity to use community-based approaches (Sections 7.1 and 7.2).
- Discuss basic definitions of and differences between community coalitions, advisory committees, and partnerships (Section 7.2).
- Implement recruitment and maintenance strategies for community coalitions, advisory committees, and partnerships with other organizations (Section 7.3).

Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 5: Building Coalitions and Partnerships

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>No coalitions, advisory committees, or partnerships are working with a diabetes program, and none are being considered.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that there is a need for such partnerships? <input type="checkbox"/> Have you agreed that it may be possible for your organization to create or join such partnerships? <input type="checkbox"/> Have you reached agreement that you will seek more information on the “pros” (e.g., value of partnering with outside coalitions or advisory committees) and the “cons” (e.g., costs, time, human resources) of creating or finding these potential partners? 	<p>Start to form coalition, advisory committee, or partnership.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that the “pros” outweigh the “cons” for creating partners for a diabetes program? <input type="checkbox"/> Have you resolved ambivalence about the value of working with partners? <input type="checkbox"/> Have you resolved ambiguities about how to create or find potential partners? <input type="checkbox"/> Have you identified key leaders (e.g., community leaders, state diabetes programs, health care professionals) to participate in such partnerships? 	<p>Establish coalition, advisory committee, or partnership by holding initial communications.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you recruited key leaders (e.g., community leaders, state diabetes programs, health care professionals) to participate in such partnerships? <input type="checkbox"/> Has your program convened its first meeting or held initial discussions with potential partners? <input type="checkbox"/> Has your program and its partners decided on mission and objectives? <i>Has your program and its partners developed a schedule for meetings or other communications?*</i> 	<p>Talk regularly with coalition, advisory committee, or partnership and actively conduct diabetes program activities.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has your program and its partners held more than one meeting or group discussion? <input type="checkbox"/> Has your program and its partners defined roles for supporting your program? <input type="checkbox"/> Has your program and its partners worked through conflicting goals and expectations? <input type="checkbox"/> Has your program and its partners developed a system for sharing control of the meetings? <input type="checkbox"/> Has your program and its partners conducted community activities together? <input type="checkbox"/> Has your program and its partners developed strategies to evaluate the activities and decision-making process (e.g., who is chair, how community factions are represented)? 	<p>Coalition, advisory committee, or partnership is ongoing and committed to your diabetes program.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has your program and its partners defined roles for supporting your program? <input type="checkbox"/> Has your program and its partners used evaluation results to improve your efforts? <i>Has your program and its partners revisited or renewed your mission and objectives, and the commitment of all partners?</i> <input type="checkbox"/> <i>Has your program and its partners focused on promoting group interaction and cohesiveness?</i>

* Activities in italics are secondary activities, which are not used to determine your stage of change.

7.1. Introduction

One of the basic principles of capacity-building is for community organizations and community members to be able to effectively identify needs and resources by using community mobilization models such as CDC's *Diabetes Today* program. Effective diabetes prevention and control programs must be grounded in the values and beliefs of the AAPI communities they serve, and they must include the participation of AAPI community members.

The best way to achieve this goal is to ensure that you work with members of the community from the beginning. Too often, health promotion programs fail to tap into the strengths of a community, leaving staff members wondering how to increase participation in their program activities. Instead, organizations should ask how their programs can address the concerns that are important to the target community. Once that connection has been made, community-wide support can follow.

Think about developing a collaboration-based approach. Depending on how committed a community is to a program, collaborations can be highly developed coalitions, community advisory committees, or basic program partnerships.

Use Work Sheet 7-1 to assess your previous experiences with community collaborations.



Work Sheet 7-1: Experience with Community-based Approaches



Think about the following questions when you begin planning a community-based approach to your diabetes prevention and control program.

1. Have you or other staff members ever convened or participated in a community advisory committee? If so, for what topic? What kinds of people were represented on your committee?
2. Have you or other staff members ever convened or participated in a community coalition for health promotion? If so, for what topic? What kinds of organizations were represented?
3. Have you ever worked with other businesses, organizations, churches, or individuals in your community to promote an issue or accomplish a task? If so, how did you work together?
4. If you have never used any of the above strategies, were there other community-based approaches that worked for your community?
5. How do you think these experiences can help you in planning a community-based approach to your diabetes prevention and control program?

7.2. Collaboration-based Approaches

Successful programs begin early to get a commitment from community members to develop and promote program goals and implement program activities. Community participation in programs is usually secured by building relationships in one of three ways: through community coalitions, advisory committees, or partnerships.

The CARE Model (see Section 2) recommends that organizations just getting started should focus on partnerships and community advisory committees first; organizations at later stages might work toward developing community coalitions.

Case Study: Pacific Islander Communities



Building Capacity

Advocate Initiatives for Grassroots Access (AIGA) works to build capacity for health care services that meet the needs of various Pacific Islander communities. They work to see that services truly reach families in need. AIGA spends a great deal of effort developing viable partnerships among service providers. This effort in turn results in a greater capacity to do more with the resources that already exist.

No one agency can do this work alone; it must be supported by a collaborative effort. Through this collaborative approach, AIGA helps new and existing programs that have access to resources gain access to communities through community-based organizations, church groups, and other civic or social groups. As a result, community groups get more resources, and groups with resources get more access to the communities they want to serve.

Key Points

- No one agency can do this work alone.
- Partnerships with both resource-poor and resource-rich organizations are important.

Source: Advocate Initiatives for Grassroots Access.

Partnerships

Partnerships represent the efforts of a limited number of organizations or individuals to accomplish a goal or implement an activity within a defined period of time. At a minimum, your program should develop community partnerships that can support your diabetes prevention and control efforts.

Partnerships may include activities with community health centers, businesses, workplaces, churches or temples, or corporations. These partnerships can range

from limited participation, such as agreements with local businesses to post flyers, to organizational commitments of employee staff time and shared sponsorship of programs.

Case Study: San Diego



Building Community Partnerships

The United Filipino American Senior Citizens of San Diego, Inc. uses several strategies to gain community support for its programs. Because it is staffed mainly by community volunteers who actively participate in program planning, this group understands the needs of its community and is responsive to those needs. The group partners with other community organizations that provide material support, meeting space, fundraiser support, and participation in program activities.

One of the group's activities is a monthly dance for seniors at a community recreation center. Between dances, group members hand out information on health and nutrition from the National Diabetes Education Program (NDEP) and promote other activities conducted by the group. After the dance, they talk about the importance of diabetes prevention.

These activities make diabetes prevention and control a visible issue in a way that appeals to the target audience. As the group's director notes, "Seniors prefer to have fun. If you invite them to a lecture, they won't come. But if you hold a dance, you will get their attention." The partnership with the recreation center and the use of materials from NDEP keep costs low.

Key Points

- Combine education and fun when planning activities.
- Participatory planning leads to greater success.
- Using in-kind resources saves funds.

Source: United Filipino American Senior Citizens of San Diego, Inc.

There are different types of partnerships, including formal partnerships with written contracts and informal relationships with mutual expectations. Both are equally important. Examples of formal partnerships include contracts for providing clinical services or a commitment to help fund an event. Informal partnerships may include a promise to help promote the program by talking about it with others or allowing outreach workers to distribute health education materials at a partner's location.

Another distinction between types of partners is traditional versus nontraditional. Traditional partners are those who already work in public health or your program area.

Examples of traditional partners to consider include the following:

- American Diabetes Association.
- Diabetes educators.
- Government agencies.
- Hospitals.
- Neighborhood clinics.
- Senior centers.
- State and territorial diabetes prevention and control programs.

It is not necessary for all partners to have a strong working knowledge of diabetes prevention and control. Instead, they may have trusted access to the population you are trying to reach or other resources to offer.

Examples of nontraditional partners to consider include the following:

- Beauty and barber shops.
- Grocery stores.
- Minority organizations.
- Movie theaters.
- Neighborhood pharmacies.
- Private businesses.
- Recreation departments.
- Religious institutions.
- Restaurants.
- Schools.
- Service clubs.
- Traditional healers.



Choosing the Best Partner

A potential partner can help you reach audiences or conduct activities that are difficult for you to do alone. The following list of factors to consider when choosing a partner was adapted with permission from the Society for Public Health Education's *Partnerships for Communication*:

- The credibility, name recognition, and scope of the organization and the extent to which its mission complements the goals of your diabetes program or activity.
- The reach of the organization and the extent to which it has local influence and representation.
- The profile of the organization's key customers.
- The ability and commitment of the organization's leadership to expand its community of networks.
- The extent to which the organization traditionally has been involved with or wants to become involved with health issues.

- Whether the group is a public health organization or another group that could incorporate public health messages into its programs.
- The extent to which your organization can complement and enhance the partner organization's existing programs and activities.
- Whether a collaboration involving more than one organization can create opportunities that result in positive results.

When setting up a formal partnership, it is often useful to clearly define each partner's roles and responsibilities in a Memorandum of Understanding (MOU). See page 7-11 for a sample MOU.

A MOU is a written document that clearly spells out the terms of the partnership, including the following:

- What is expected of the partner.
- The time period of the partnership.
- How and how often communications between partners will occur.
- Referral procedures.
- Follow-up procedures.
- Payment mechanisms.
- Methods of evaluation.



SAMPLE MEMORANDUM OF UNDERSTANDING

BALANCE Program for Diabetes

Memorandum of Understanding between the Association of Asian Pacific Community Health Organizations and _____

This memorandum of understanding serves as an agreement between the Association of Asian Pacific Community Health Organizations (AAPCHO) and _____ to establish and sustain a partnership to collaborate on projects that aim to improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders with diabetes or at risk for diabetes. This is a project supported by the Centers for Disease Control and Prevention.

As of _____, the _____ will commit to the activities listed below. The members who participate in this project enter this agreement knowing their commitment may last as long as two years.

_____ agrees to appoint one representative from its agency to serve as the official point of contact. The designated representative is expected to have the authority to exercise the following responsibilities for each activity related to this partnership:

- [list responsibility here]

_____ agrees to submit relevant information to AAPCHO to assist in the following activities:

- Provide at least a regular summary report of the activities covered above to AAPCHO, which will be consolidated into a report for our funding agency.
- Assist in the referral mechanism for requests of diabetes related resources.

This is agreed upon by AAPCHO and _____ as represented by:

[signature] _____
Jeffrey B. Caballero _____
Executive Director _____
Association of Asian Pacific _____
Community Health Organizations _____

Date: _____

Date: _____

Community Advisory Committees

If your goal is to gather a group of community members to help guide the development and implementation of your diabetes prevention and control program, you will want to start a community advisory committee. A community advisory committee is another way to involve selected members of your community in your program's development from the beginning. This approach will increase the likelihood that your program will meet its objectives and be successful.

In general, a community advisory committee is made up of people who bring different experiences and expertise to your program. Their role is to advise you on how to best develop the program, such as what your goals should be or what educational messages you should use.

A community advisory committee also can help you identify the motivators and barriers for health behaviors, understand the allocation of resources and existing programs in the community, and build support for your program. The first step is to define what expertise you need, and then to identify potential advisory members who can provide it.



Both community advisory committees and community coalitions should include different kinds of people, including community leaders, doctors and nurses, and business people. However, unlike coalition members, your community advisory committee members should be very knowledgeable about diabetes prevention and control issues in your community.

Community Coalitions

If your long-term goal is to maintain an active focus on diabetes prevention and control in the community even after your program ends, you may want to think about starting a community coalition. A coalition is “an organization of individuals representing diverse organizations, factions, or constituencies who agree to work together in order to achieve a common goal” (Feighery and Rogers, 1989).

There are different ideas about which characteristics of leadership, structure, rules, and roles of members should be formalized within the coalition. Regardless, coalitions should be issue-oriented, structured, and focused to act on specific goals external to the coalition. They should be committed to recruiting member organizations with diverse talents and resources.

Perhaps most important, coalition members should not only collaborate on behalf of the organization they represent, but also advocate on behalf of the coalition itself (Butterfoss, Goodman, and Wandersman, 1994).

The coalition should be made up of members of the community who share and are passionate about a common goal—in this case, to increase diabetes prevention and control efforts in the AAPI community. The coalition also should include a wide range of community groups. Its individual members will provide links to different types of organizations that are essential to the successful implementation of your program. As key decision makers, they should meet on a regular basis and be involved in planning, outreach, and advocacy.

Through coalitions, joint efforts to pursue common goals allow participants to share workload and costs and to integrate their respective skills and expertise. This approach allows them to accomplish more through their joint efforts.

7.3. Recommendations for Each Organizational Stage of Change

Precontemplation

Contact Your Partners

Your organization might not be thinking about starting a diabetes program, but your partners may be. Determine whether they are interested in diabetes prevention and control. Contact your partners and ask about their needs. What gaps in outreach and services do they identify that your organization might be able to fill? Provide this information to the leaders of your organization in an effort to move toward the Contemplation stage.



Contemplation

Begin to Build Community Links

You should begin to think about how to strengthen your community ties. Any of the approaches previously discussed (including community coalitions, advisory committees, and partnerships) can be your focus at this stage of development.

However, starting a coalition from scratch usually works best if you have been working in a specific area for a while and have several community partners or contacts already.

Think about what option(s) will best serve the needs of your program. If your program is the first of its kind for the community, you may need to focus first on convening a community advisory committee to help you develop goals and objectives. You also might want to form new partnerships to help achieve these goals and objectives.

For example, if you have a strong women's presence in your community, consider joining forces with a women's organization or with mothers in a local Parent Teacher Association (PTA). Talk with them about the role their organization could play in diabetes prevention and control. Examples include raising awareness, starting support groups, promoting healthier food choices in schools, or creating wellness programs. It is important to build links with those who already have an interest in your community, are willing to give time and support, and are effective leaders within the community.



Another good opportunity for partnership might be a community movement to return to traditional values or cultural activities. Such a movement usually involves increasing physical activity through cultural dance, building social support, and helping people avoid substance abuse—all of which are important in diabetes prevention and control.

Although a return to tradition may be beneficial overall, make sure these efforts are consistent with your program goals. For example, the traditional foods of some cultures might not be healthy (e.g., high-fat meat). If this happens, you can work to reduce—not eliminate—traditional foods and to suggest healthier options.

If there are preexisting coalitions that could address diabetes prevention and control in your community, consider joining and expanding them. The coalition could help you implement and promote your diabetes program. You could help the coalition develop broader goals, such as addressing other health-related topics (e.g., heart disease) or educational strategies (e.g., advocacy).

Examine Preexisting Resources

- Find out if an AAPI diabetes coalition already exists in your community. Work with this coalition instead of creating a new one.
- Look at community coalitions, advisory committees, and partnerships that address other health or social concerns, such as tobacco use, HIV/AIDS, and homelessness, in your community. Use these groups as models to follow.
- Read materials on coalition building, such as *Building and Maintaining Effective Coalitions*, a guide from the Health Promotion Resource Center at Stanford.

Look Within Your Community

Begin to identify key leaders in your community. Conduct key informant interviews (see Section 3) with leaders in the community to identify who should be asked to join your community coalition, advisory committee, or partnership.

Look Outside Your Community

If successful models of community coalitions, advisory committees, and partnerships do not already exist in your community, look for ones in other areas of the country. Look at other community-building efforts, including those undertaken by the following organizations:

- Association of Asian Pacific Community Health Organizations
<http://www.aapcho.org>
300 Frank H. Ogawa Plaza, Suite 620
Oakland, CA 94612
510-272-9536
- Khmer Health Advocates
<http://www.khmerhealthadvocates.org>
29 Shadow Lane
West Hartford, CT 06110
860-561-3345
- National Asian Women's Health Organization
<http://www.nawho.org>
250 Montgomery Street, Suite 900
San Francisco, CA 94104
415-989-9747
- Papa Ola Lokahi
<http://www.papaolalokahi.org>
894 Queen Street
Honolulu, HI 96813
808-597-6558 or 808-597-6550
- University of California–San Francisco's
Vietnamese Community Health
Promotion Project
<http://www.healthisgold.org>
44 Page St., Suite 500
San Francisco, CA
415-476-0557



Diabetes Today in the Pacific

Diabetes Today is a training program created by CDC that looks at diabetes from a public health perspective. The goal of the training is to create community-based diabetes initiatives to help people deal with diabetes. The philosophy of this curriculum is that people can take charge of diabetes at the community level.

You do not have to wait and rely on expensive medical treatment after the complications of diabetes have already developed. Community members—people with diabetes and their families, health professionals, and other concerned individuals—can work together to prevent and control diabetes.



Tip

Many cultures, including Pacific Island cultures, prefer oral communication. They prefer to learn through hands-on demonstrations or face-to-face discussions rather than written or electronic communications. Remember this cultural difference when you develop your educational programs.

By emphasizing public health and community organizing, this curriculum focuses on the strengths of communities and their ability to work creatively to deal with the problems caused by diabetes.

In 1999, CDC funded the Pacific Diabetes Today Resource Center (PDTRC) to develop coalitions and train coalition members to assess, plan, and evaluate diabetes education programs to address diabetes in various Hawaiian and Pacific Islander communities. The center is part of Papa Ola Lokahi, an organization devoted to improving the health status and well-being of Native Hawaiians and Other Pacific Islanders “by advocating for, initiating and maintaining culturally appropriate strategic action.”

The PDTRC uses culturally appropriate strategies to gain access to the community, transfer knowledge and skills, build coalitions, and provide technical assistance.

CDC funding ended in 2003. In 2008, all of the community coalitions created in Hawaii and the Pacific are still conducting activities to reduce the burden of diabetes in local communities. The coalitions also are working with Papa Ola Lokahi on a National Diabetes Education Program initiative to develop and distribute culturally and linguistically appropriate education materials.

Diabetes Today training emphasizes that community building involves several steps, including the following:

- **Gain access to the community.** You may believe that you already have access to your community, but which subgroups or leaders will your organization need access to in order to reach those at greatest risk for diabetes?
- **Transfer knowledge and skills.** Are there educational materials or practical skills that can foster behavior change and help people prevent and control diabetes? Can these materials be adapted to fit your target population and community? Can you identify other groups with the technical expertise to help meet this objective? For example, videos of motivational interviewing techniques and patient self-management support can be found at <http://www.betterdiabetescare.nih.gov/WHATpatientcenteredexamples.htm>.
- **Build coalitions.** How can you bring together groups that might otherwise never connect, such as health care professionals, community leaders, faith-based local institutions, businesses, local chapters of national groups, and elected officials? The first step is to identify stakeholders.

Preparation

Identify Potential Partners

At this stage, you will want to begin recruiting partners or committee or coalition members and preparing for your first partnership, community advisory committee, or coalition meeting. As discussed earlier, forming community partnerships is often a useful first step because it involves working with others to maximize resources. Partnerships can be formed with individuals, groups, or business, and they can be informal or formal. Basically, a partnership is formed when two parties work together to accomplish a shared goal.

Questions to keep in mind when seeking potential community partners include those outlined on page 7-9 (Choosing the Best Partners) and the following:

- Who has access to AAPIs in your community (e.g., businesses, social groups, religious groups, individual leaders, the media)?
- Who is also working in the area of general health in your community?
- Where do AAPIs go for health services?
- Who is also interested in diabetes prevention and control?
- Who is also interested in good nutrition or physical activity?
- Who works on diabetes issues in your state's department of health?
- Who is interested in minority or AAPI issues?
- Who is active in community advocacy work?
- Who has access to resources that you might need (e.g., funding, health education materials, printing services)?

The community assessment process described in Section 3 can help provide you with answers and help you identify potential partners. Once you have identified potential partners, begin to think about how your goals overlap with theirs. Ask yourself how you can help them accomplish their goals and how they can help you accomplish yours. Additional tips on how to find partners in diabetes prevention and control are available in the *Diabetes Community Partnership Guide*.

Partnerships can

- Provide funding.
- Provide expertise.
- Provide access to an audience.
- Become a forum for cooperation.



Tip

Partners do not have to be focused on diabetes to share your goal of improving community health. Partners with shared goals may be those involved in clinical services (e.g., preventive care, health care screening), food service (e.g., fresh produce markets, Asian markets), or environmental issues (e.g., parks and recreation, walking trails, sidewalks, events that promote physical activity).



Partnerships cannot

- Substitute for strategy.
- Be an end in themselves.
- Change the behavior of an audience.
- Keep everyone happy.

Recruit Community Coalition Members, Advisory Committee Members, or Partners

If you want to develop a community coalition or advisory committee, the initial selection of members is one of your most important decisions. Think about the areas of greatest need for the success of your program. Consider whether the groups that can contribute to these areas of need are represented in your coalition or advisory committee.

Compiling a list of the needs, expectations, and commitments required of the group members can keep your recruitment process clear and organized. Use Work Sheet 7-2 to help you choose coalition and advisory committee members. In addition to providing invaluable experience and advice, coalition and advisory committee members can help provide some of the following skills and resources:

- Program development.
- Program promotion.
- Program implementation.
- Participant recruitment.
- Clinical knowledge.
- Evaluation expertise.
- Cultural expertise.
- Diabetes experience.
- Public relations.
- Fundraising.



Partnering with State Diabetes Prevention and Control Programs

CDC funds Diabetes Prevention and Control Programs (DPCPs) in all 50 states, Washington DC, Puerto Rico, the Virgin Islands, and six Pacific Basin territories (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Palau, and Republic of the Marshall Islands).

DPCPs are looking for opportunities to partner with groups that serve populations with health disparities, such as AAPIs. Because they support community interventions and media outreach, and they develop and translate materials for AAPIs, DPCPs can provide technical assistance to your organization. For example, the Hawaii DPCP translated a CDC publication, *Take Charge of Your Diabetes*, into Native Hawaiian and Chinese.

Work Sheet 7-2: Choosing Community Coalition and Advisory Committee Members



Individuals should meet the following requirements to become a member:

- Does each potential member have the power to represent his or her organization?
- Can the potential member contribute resources to the program or coalition (e.g., staff, money, office space, new allies, research capabilities, credibility in the community, media coverage, a broader constituency)?
- Does the community view each potential member or represented organization as involved in the community?
- Does the potential member have enough experience in the community to provide valuable and adequate feedback?
- Is the represented agency well-organized?
- Can the potential member participate as expected?
- Is the potential member passionate about the project or topic?

When thinking about asking your state DPCP to be a coalition or advisory committee member, consider the following:

- Brainstorm first about your needs, your existing resources, and your expertise.
- Have ideas about how the partnership will work before you call your DPCP.
- Decide in advance what you will need from your DPCP, such as technical assistance on diabetes facts, patient education materials, data on diabetes, or help with media outreach.
- Be prepared to tell what you can offer in return, such as access to a culturally or linguistically isolated audience, new community linkages, or translation assistance for materials available only in English.

After you select the coalition or advisory committee members, look at the group as a whole and consider the following questions:

- Does the coalition or advisory committee contain representatives from a diverse range of community groups?
- Do your members provide links to all organizations that will be essential for helping your program succeed?
- Do the members represent the entire spectrum of diabetes prevention and control activities?
- Are your members respected within the community?
- Have you recruited members who know the stories and histories of people who live in the community and who have an in-depth knowledge of how certain issues affect the residents of that area?

Action

Implement Community Activities

By now, you will probably have recruited and oriented your community coalition or advisory committee members or partners. At this stage, the focus is on working as a team to meet regularly and implement activities that promote diabetes prevention and control in the community. It is also important to assess the progress of your collaborative efforts.

This is the time to conduct activities agreed upon by your community coalition or advisory committee members or partners. Remember that most participants have other jobs and are limited in the time they have to work on your program. Dividing work among subcommittees and keeping activities relevant to the objectives of participating organizations can help.



Maintenance

Renew Commitments from Members and Partners

At this stage, you will be thinking about how to maintain your community coalition, advisory committee, or partnership—and about whether they are addressing diabetes prevention and control effectively among AAPIs.

Think about the following:

- Maintaining good communication between all members and partners is important for sustaining their interest. Keep a routine meeting schedule. Between meetings, keep up the momentum by sharing meeting minutes, publishing newsletters, and making telephone calls.
- Take the time to revisit the original goals and objectives of your community coalition, advisory committee, or partnership. Is its primary mission still relevant? Have all the objectives been met, or do new ones need to be developed?
- Acknowledge your members by giving them credit for successful activities. Ways to credit their work include public recognition, awards, or an annual recognition dinner.

- For other ideas on how to build successful partnerships, see the *Diabetes Community Partnership Guide*. Copies can be ordered online at <http://ndep.nih.gov/diabetes/pubs/catalog.htm> or by calling 1-888-693-NDEP (6337).
- Another source of information on ways to sustain partner commitment and recognize volunteers is The Community Tool Box of the University of Kansas, available at http://ctb.ku.edu/tools/en/tools_toc.htm.

The Frankie Awards

You should never underestimate the power of publicly thanking your partners. Acknowledgement with even a simple token of appreciation can go a long way.

In 2003, the National Diabetes Education Program (NDEP) began offering the Frankie Awards to state and territorial Diabetes Prevention and Control Programs (DPCP) and select national partners. The award is named for Frank Vinicor, MD, MPH, former director of CDC's Division of Diabetes Translation. The award is not cash, not even a framed certificate, but an inexpensive acrylic paperweight presented at CDC's annual diabetes conference. The Frankie Awards are not competitive. The single criterion is completion of NDEP's biannual partner survey.

Since 2003, the number of Frankie Awards given has risen from fewer than 10 to more than 50. NDEP achieved its goal of getting survey feedback from more than 75% of its DPCP partners. During the awards ceremony, NDEP shares creative ideas, raises awareness of its tools and campaigns, and thanks its partners.

The Frankie Awards show that you do not have to have a lot of money to encourage participation, build goodwill, and acknowledge your volunteers, sponsors, and partners. Showing how much you appreciate others by thanking them publicly can be inexpensive, but effective.



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Free continuing education credit is available for reading this section. See page ix for details. When asked for a CEU verification code, use D1240F for Section 7.

SECTION 8: FUNDING

Learning Objectives

By the end of this section, readers will be able to

- Identify stable, ongoing funding as a key component of organizational capacity and program success (Section 8.1).
- Assess your organization's financial capacity to support a diabetes prevention and control program (Section 8.1).
- Identify types of funding sources that could support a diabetes program (Sections 8.2 and 8.5).
- Develop financial partnerships (Section 8.3).
- Identify key staff members and activities to consider when planning your budget for a diabetes program (Section 8.4).
- Describe the role that advocacy can play in ensuring the availability of funding (Section 8.5).
- Develop a plan for increasing or sustaining funding (Section 8.5).

Target Community: _____

Date Completed: ___/___/___

Checklist Revisit Date: ___/___/___

Organizational Stages of Change for Diabetes Programs**Checklist 6: Funding**

Precontemplation	Contemplation	Preparation	Action	Maintenance
Belief that there are no prospects for funding, and a diabetes program is not possible.	Start to identify funding sources.	Have a well-developed plan to get funding.	Have funding for a diabetes program.	Have funding for sustaining a diabetes program.
<input type="checkbox"/> Have you reached consensus that there is a need for funding for a diabetes program? <input type="checkbox"/> Have you agreed that it may be possible to create funding for this program? <input type="checkbox"/> Have you reached agreement that you will seek more information on the “pros” and the “cons” (e.g., competition for funds with other programs, time needed for fundraising) of funding this program?	<input type="checkbox"/> Have you reached consensus that the “pros” outweigh the “cons” for funding a diabetes program? <input type="checkbox"/> Have you resolved ambiguities about the value of funding this program? <input type="checkbox"/> Have you identified potential funding resources (local, state, federal)? <input type="checkbox"/> Has your organization considered allocating in-kind resources? <input type="checkbox"/> Have you identified possible fiscal partnerships with hospitals, local health departments, and other community-based organizations? <input type="checkbox"/> <i>Have you researched funding available from foundations, corporations, or professional groups?*</i> <input type="checkbox"/> <i>Have you received Requests for Applications (RFAs) or sample RFAs?</i> <input type="checkbox"/> <i>Have you identified ways to advocate for diabetes resources at local, state, or federal levels?</i>	<input type="checkbox"/> Have you developed a plan for approaching foundations, donors, businesses, or other financial partners? <input type="checkbox"/> Have you developed a concept paper or proposal? <input type="checkbox"/> <i>Have you been successful at receiving funding for a planning period?</i> <input type="checkbox"/> <i>Have you developed an advocacy plan to increase diabetes resources?</i>	<input type="checkbox"/> Have you been successful at getting funds for a diabetes program? <input type="checkbox"/> Have you developed ways to incorporate this program into your own organization’s budget? <input type="checkbox"/> <i>Have you responded to RFAs for diabetes prevention and control funding?</i> <input type="checkbox"/> <i>Have you been successful at forming partnerships and pooling financial resources for a diabetes program?</i> <input type="checkbox"/> <i>Have you conducted advocacy activities to increase diabetes resources?</i>	<input type="checkbox"/> Have you followed up with all current sources of funding? <input type="checkbox"/> Have you identified sources for diabetes funding? <input type="checkbox"/> Does your organization have any funding to support diabetes activities? <input type="checkbox"/> <i>Is your organization willing to provide funding to support diabetes activities?</i> <input type="checkbox"/> <i>Have you developed long-term commitments from collaborating partners for in-kind services or funding?</i> <input type="checkbox"/> <i>Have you developed a system in which advocacy opportunities will continue to be identified and acted upon?</i>

* Activities in italics are secondary activities, which are not used to determine your stage of change.

8.1. Introduction

Having enough money to support comprehensive diabetes prevention and control program activities for a significant period of time is essential for every healthy program. Lack of funds or lack of willingness to commit funds to a program is a serious barrier to program development. Organizations must identify and secure adequate, continuous financial support for their diabetes prevention and control programs.

Even if you already have start-up funds, you will need to sustain a comprehensive, multiyear program. Regardless of the funding level for your program, it will always be important to secure ongoing financial resources. In addition, if you have grant or cooperative agreement funding, there may be certain restrictions on how you can use the money. Be sure you work with your project and contracting officers to ensure appropriate use of funds.

This section is intended to help you strengthen your organization's financial capacity for implementing a diabetes prevention and control program. It will focus on how to find funds for staffing, outreach, and educational activities through grants, in-kind donations, and fundraising efforts. Advocacy activities to secure funding at national, state, and local levels also will be discussed.

Use Work Sheet 8-1 to assess your organization's financial capacity and identify areas that might need to be addressed.



Work Sheet 8-1: Assess Your Organization's Financial Capacity*



Read all of the questions and circle the boxes for the questions that apply to your organization now. Re-read the questions with circled boxes. Check the box if you can answer “yes” to the question.

The more circled boxes you check, the greater capacity your organization has to create or support a diabetes program. Consider only the questions that apply to your organization.

- Do you have a detailed program budget for your diabetes prevention and control program?
- Does that budget include a timeline for your entire program? (See Section 1 for a description of a comprehensive program.)
- Are the leaders of your organization willing to commit adequate financial support or other resources to ensure the successful implementation of your program?
- Are there sustainable resources for staff and operational needs (e.g., telephone service, utilities, rent, meeting costs, travel)?
- Have you identified activities that you can start without extensive funding?
- Do you have funds specifically designated to evaluate your program?
- If your organization needs outside expertise in a certain area (e.g., evaluation, translation, cultural competency training), are funds available to obtain it?
- Do you have funds for incentives (e.g., stipends) and small recognition items (e.g., T-shirts, plaques) for community participants and leaders?
- If you do not have all the resources you need from internal sources, do you have external sources of funding and financial partnerships in place?
- Are you able to fund your program's budget for the length of time you would like (e.g., more than one year)?

* Adapted from the Association of Asian Pacific Health Organizations, *CARE Program Guide*.

8.2. Funding Options

There are several types of financial support for community-based programs, and all require different processes and strategies. Examples include the following:

- **Grants:** Money awarded for experimental, demonstration, or research projects.
- **Contracts:** Money given to supply specific services on behalf of the funding agency (e.g., contracts with diabetes prevention and control programs in state health departments).

- **Public funds:** Money raised from taxes and distributed by the government.
- **Private funds:** Money raised and administered by private organizations (e.g., corporations, foundations, charities).
- **In-kind support:** Donated services or materials.
- **Fundraising events and activities:** Money raised through sponsoring events and activities.

(Source: Aspen Reference Group.)

For this tool kit, we will focus on grants (both private and public), in-kind support, and fundraising efforts.

Grants

Grants may come from many different sources, and they usually take the most time to pursue.



Public Sector Grants for Diabetes Prevention and Control

Several state and national public agencies provide funding for diabetes programs. Examples include the following:

- Grants.gov is a Web site that allows organizations to find and apply for more than 1,000 competitive grant opportunities from 26 federal grant-making agencies. The U.S. Department of Health and Human Services (HHS) manages this single-access point for federal grants. More information can be found at <http://www.grants.gov>.
- CDC funds and supports Diabetes Prevention and Control Programs in all 50 states and several territories in the Pacific Basin. More information can be found at <http://www.cdc.gov/diabetes/states/index.htm>.
- The Office of Minority Health, which is part of HHS, administers several grant programs to support community groups and science-based efforts to eliminate health disparities. More information can be found at <http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=1>.
- Many universities and colleges offer grant programs. This information will be available from the individual schools.

Foundation Grants

Many local and national foundations give financial support for diabetes prevention and control programs. You will need to contact each group individually to secure grant guidelines and schedules. The Foundation Center is a good resource for researching potential foundations because it maintains the country's most comprehensive database of U.S. grantmakers and their grants (<http://foundationcenter.org>).

Another good diabetes resource is the World Diabetes Foundation, available at <http://www.worlddiabetesfoundation.org/aboutus-2diabetes.htm>. (See Appendix J for a spreadsheet of potential online grant sources.)

Other Nonprofit Organizations

Many nonprofit organizations involved in diabetes prevention and control offer support to community-based programs. These organizations often provide funding and nonmonetary resources, such as free incentive items (e.g., pins, stickers, pens) and educational materials (e.g., posters, brochures).

For-profit Corporations

Many corporations support community-based programs, either through direct funding (outright or matching gifts) or in-kind donations. Direct funding often takes place through established grants programs, and you should contact each corporation for information on its guidelines. You also may be able to work with businesses that employ large numbers of AAPI workers.



The National Diabetes Education Program (NDEP) has an assessment tool that makes “the business case” (or economic argument) for why employers should be concerned about employee health, diabetes management, and disease prevention.

This free resource can be found at <http://www.diabetesatwork.org>. This resource can help you starting talking about collaboration with local businesses that employ AAPIs in your community.

In-kind Donations or Services

In-kind or donated services can take many forms, from paying for the cost of printing materials to offering the use of telephone or computer equipment to donating staff time.

Examples of these types of services include 1) local restaurants donating food for education sessions, 2) local businesses offering gift certificates for use as small appreciation items, and 3) local university staff helping with program evaluations.

The NDEP *Diabetes Community Partnership Guide* has many ideas on how partners can provide your organization with in-kind support. A list taken from the guide showing how other groups can make a difference in your diabetes program can be found on the NDEP Web site at http://www.ndep.nih.gov/diabetes/pubs/ComPartGuide_Org.pdf.

You can order one free copy of the *Diabetes Community Partnership Guide* at <http://ndep.nih.gov/diabetes/pubs/catalog.htm> or by calling 1-888-693-NDEP (6337).

Before seeking or accepting in-kind services, check your organization's or partners' guidelines for rules and restrictions. For example, some organizations will not accept support from tobacco companies.

Fundraising Events

Creative fundraising events can include auctions, craft sales, raffles, and other special events, such as dinners or concerts. Again, be sure to check your organization's policy on appropriate fundraising activities.

8.3. Developing Partnerships

Partners that might be able to contribute resources to your diabetes program include local hospitals, local colleges or universities, your state or local health department, and other community-based organizations with mutual interests. As part of your community assessment (see Section 3), you should identify these types of organizations and key people working in them. The first step in developing a potential partnership is to meet and share information.



Tip

- Tell potential partners about the work you are doing, ask what their organizations are doing, and look for shared goals. Let them know what you and your program can offer, and let them know you are looking for opportunities to collaborate.
- Keep your first meeting brief and to the point. Always follow up by sending a thank-you note or giving them a call. Keep them informed about your program's progress as you go (e.g., through newsletters and announcements).

Case Study: Chinese American Healthy Heart Coalition



Developing Financial Partnerships

Established in 2000, the Chinese American Healthy Heart Coalition is a partnership of many different groups, including health care organizations, social service agencies, private business groups, and community health centers. Coalition members are unified by their desire to improve the heart health and quality of life of Chinese Americans living in the New York City metropolitan area. The coalition works to develop, implement, and evaluate comprehensive, culturally appropriate, and linguistically relevant community-based interventions. Many groups in the coalition provide in-kind services, such as free health screenings and training.

Activities and accomplishments during March 2002–March 2003 include

- 588 community members received health screenings.
- 125 community members and social and health service professionals received emergency response training.
- 115 community members and social and health service professionals received defibrillator use training.
- 44 community advocates and members of the Chinese Community Social Service and Health Council attended a community forum.
- 71 people attended a Healthy Heart Education Workshop.
- More than nine newspaper articles were published about the coalition.

Activities and accomplishments during October 2003–March 2004 include

- 31 people participated in one or more of four multi-session workshops, and 15 people completed all four sessions and received a certificate of achievement.
- 6 health professionals were trained as bilingual CPR instructors.
- 30 Chinese community members whose relatives or friends are at high risk of having heart disease participated in CPR training.
- More than 80 people attended a community-wide forum on heart health.
- 54 people applied for and received emergency response cards.
- 3,311 educational materials on heart health were distributed as part of 21 different community outreach activities.
- 26 news articles were published in local Chinese newspapers.
- 6 live radio programs were hosted by health professionals.

Key Points

- In-kind services can be financial support.
- Print media, radio, and television can donate space or air time.
- Share your evaluation results with partners.

Source: Kenny Kwong, Charles B. Wang Community Health Center.

8.4. Budgeting

Another significant part of your program's financial health is planning and executing a budget. A good program budget should cover all costs for personnel and benefits (e.g., health and life insurance for full-time employees) as well as all operating costs. Some funders may demand specific staffing requirements, such as a program evaluator.



Check the guidelines and policies of your funding source to make sure you cover all required budget categories. This step will help ensure that the method you choose to track your expenses is within established guidelines. After your program begins, you must track how much money is actually spent in each budget category. This will help you later when you evaluate the cost-effectiveness of your program or when you need to identify areas that need more or less funding.

Budget categories to consider include personnel; operational expenses (including supplies); community outreach, inreach, and health education; and indirect costs. More information about each category is provided in the following sections.

Personnel

Depending on your organization's staffing structure, these roles may differ or be combined. A single staff member may have many roles within the organization. The staff descriptions provided here are meant to be illustrative; they do not list all key duties.

- **Program Manager.** Oversees the entire diabetes program; involved with overall program management, supervision, quality assurance, and staff training.
- **Project Coordinator.** Oversees all day-to-day project activities, such as program development, record maintenance, and progress reports.
- **Health Educator.** Develops and coordinates all public and professional education programs.
- **Community Health Worker/Community Health Advisor.** Conducts outreach, needs assessment, and educational activities in the community.



A **translator** translates words literally from one language to another.



An **interpreter** gives context to the discussion. An interpreter may explain the cultural significance of practices, describe relevant belief systems for the health care professional or interviewer, or interpret directions and explanations for the client.

Staff and family members who are not trained as interpreters should not be used in this role.

- **Clinical Coordinator/Clinician.** Helps link people with the clinical staff members, health care professionals, or testing services they need; can help develop professional education training and clinical protocols and oversee quality assurance activities.
- **Translators/Interpreters.** Help AAPIs who have a limited understanding of English during health screenings; duties can include making appointments, filling out intake forms, and interpreting at appointments. Translators and interpreters should be bilingual and bicultural. They may be part of your staff or hired only when needed, but they must be trained in medical interpretation.
- **Case Manager.** Helps people receive and understand their test results, get timely follow-up services, and get appropriate social and support services.
- **Data Manager.** Tracks, organizes, and manages screening and follow-up data and provides summary reports to help with program evaluation and quality assurance activities.
- **Evaluator.** Assesses how effectively an ongoing program is achieving its objectives.

Operational Expenses

- **Office supplies**, including paper, envelopes, notebooks, and paper clips.
- **Medical supplies**, such as glucose monitors and strips, when appropriate.
- **Data management tools**, including computer software to help with tracking, follow-up, case management, and reminder systems.
- **Communications**, including telephone, fax, and e-mail services.
- **Postage**, including mailing costs for correspondence, program reports, flyers, and reminders.
- **Photocopying.**
- **Travel for staff members**, including reimbursement of staff members' mileage and other expenses for outreach events, contacting partner agencies, or attending community meetings.
- **Travel for community members**, including participants' travel costs related to attending program events, screenings, and follow-up appointments.



Community Outreach/Inreach/Health Education

- **Educational materials.** For ordering or developing health education pamphlets, videos, CDs, and other communications materials.
- **Translation.** For translation of health education materials into AAPI language(s), if needed. Quality translation may involve up to three translators for initial translation, back-translation, and editing. Resources also will be needed to pre-test the translated material in the AAPI community.
- **Meeting expenses.** For all expenses incurred in organizing and hosting project-related meetings, such as renting space and buying refreshments and supplies.
- **Incentives for volunteers and community members.** For promotional handouts to clients participating in health education programs and special awareness recognition gifts or awards for patients who are aware of recommended screening guidelines.
- **Media, public relations, and advertising.** For public service announcements, advertisements of program activities, organizational newsletters, and other materials.



Indirect Costs

Indirect costs include expenses such as administrative, accounting, insurance, shared equipment, and other overhead costs.

8.5. Recommendations for Each Organizational Stage of Change

Precontemplation

Focus on Interest First

Money is always a difficult subject to discuss. You can cause hard feelings if you suggest shifting funds from another program to start yours. Avoid argument. Do not suggest that diabetes services are more important than other services and activities. Provide ideas on the advantages of creating a diabetes prevention and control program. Offer the information you have gathered about staff interest, partnership opportunities, and benefits perceived by your organization's leadership.

You will need funding for your program, but this subject should not be the first one you talk about as you encourage your organization to move toward the Contemplation stage. If interest is there, your organization will automatically start thinking about funding the program.

Contemplation

Identify Financial Resources

During the Contemplation stage, program planners will probably be most concerned about assessing their current levels of funding and identifying ways to increase it. At this stage, you should gather information about sources of financial and in-kind support and develop strategies for pursuing sources most relevant to your needs (see Checklist 6 on page 8-3).

As described in the introduction, there are several types of financial resources that you can pursue, such as grants, contracts, in-kind support, fundraising events and activities, and financial donations.

Here are some ways you can identify financial resources:

- Subscribe to grant alert newsletters, such as *Health Grants Funding Alert* by Health Resources Publishing, http://www.healthresourcesonline.com/health_grants.
- Visit Grants.gov at <http://www.grants.gov> for online access to federal grant information.
- Contact groups such as your state health department or the American Diabetes Association (<http://www.diabetes.org/diabetes-research/research-grant-application-forms/whats-new.jsp#New>) to get more information on funding announcements.
- Write to foundations to get their guidelines for grants. You also can check the Web sites for many of these organizations to get their guidelines, as well as lists of organizations they fund. The *Foundation Directory* can help you find foundations to contact. Check with your local library for a Foundation Center Library near you, or go to <http://foundationcenter.org>.
- Contact local corporations and businesses, such as health and fitness clubs, to ask about resources and in-kind support for community programs. If possible, set up in-person meetings to develop a personal relationship.
- Contact local hospitals and state health departments to talk about setting up a partnership. Again, try to set up in-person meetings and foster a personal relationship.
- Contact local voluntary or nonprofit organizations (such as the American Diabetes Association) to see what kinds of free items they have available for special events and outreach activities.



For all contacts, keep a record of whom you spoke to and what was discussed. Because personal contacts and relationships are extremely important, make sure to stay in touch with these people, even if they are not able to provide resources at the time. Send them program updates or newsletters, and invite them to special events and activities.



Look for More Resources

Begin looking for ways to advocate for more resources for your diabetes programs. (If you are a government-funded organization, keep in mind that there may be limitations on advocacy activities.)

- Contact diabetes organizations to find out what current issues advocates are addressing at national and state levels.
- Identify elected officials representing your local area and where they stand on issues that match your program's goals.
- Identify sources of media that reach members of your community, such as local newspapers and radio and television stations.

Preparation

Develop Fundraising Plans

As you prepare for your diabetes prevention and control program, you should be developing firm fundraising plans. Make sure that your funding plan is a good fit with your organization's priorities. For instance, you may need to meet with other staff members to make sure that your proposals and efforts do not overlap with another program in your agency. (Foundations and corporations often will provide only one grant per organization per funding cycle.) See Appendix K for recommended approaches to grant writing.

Continue to consider all types of resources. Begin to develop materials that will help you present your program to others, such as concept papers, proposals, and information kits.

Apply for Grants

Focus on developing measurable program objectives and a concept paper or proposal that can be used in discussions with foundations and corporations. These concept papers should describe the background and extent of the problem in your community, your organization's experience and capacity, your program's goals and objectives,

and a program plan (a work plan with detailed activities and timelines). Your concept papers also should include an outline of a program budget, preferably accompanied by a budget justification.

Other activities to consider include the following:

- Get a reference book on writing grant proposals, such as *Secrets of Successful Grantsmanship*. This and other references can be found at <http://www.learnerassociates.net/proposal/amazon2.htm>. If possible, get copies of past grant proposals your organization has written to use as a template. Often, information such as the background of your agency has not changed and can be used for your proposal.
- Visit The Grantsmanship Center Web site at <http://www.TGCIgrantproposals.com>. This resource is designed to help nonprofit organizations write better grant proposal applications. The site offers grant-writing tips and allows you to browse more than 600 proposal abstracts or to buy full proposals.
- Make sure to get funding guidelines for the grants you are interested in. Allow yourself time to review each guideline; even the smallest details can be important. An example of a request for grant proposals can be found in Appendix L.
- Have someone who is familiar with grant proposal writing review your concept paper before you send it to the funders. Such a person will often have valuable feedback that will help improve your draft.
- Think about contacting granters to ask if they will review your concept paper before you apply for a grant. Foundations often review preliminary concept papers to help guide their further development.
- Check with your local university or community college for grant application training classes.
- Other grant-writing resources can be found in Appendix M.

Look for In-kind Support

In-kind support is any kind of support that a business, an organization, or an individual can offer at no cost. For instance, you could ask printing companies for in-kind donations of free photocopying or printing services. See the *Diabetes Community Partnership Guide* for more information (<http://ndep.nih.gov>).

Conduct Fundraising Events and Activities

There are many different ways to raise funds, some of which take a lot of time to develop and promote. There are no set ways to go about fundraising for diabetes awareness, so be creative. Look for ways to turn community activities (such as health fairs or other outreach events) into fundraising opportunities (such as selling food items or soliciting personal donations).

Tip



Make sure you have the correct contact person's name for each business you plan to ask for help. Think of ways to personalize your request, such as going through someone who knows the business well.

Do not forget to ask businesses that you give your business to—such as restaurants where you eat regularly.

Decide what times may be good to hold an event (e.g., during diabetes awareness month or the anniversary of your organization). Again, check with your organization about fundraising restrictions (e.g., prohibitions against sponsorship by tobacco companies).

There are many national health observances each month that can be opportunities for planning a fundraising event in your community. Visit the National Health Information Center's annual calendar of health observances and contact information at <http://www.healthfinder.gov/library/nho/nho.asp>.

Action

Obtaining Funds

Once your plans for fundraising have been developed, it is time to put them into action. Remember that you may need to pull together different sources of funding for diabetes education, diagnostic services, treatment, and support services. At this stage, you will be actively submitting grant proposals; securing other nonmonetary types of support (e.g., in-kind donations); and advocating for federal, state, or local resources for diabetes prevention and control services for AAPI communities.

Keep in mind that there are many aspects to writing grant proposals, including the following:

- Defining the problem.
- Identifying granters' priorities.
- Submitting a letter of intent.
- Developing a plan and timeline for drafting the proposal.
- Researching relevant information (e.g., supporting data, articles).
- Forming partnerships.
- Reviewing budget and staffing needs.
- Writing the grant proposal (including background, needs, objectives, plan, budget, and evaluation sections).
- Collecting letters of support.
- Reviewing the entire grant proposal.
- Collating and adding attachments.
- Submitting the proposal.
- Award, negotiation, and follow-up.





Allow enough time to develop your full proposal. Give yourself at least one month to fully prepare a grant proposal, especially if this is your first effort. In addition, make sure you allow plenty of time for your grant application to meet the submission deadline; do not count on express mail.

When you develop your proposal, you may need to work with other staff members or departments in your organization, such as the accounting department, to develop your budget and justification. (See Appendix N for more information on grant preparation.)

Look for basic resources, such as *Grant Writing for Dummies* (<http://www.dummies.com>), for help.

Keep detailed records of all requests for resources, including who you asked, when you asked, and how much you asked for, as well as all relevant deadlines. Follow-up on all proposals to confirm receipt and make sure no pieces of information are missing.

Advocate for Resources

Now is the time to put your advocacy plan into effect. Begin implementing whatever strategies you have chosen, such as writing letters to your elected officials, attending town meetings, offering testimony, or speaking on local radio and television programs. Work to set up relationships beyond the specific advocacy opportunity at hand.

Establish and maintain relationships with your elected officials and advocacy or media partners. Always thank them for meeting or talking with you. Keep them informed about your activities and outcomes. Offer to be a resource whenever they need information or help. Another strategy is to join with others who are also conducting advocacy in areas that concern you. A combined voice can often be a stronger one.

Maintenance

Maintaining Funds

Although the actual work of developing financial resources may have already been done by this stage, follow up to make sure that funding will continue over time. At this stage, following up with all sources of funding and support is crucial, especially if you have received support from foundations, businesses, and other organizations.

Make sure to send thank-you letters that acknowledge the support, along with any examples of how the foundation, organization, or corporation was promoted in the community.

- If you received a donation from a local business, and if that business consents, consider publishing its name in your organization’s newsletter and sending a copy of the newsletter along with your thank-you letter.
- If you have received a foundation or public grant, make sure you understand the financial and reporting requirements and are following up with all required progress reports. Communicate frequently with your funding officer, especially if there are any changes in your work plan or budget.
- If you are relying on outside sources of funding that will not last forever, start taking steps to institutionalize the program in your organization’s budget. Share your program’s results with the leaders of your organization and policy makers in your community—those who may be helpful in getting funds in the future. Share with them the contributions your program has made (and how it was cost-effective, if you have that information) so that they can see the value of it.

Ongoing Advocacy

Continue fostering your relationships with your advocacy partners, elected officials, and media contacts. Send them regular updates on your work. If appropriate, publicly thank them in newsletters for their support. However, be sure to check with any partner organization before publicly acknowledging its contribution. Join diabetes groups that periodically send advocacy updates on issues that concern you, so that you can be aware of new issues as they arise.



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Free continuing education credit is available for reading this section. See page ix for details. When asked for a CEU verification code, use D1240G for Section 8.

SECTION 9: COMMUNITY EDUCATION: OUTREACH AND INREACH

Learning Objectives

By the end of this section, readers will be able to

- Define the diffusion of innovation theory and its relevance to planning community outreach and inreach strategies (Section 9.3).
- Identify different strategies for conducting community outreach and inreach to various AAPI populations (Sections 9.3 and 9.4).
- Describe how outreach and inreach education strategies were tailored to meet the needs of different AAPI communities (Sections 9.3 and 9.5).
- Identify available community education curricula and health education materials for AAPIs (Section 9.6).
- Describe how to select, adapt, or develop health education materials that are tailored to the characteristics (e.g., reading level, cultural beliefs) of a specific population (Section 9.6).
- Identify different ways to use the media that may be helpful to your program (Section 9.7).



Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 7: Community Outreach and Inreach

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>Not interested or willing to consider community outreach or inreach activities for a diabetes program.</p> <p><input type="checkbox"/> Have you reached consensus that there is a need for community outreach and inreach for a diabetes program?</p> <p><input type="checkbox"/> Have you agreed that it may be possible to reach others inside your organization and in the community who will be interested in learning more about a diabetes program?</p> <p><input type="checkbox"/> Have you reached agreement that you will seek more information on the “pros” (e.g., value of community outreach and inreach) and the “cons” (e.g., costs, time, human resources) of doing community outreach and inreach?</p>	<p>Start to identify community outreach or inreach strategies.</p> <p><input type="checkbox"/> Have you reached consensus that the “pros” outweigh the “cons” for doing community outreach and inreach for a diabetes program?</p> <p><input type="checkbox"/> Have you resolved ambivalence about the value of doing community outreach and inreach?</p> <p><input type="checkbox"/> Have you begun to think of specific outreach or inreach strategies and activities (e.g., media, social networks, messengers, tools)?</p> <p><input type="checkbox"/> Have you identified credible community professionals, experts, and community health advisors to help develop outreach or inreach strategies?</p> <p><input type="checkbox"/> Have you begun to identify appropriate health education materials?*</p> <p><input type="checkbox"/> Have you identified resources for media interventions?</p>	<p>Start to develop outreach or inreach plan.</p> <p><input type="checkbox"/> Have you developed an appropriate plan for outreach and inreach activities?</p> <p><input type="checkbox"/> Have you developed program goals and measurable objectives for your outreach and inreach activities?</p> <p><input type="checkbox"/> Have you recruited community professionals, experts, and community health advisors to help develop outreach or inreach strategies?</p> <p><input type="checkbox"/> Have you pre-tested your curriculum and materials with community members?</p> <p><input type="checkbox"/> Have all outreach and inreach staff members and community health advisors been trained?</p> <p><i>Have you developed media outreach plans?</i></p> <p><i>Have you recruited people living with and controlling their diabetes to share their experiences?</i></p>	<p>Implement and evaluate outreach or inreach activities for a diabetes program.</p> <p><input type="checkbox"/> Have the outreach and inreach activities been implemented and integrated?</p> <p><input type="checkbox"/> Have diabetes resources been promoted?</p> <p><input type="checkbox"/> Have systems that support diabetes awareness (e.g., interpretation services, the provision of transportation vouchers, mobile vans, a diabetes symptom checklist) been promoted?</p> <p><input type="checkbox"/> Are mechanisms in place to follow up with AAPIs participating in outreach or inreach activities?</p> <p><input type="checkbox"/> Are mechanisms in place to obtain ongoing input about the program from the defined community and the networks within it?</p> <p><input type="checkbox"/> Are you evaluating your outreach and inreach activities for impact and effectiveness?</p> <p><i>Has a media outreach plan been implemented?</i></p>	<p>Outreach and inreach activities for a diabetes program are institutionalized.</p> <p><input type="checkbox"/> Have you included diabetes education in your community outreach or inreach activities?</p> <p><input type="checkbox"/> Have you created mechanisms within the agency and community for sustaining the program?</p> <p><input type="checkbox"/> Have you encouraged legislative and policy support to institutionalize the program?</p> <p><input type="checkbox"/> Have you used evaluation results to improve your outreach or inreach activities?</p>

* Activities in italics are secondary activities, which are not used to determine your stage of change.

9.1. Introduction

The assessment activities you have already begun should help you to identify what your program will need to create, including the “what, who, when, why, and where” for outreach and inreach education strategies and messages.

Section 9 discusses the development of outreach and inreach activities that educate people about the availability of diabetes programs, support groups, and support services, as well as how to prevent and control diabetes.

This section also presents information and tools for developing your community outreach and inreach activities. Examples used by AAPI community organizations are profiled as models.

It is important to note that there is no one approach that will work for all AAPI communities. The programs discussed in this tool kit are intended to provide ideas only. Strategies should be adapted to address the diversity found in all communities—for example, differences in geographic locations, ethnic groups, ages, or environments. A key component of successful programs is the amount of effort put into ensuring that activities are community-driven and tailored to respond to local needs. Use Work Sheet 9-1 to develop your educational strategies.

This section also includes information on the following:

- How to tailor your outreach or inreach strategies according to how “easy” or “difficult” AAPIs are to reach in the community.
- How to tailor your educational messages to AAPIs at different stages of change.
- How to use community health workers to conduct educational outreach.
- How to use tools such as written materials, audiovisuals, and skill-building exercises in your educational programs.
- How to use the media (newspaper, television, and radio) to promote your educational messages and diabetes services.



Outreach

Reaching out to people who are not using any of the services provided by your organization or health center. Educating people about your organization’s services or messages.

Inreach

Reaching out to people who are using the services provided by your organization or health center, but who are not using your diabetes prevention and control services. Educating these people about your diabetes program.

9.2. Education Through Outreach Efforts

The main way to promote diabetes awareness to AAPIs is through outreach to this population in their own communities. One good outreach strategy is to use trained professionals to interact with AAPIs in their natural community settings.

Outreach helps you reach AAPIs who may not yet be aware of, or are not using, diabetes prevention and control services provided by your organization or others. Successful outreach education can connect AAPIs who have or are at risk for diabetes to health information and services.



TIPS

- Successful outreach strategies vary depending on the location and population being served, the community structure, cultural characteristics, and services in the area.
- Successful outreach education is tailored to the characteristics of the people you are trying to reach, and sometimes it needs to be accomplished in two or more stages. Most new programs have a good response at first because the first people you reach are often the most motivated. Harder-to-reach people usually require more personalized approaches that may be part of a second outreach effort.
- Successful outreach may require different kinds of educational strategies. What works to get people at risk for diabetes to a health care professional for assessment (e.g., free services, free transportation) may not be enough to get them to return for regular follow-up visits or continued care if diabetes is diagnosed.

9.3. Developing Outreach Strategies for AAPI Groups in Your Community

To develop outreach strategies for AAPIs in your community, closely review the results of your community and cultural assessments and community asset mapping (see Section 3). Look at your community profile and segmentation, as well as your available resources (staff and financial). In addition, consider using multiple strategies to reinforce your message and reach diverse AAPI populations. Outreach can be a combination of many activities that result in meaningful contacts with people with or at risk for diabetes.

The first thing to consider is how “easy” it is to reach AAPIs in your community. According to the diffusion of innovation theory (developed by Everett M. Rogers),

people can be separated into the following three broad categories on the basis of how “easy” they are to reach by different educational methods:

- **Innovators** and **early adopters** are the first people to come to a program. They are usually open and attracted to new concepts, or they are more motivated to learn about health than the average community member. Often, they will come on the basis of their own interest and motivation. They usually have more schooling or resources (e.g., income) than other people.
- The **middle majority** is more influenced by personal contact. These people come to a program on the basis of someone else’s recommendation, or because the program is being held at their local work site or club. They are usually the primary targets for community outreach campaigns.
- **Late adopters** are often the ones who are the least connected to people and media in the community. They may have the lowest socioeconomic ranking, or they may be recently arrived immigrants. They are often motivated to make health a priority, but they may be overwhelmed by other necessities of life (such as getting a job or finding a home). They may be suspicious because of past negative experiences or lack of awareness. Personal contacts, such as home visits, are often necessary for reaching these community members.

Depending on how easy or hard it is to reach people with or at risk for diabetes in your community, begin to think about outreach strategies such as the following:

- Use the media.
- Send out newsletters.
- Send out invitations or cards (e.g., to recognize National Diabetes Month).
- Hold special events.
- Make community presentations (e.g., in churches or senior centers or at health fairs or swap meets).
- Promote health in the workplace.
- Visit people in their homes.
- Meet people one-on-one.



These strategies vary by the intensity of contact. For example, using the news media and special events is a more impersonal way of reaching many AAPIs; home visits and one-on-one encounters are more personal. However, one-on-one outreach also takes more time and resources.

Sample Outreach Activities

The following examples from The Community Tool Box show different methods and activities that can be used to conduct community outreach education.

Cop Cards

Cop cards are a deck of cards designed for youth. Each card has a color photo of a local police officer or a police dog on the front. On the back, the cards have messages from the officers—such as “Stay in school; it will pay off in later life.”

The cards started in Portland, Maine, and are used in several cities across the country. To get a card, a youth goes to a police station on a specific day to participate in an activity or hear a talk about a police activity. When they have collected the complete deck of cards, they can turn them in for a prize, such as a bicycle donated by a local merchant. As the youth collect the cards, they get to know their local police officers. The goal is to build relationships and trust between the police and local residents.

Fotonovella Shopping Bags

A health center in Worcester, Massachusetts, designed plastic shopping bags that are used at markets in neighborhoods with large Hispanic populations. Inside the bags are fotonovella (comic strips) with health messages in Spanish and English.

The messages focus on such community concerns as responsible fatherhood (“Hey, Raul, let’s go shoot some hoop.” “Later, man, I’ve got to take care of my kid.”), and they reach a large audience.

Ideas for Diabetes Programs

These examples can be adapted to diabetes prevention and control programs. For example, instead of cop cards, you could create cards with tips on healthy foods and fun physical activities. Handing these cards out at health fairs, cultural events, and community centers will help you create a personal link to your organization and deliver important health messages.



Adults will collect cards if they lead to useful prizes. Ideas for prizes include groceries, tickets to an event, YMCA memberships, and water bottles or towels (with your organization’s logo). Partner with your state Diabetes Prevention and Control Program to create shopping bags with diabetes prevention and control messages in different AAPI languages.

9.4. Education Through Inreach Efforts

Community outreach is essential for reaching AAPIs who may not be using available health services now. You also want to reach AAPIs who already use some of the services provided by your organization or health center, but who are not using your diabetes prevention and control services.

Some of the same types of educational approaches you are using for outreach may apply for inreach. Examples include offering small-group education sessions or one-on-one counseling with a health educator or health care professional. Inreach is often overlooked as you focus on trying to attract new clients through outreach. In theory, inreach should be easier. You are reaching out to people who are already connected to and trust your organization; they are just not aware of your diabetes services.

Your focus with inreach is to raise awareness of new services. It is more than handing out a brochure—you have to convince people that your services are relevant to them. For example, if you have just begun diabetes prevention services, ask clinicians or community health workers to talk with people about their diabetes risk and the importance of prevention. Prepare packets of diabetes prevention materials to hand out, and display an “Are You at Risk?” poster or flyer with information that directs people to the new services in several places (e.g., the front desk, restrooms, or cafeteria of your facility).

9.5. Building Trust with the Community

No matter which organizing approach you select for your program, it is important to build trust between your staff and community members. One way to encourage trust is to recruit community health workers (CHWs) from the community to serve as health educators. The basic definition of a CHW is someone who is a member of the community in which that person works (but not necessarily a health professional).

According to the findings in a 1998 report of the Annie E. Casey Foundation, CHWs have the following seven core roles:

- Serving as cultural mediators between communities and the health and human services system.
- Offering informal counseling and social support.



- Providing culturally appropriate health education.
- Advocating for individual and community needs.
- Ensuring that people get the services they need.
- Building individual and community capacity.
- Providing direct services.

With training, CHWs are able to provide many benefits to the community, including increased trust between community clients and health care services, greater focus on AAPIs' needs, better tailoring of program services to meet those needs, and more timely use of health services and treatments.

Recruiting Community Health Workers

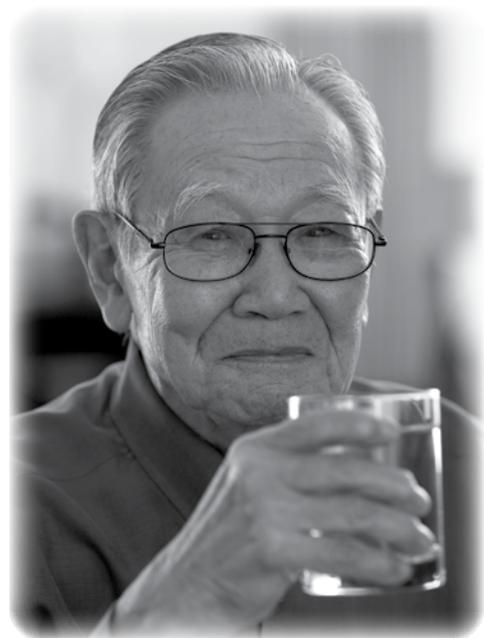
Several organizations have developed statements of support for incorporating CHWs into health care teams that promote diabetes prevention and control. Examples include the following:

- American Public Health Association, <http://www.apha.org>.
- American Association of Diabetes Educators, <http://www.aadenet.org>.
- Division of Diabetes Translation, CDC, <http://www.cdc.gov/diabetes/news/docs/qacomm.htm>.

These organizations recognize the importance of outreach through CHWs. This support can help you convince local decision-makers and health care professionals to include CHWs as part of a community outreach program. These organizations also provide specific examples of the roles CHWs have played in other communities and specific suggestions for diabetes prevention and control. Once you define the role CHWs can serve in your program, you will need to carefully select AAPIs for training.

Often the easiest way to identify community members who can be CHWs is through existing volunteers and participants in your organization's programs. Consider approaching AAPIs who participated in your community assessments or focus groups, especially those who may have expressed an interest in getting more involved in diabetes awareness and education programs.

You may need to advertise for CHWs in the same way you recruit staff members. Promote the positions in places where AAPIs gather, such as at churches, among friends or neighbors, or through existing AAPI social clubs and civic groups. Do not underestimate the importance of word of mouth; ask people to help you spread the word.



Decide whether you will pay CHWs or rely on their volunteer efforts. Volunteers, in particular, need to know they are valued. Look for ways to reward volunteers through stipends, awards, public acknowledgement, special name tags or uniform shirts, certificates of appreciation, or small gifts. (See Section 6 for more information on CHWs.)

Case Study: San Diego*



Community Education Through Volunteers

United Filipino American Senior Citizens of San Diego, Inc. uses community volunteers to help educate its target audience. The group trains peer counselors on how to prevent and control diabetes. These counselors then go into their communities to teach others. The director of the program notes, “This is empowering; knowledge is empowering—not necessarily because they need it, but because they can go out and share it with others.”

Key Points

- With the right training, volunteers can be good educators for your community.
- Having members of the community become trained educators will help you reach your target audience.

* Source: United Filipino American Senior Citizens of San Diego, Inc.

9.6. Using Health Education Materials and Tools

Once you have identified your strategies and health education messages, you should develop or identify materials and tools to use in your outreach and inreach activities. It is usually better to use two or more audiovisual tools for each activity and to try to make the activity interactive. The main tool is usually written material—it is easy to transport, can convey a lot of important information, and can be presented in different languages.

Health education materials are powerful tools for increasing public awareness and promoting the early prevention of many health problems. Well-designed health education materials are valuable resources. They can be easily reproduced and distributed with minimum cost and time, and they are key components in the Maintenance stage of a successful and enduring diabetes program for AAPI audiences.



Tip

Remember that not all AAPIs are literate in English or in their native language, and some may have a low reading level. In this case, visual and audio materials, such as videotapes, audiotapes, and practice models, are better tools.

Human interaction also is important. Passing out brochures is not likely to change anyone’s behavior.

It is important to select or develop your own educational materials carefully according to the characteristics of your community. Make sure to check the following:

TIP

Always pilot test the materials you choose before you use them to make sure they are culturally and linguistically appropriate for your audience.



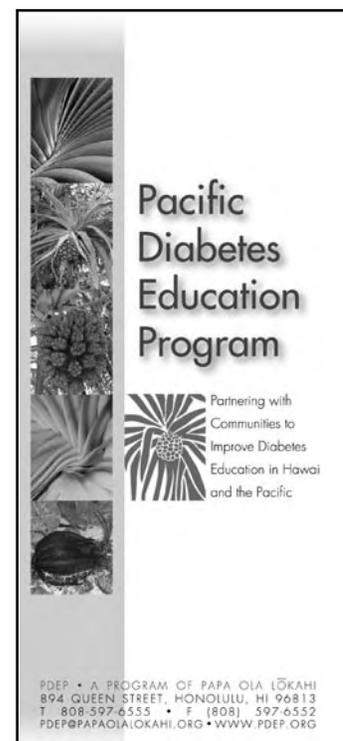
- Readability—Are written materials at the appropriate reading level for your population?
- Clarity—Does the material convey ideas simply and avoid technical jargon?
- Quality and appeal—How are the colors, pictures, and paper quality? Is the material interesting to look at?
- Relevance—Is the content applicable to the lives of AAPIs in your community?
- Formatting—Is it easy to read? Does it use white space well? Is the font size appropriate?
- Cultural and linguistic appropriateness—Is the translation accurate? Does it make sense in the AAPI language, or does it read like “translated English”? Does it include graphics, icons, images, or phrases that are meaningful to your target group? Does it use offensive stereotypes to portray AAPIs?

A good source of health education materials is the National Diabetes Education Program (NDEP). These materials have been pilot tested, and some have been translated into 15 Asian and Pacific Islander languages. These materials can be downloaded free from <http://ndep.nih.gov> and photocopied. These materials are copyright-free and can be adapted to specific AAPI audiences.

Another good source of materials is the Association of Asian Pacific Health Organizations (AAPCHO), which has compiled a resource list of AAPI diabetes education materials (see Appendix O). Currently, there is no clearinghouse for AAPI materials, so you will have to contact the organizations that produced the materials directly. AAPCHO tried to include only those materials that are available for distribution; however, be aware that availability changes often.

In addition, some of the materials on the list have not been reviewed for cultural appropriateness or technical accuracy, so they should be pretested before use. Other Web sites with materials in Asian/Pacific Islander (and other) languages can be found at <http://www.cdc.gov/diabetes/ndep>.

To save money and time, AAPCHO suggests that you first look at its resource list to see what existing materials you can adapt to your needs instead of developing new ones. Whether your program chooses to use existing materials, adapt existing materials, or create new ones will depend on your program’s needs and the level of



available resources. If there are no appropriate materials available for your community, you will have to develop your own.

It is a good idea to use different types of educational materials and activities in your outreach and inreach efforts. People often get tired of listening to someone talk on a health topic—it can feel like being in a school classroom.



When you present your materials, use different types of tools to get and hold the audience's interest and participation. For example, bring a glucose meter and show people how to use it and understand the results. Other tools to consider include flip charts, videos, plays or skits, slide shows, and audiotapes.

9.7. Using the Media to Promote Diabetes Awareness

The media is an important way for you to get your message out into the entire community. The use of the media should be based on the availability of newspapers and television and radio programs that are language-appropriate and culturally relevant to your community. Ethnic media (such as Korean radio shows, Vietnamese television shows, and Chinese newspapers) are an important way for AAPIs to stay in touch with what is going on in their communities. Think about how to use the local media to reach your audience, promote your educational messages, or conduct advocacy activities.

In general, public service announcements (for television and radio) and community calendars (in newspapers) are good for recruiting people to attend your outreach activity. Longer interviews and news reports are good for getting across your educational messages. If you decide that a local newspaper or television or radio program reaches your target audience (people with diabetes, their support network, and people at risk for diabetes), you need to develop a media campaign. See Section 10 for more detail on how to develop a marketing campaign and use the media to promote diabetes awareness.

According to a July 2003 report titled, *Bridging Language Barriers in Health Care: Public Opinion Survey of California Immigrants from Latin America, Asia and the Middle East on Health Care Issues*, foreign-language media are a prime source of medical information for immigrants in California. Television is the most popular medium, followed by newspapers, the Internet, and radio.

Other report findings include the following:

- Hispanics are the greatest consumers of foreign-language media, followed by Hmong, Korean, Vietnamese, Iranian, and Chinese immigrants. Overall, television is the most heavily used medium for immigrants to get medical information, followed by newspapers, radio, and the Internet.
- Television is a prime source of information for a majority of Hispanics, Hmong, Armenians, Iranians, and Filipinos.
- Newspapers serve as a primary source of medical care information for Koreans, Chinese, and Vietnamese immigrants. Hmong and Vietnamese immigrants report that radio is also an important source of medical care information.

Media usage may be different for your target audience. Identify the media usage and outlets in your community before making decisions. The NDEP publication *Diabetes Community Partnership Guide* provides specific ideas for using local media outlets in the community (see page 105; publication available at <http://ndep.nih.gov/diabetes/pubs/catalog.htm> or by calling 1-888-693-NDEP [6337]).



Case Study: New York*

Importance of the Media Within the Community

For the Charles B. Wang Community Health Center, which serves the Chinese American community in New York, developing a close relationship with local media has been a critical part of its community education efforts. The center has launched about 20 media programs, including television and radio programs, on different topics for Chinese Americans. News releases are written through the center's partnerships with local media.

Chinese radio programs have been especially important in gaining access to community members who otherwise would be difficult to reach, such as undocumented immigrants and garment and restaurant workers who do not go to health clinics on a regular basis. The center has received a growing number of calls over the years from radio listeners, and it now gets more sophisticated and appropriate questions from callers, all of which seems to reflect greater knowledge of health issues in the community.

Key Points

- Developing a close relationship with your local media is a critical part of community education.
- Some media can reach community members who are difficult to reach.
- Good media coverage can increase knowledge among community members.

* Source: Charles B. Wang Community Health Center.

9.8. Recommendations for Each Organizational Stage of Change

Precontemplation

Plant the Seeds

Think about your target audience and ways to reach them through outreach and inreach efforts. Talk to current staff members who are working in other areas of your organization to see if their clients have a need for diabetes education. Consider going to local clinics, hospitals, and health centers in the community to see if there is a need for diabetes prevention and control services for the AAPIs they serve. Offer to follow up when your diabetes program is ready to be implemented. These steps can plant the seed of contemplation with organizations in your community and with the staff of your organization.



Contemplation

Begin to Plan Your Outreach or Inreach Strategies

At this stage, you are probably trying to identify the best types of outreach or inreach strategies and the messages, tools, and media outlets for promoting diabetes prevention and control in your community. Remember that your community assessment results can help you determine your various outreach strategies. Using multiple strategies helps you reach a broader audience.

Begin by considering where individuals are in the stages of diffusion—whether they are innovators and early adapters, middle majority, or late adopters. Remember that individuals in your target AAPI communities may be at different stages, so you will need to develop several outreach or inreach strategies to reach them.

Your community likely has individuals in all of these stages, so it is important to develop and include different strategies aimed at each group. Ideas include the following:

- Innovators and early adopters can be reached by more impersonal ways, such as through media outlets, handouts, or mailings.

- The middle majority are more influenced by word of mouth. Enlist community leaders and gatekeepers who are on your community coalition or advisory committee to spread the word about your program. Consider using your community health advisors to make more personalized invitations and outreach presentations at local venues.
- Late adopters are most influenced by individual, personalized approaches. Consider one-on-one meetings or home visits. Rely on your lay health advisors and community leaders to conduct the entire outreach activity.



Health Communications

A knowledge of health communications can help you as you begin your outreach or inreach activities. The National Cancer Institute's publication *Making Health Communication Programs Work* (also called the "*Pink Book*") is a helpful resource for any health communications effort. Although many of the examples are taken from experiences in educating the public about cancer risk and treatment, the communications principles are the same for diabetes prevention and control.

According to the *Pink Book*, "For a communication program to be successful, it must be based on an understanding of the needs and perceptions of the intended audience... To help with planning and developing a health communication program, we have divided the process into four stages: Planning and Strategy Development; Developing and Pretesting Concepts, Messages, and Materials; Implementing the Program; and Assessing Effectiveness and Making Refinements. The stages constitute a circular process in which the last stage feeds back into the first as you work through a continuous loop of planning, implementation, and improvement."

The *Pink Book* is a copyright-free public document. It can be found at <http://www.cancer.gov/pinkbook> or on the CD-ROM provided with this tool kit.

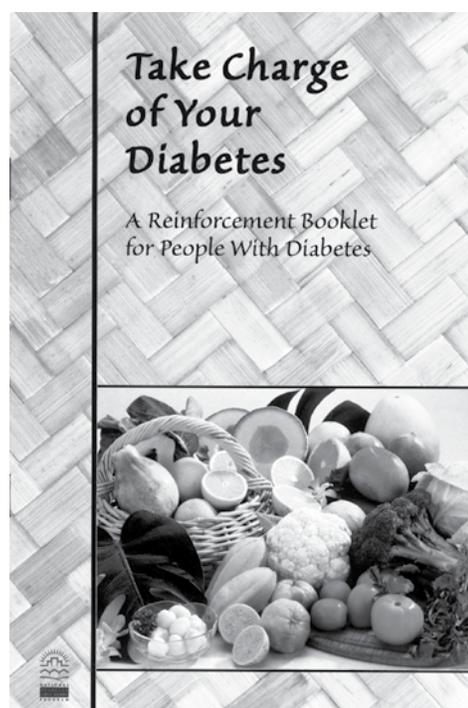
Identify Available Health Education Materials

Many health education materials are available, but make sure they fit the needs of your community. Tips on how to assess these materials include the following:

- Look at AAPCHO's list of diabetes education materials for AAPIs (see Appendix O). Select materials that apply to your population. Request copies and keep them on file, even if you decide not to use them at first.
- Visit the NDEP Web site for diabetes materials in different AAPI languages that can be used with the media and directly with AAPI populations. These materials can be found at <http://www.ndep.nih.gov/diabetes/pubs/catalog.htm#PubsAsianAm> and http://www.ndep.nih.gov/campaigns/TCH/TCH_materials_AsianAm.htm.
- Visit the NDEP Web site for diabetes publications for the general public (<http://www.ndep.nih.gov/diabetes/pubs/catalog.htm>). Examples include the *Diabetes Community Partnership Guide*. This guide lists specific community activities

for diabetes prevention and control that can be tailored for specific groups to encourage behavior change through healthy eating, physical activity, and access to health care.

- Visit the NDEP Web site for more than 30 lesson plans (outlines, handouts, and overheads) on basic diabetes prevention and control topics for general audiences (<http://www.diabetesatwork.org>). You can adapt these lesson plans for group or individual education in your community.
- Visit the Selected Patient Information Resources in Asian Languages (SPIRAL) Web site for detailed health information in Chinese, Hmong, Khmer, Korean, Laotian, Thai, and Vietnamese (<http://spiral.tufts.edu>). Patients, doctors, and other caregivers can search for Asian-language documents on topics such as asthma, diabetes, nutrition, substance abuse, SARS, and HIV/AIDS. The information is segmented by language and by subject.
- Visit the Web site for the Harborview Medical Center in Seattle, Washington, for a slide presentation on portion sizes for Vietnamese and Ethiopian populations (http://depts.washington.edu/ethnomed/CALIFdiabeticMayRev_files/frame.htm). This presentation explains how to use the Asian Bowl concept (slide 20) with Vietnamese patients as a guideline to portion sizes.
- Visit the Hawaii Diabetes Prevention and Control Program (DPCP) Web site for a basic patient education manual called *Take Charge of Your Diabetes*. CDC developed the original manual. The Hawaii DPCP created a shortened version for Native Hawaiians and Pacific Islander populations and translated it into several languages. These versions can be downloaded free at <http://www.hawaii.gov/health/family-child-health/chronic-disease/diabetes/resourcesandtools.html>.



Preparation

Outreach and Inreach Strategies

At this stage, you should identify the actual strategies, messages, materials, and media outlets that you will use in your outreach or inreach activities. Assess your target audience's stage of diffusion, and then develop a work plan of outreach or inreach activities that addresses the following questions:

- What outreach or inreach activities do you plan to conduct?
- When will these activities occur?
- Who is responsible for conducting these activities?
- How will these activities be evaluated? (See Section 4.)

If your activities include working with different organizations and facilities, begin or continue to negotiate with them to get the things you will need for your activities, such as space, in-kind donations, food, and incentive items.

Educational Messages

Once you have decided on the educational messages that are important for your community, you should develop your educational script and curriculum.

- If you are using a preexisting curriculum, review it to make sure it properly addresses the cultural and linguistic issues and themes of your community.
- Pilot test your chosen or developed curriculum or basic messages with a small group of AAPIs to ensure the materials are culturally and linguistically appropriate for your community.
- Remember to pilot test with the group you are trying to reach. First-generation and second-generation AAPIs may have different responses to different messages and delivery methods.
- If you are developing your own curriculum, make sure to address specific factors that are important to your population (See instructions on how to assess your community in Section 3). Your educational activities should not be one-way lectures on diabetes prevention and control. They should be a dialogue between your lay community health workers and people in your community.

Using Preexisting Health Education Materials

Adapting preexisting health education materials is a cost-efficient and easy way to ensure that your program has enough culturally and linguistically appropriate

materials for your audience. Remember to involve your community advisory board and community members in pretesting materials during and after the adaptation process.

Developing Your Own Health Education Materials

It may be that no currently existing materials meet your exact program needs. For example, your community advisory committee may decide that you need specially designed posters or flip charts to use with specific groups of AAPIs. Consider the following guidelines when you develop your materials, and remember to pretest your materials in the community before using them.



- Make sure your materials are clearly presented.
 - > Illustrations should be two-dimensional with minimal shading and background scenery.
 - > Text should be at least 14 points. Use a font that is easy to read, such as Times New Roman.
 - > Dark text on a light background is easier to read than white text on a dark background.
 - > DO NOT USE ALL CAPITAL LETTERS. It looks like you are “shouting,” and it is harder to read unless it is a brief phrase for special emphasis.
 - > Do not use watermarks or distracting background images.
- Make sure your materials are in logical order.
- Make sure your materials are easy to understand.
 - > Show people, actions, objects, and workplaces that are familiar to the audience.
 - > Use the appropriate reading level.
 - > Avoid stylized pictures or drawings.
 - > Make messages easy to understand. Avoid long sentences, be concrete, and use active voice.
- Make sure your materials are interesting, familiar, and realistic.
 - > Objects or figures should be common and based on the audience’s experiences.
 - > Messages should be culturally appropriate.
- Make sure your materials present a positive message.
 - > Readers often react negatively to pictures showing an unfavorable action.



Action

Implement Your Outreach or Inreach Activities

During this stage, you should begin to implement your outreach or inreach activities. Once you have begun, monitor your activities to make sure they are having the intended effect—that is, your target audience is getting the messages and follow-up services you want them to.

A major component of diabetes outreach and inreach activities is making sure people have the support services they need to help them develop diabetes self-management skills, receive nutrition counseling, and understand what regular medical exams they need (e.g., for their eyes, feet, and oral health). Your outreach and inreach efforts will not be as effective without these services.

Examples of support services include the following:

- Transportation.
- Interpretation and translation.
- Counseling.
- Financial assistance.
- Work-related help.
- Social services.
- Government entitlement program services.

Your organization may already provide some of these services, or you may consider implementing them. If not, talk with your health care professionals, community coalition members, advisory committee members, or partners to find out what resources are available in your community that might help. Make sure your outreach and inreach activities are helping AAPIs access the services they need.

Ways to do this include the following:

- Make appointments for AAPIs to get diabetes testing, if appropriate.
- Talk with people about what types of counseling or educational training they will need if diabetes is diagnosed (e.g., how to use a glucose meter).
- Talk with people about what types of educational training they will need if prediabetes is diagnosed (e.g., nutrition and physical activity counseling).
- Arrange or help identify where clients can get culturally appropriate nutrition education.
- Help AAPIs arrange for interpreters.
- Offer AAPIs bus vouchers or other transportation help, as available.



Maintenance

Expand and Sustain Your Activities

At this stage, you are conducting your outreach or inreach activities. Now you can focus on expanding your diabetes program to address awareness among AAPIs who have not been identified yet. It is also important at this time to think about how to integrate your outreach or inreach activities into your organization's normal activities to ensure its sustainability.

Consider the following activities:

- Revise your outreach activities on the basis of your evaluation results (see Section 4).
- Expand your physical activity and nutrition services to include people at other stages of change. For example, some AAPIs may not know they are at risk for diabetes and should get tested. Perhaps you have stressed the importance of recognizing risk factors and getting tested (for AAPIs at the Preparation stage), and you have motivated people at risk to get tested. Now, think about educating people about the need to see a health care professional regularly.
- Expand your outreach to serve late adopters who have the least access to education and testing services. For example, if you have been consistently reaching many AAPIs through large community presentations, think about one-on-one efforts (such as home visits or telephone contacts) with AAPIs who you suspect have not been tested and are at high risk for diabetes.
- Identify funding sources to continue your program after your current funding ends. See Section 8 for more information on how to research funding sources.



Case Study: American Samoa*



Assessing Community Needs

A program in American Samoa used hospital data to assess community needs. The program serves a small community with a high prevalence of diabetes. Because of the prevalence of the disease and because of cultural issues that affect this problem, diabetes is a major issue that gets much attention in American Samoa. Many of the people living on the island are overweight and inactive.

This is especially true among older adults, who believe that with aging comes fewer demands and responsibilities. It is a cultural tradition that the elders are served by younger members of their family and community. Thus, older adults on the island are not, in general, a physically active group.

Key Points

- Learning about your community's culture and values is the key to understanding its needs.
- Clinics and hospitals can be useful data sources.
- Cultural traditions and values can sometimes be a barrier to encouraging physical activity.

* Source: Tele Frost-Hill, Chair, NDEP Asian American/Pacific Islander Work Group.

- Institutionalize your program’s activities into the daily operations of your organization. See Section 5 on how to identify and nurture a “program champion” who can help you gain more support for your program from other staff members in your organization.
- Update your organization’s managers about your efforts and media activities. Increased publicity about your program should attract the attention of your executive director and may help bolster his or her support for your program.

Use Storytelling to Describe Your Program’s Successes

Apply the health communications principles you have learned when communicating with your organization’s leaders and program supporters. The same principles of using messages that are clearly presented, in logical order, easy-to-understand, interesting, familiar, realistic, and positive apply.

- **Collect the information you need to tell a story.** Collect data and information on attitudes, barriers, and misconceptions. Collect stories from community members that show the difference you have made in their lives.
- **Increase public awareness.** Include practical stories of what someone from the community has done and let the example stand for itself.
- **Involve and educate policy makers.** They also learn from stories. The images from a compelling personal story will linger in their minds.
- **Develop partnerships.** Sharing stories is important for long-term sustainability.

Storytelling as Health Communication*

Our memories arrange themselves as stories. An effective strategy for teaching new information is to craft it into a story. Stories also add the human touch—the reason *why* a fact is important or the compelling emotion that leads to action.

Putting a face on diabetes helps people relate personally. Telling the human interest story also helps organizations and decision-makers understand the compelling need to act. Instead of stating the fact that diabetes is the leading cause of blindness in the United States, try telling a story:

“Mary thought her weakening vision was simply a sign of growing older. The day she could not make out her grandson’s features because of a blind spot in her vision was such a shock that she finally went to the eye doctor. It was the first time she learned she had diabetes. She found out that, left untreated, she could have become blind from her diabetes. With treatment, her vision improved, and she enjoys reading stories with her grandson again.”

Follow the story with your message. For example, “Don’t wait for symptoms that could cause permanent damage: get tested for diabetes, get regular eye exams, fund our initiative to prevent blindness from diabetes...”

* Adapted from *Beyond the Brochure: Alternative Approaches to Health Communication*.

Use Personal Testimonials

As the old adage goes, “One picture is worth a thousand words.” A story paints a picture and can be very powerful. A personal testimonial can go a long way toward telling your partners and potential funders about the impact you are having in the community. Support your story with statistics (e.g., how many clients were served), but do not forget to paint your picture.

The Diabetes Prevention and Control Program (DPCP) in your state or territory may have resources and partnerships that can help in a collaborative effort. For contact information on the DPCP in your state or territory, visit <http://www.cdc.gov/diabetes/states/index.htm>. Appendix P lists DPCP coordinators for 59 programs in 2008; the individual coordinators may change, but addresses and telephone numbers usually stay the same.

For more help or advice on how to conduct outreach activities to AAPI communities, contact a member of the NDEP Asian American/Pacific Islander Work Group (see Appendix Q for a list of work group members).



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Free continuing education credit is available for reading this section. See page ix for details. When asked for a CEU verification code, use D1240H for Section 9.

SECTION 10: MARKETING CAN INCREASE YOUR REACH AND EFFECTIVENESS

Learning Objectives

By the end of this section, readers will be able to

- Understand the value of marketing support for public health programs and initiatives (Section 10.2).
- Discuss how marketing fits into the structure of an organization and helps to achieve its goals (Section 10.2).
- Develop practical and measurable objectives and strategies to drive marketing programs (Section 10.3).
- Learn how to develop a position statement and a brand identity for your organization (Section 10.3).
- Describe the different types of media outlets that can be used in a marketing effort (Section 10.3).
- Identify easy-to-access tools that local public health professionals can use to plan and conduct marketing programs (Section 10.3).



Target Community: _____

Date Completed: ____/____/____

Checklist Revisit Date: ____/____/____

Organizational Stages of Change for Diabetes Programs

Checklist 8: Marketing

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>Not aware that marketing is important or belief that marketing is not possible.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that there is a need for marketing your diabetes program? <input type="checkbox"/> Have you agreed that it may be possible to do marketing? <input type="checkbox"/> Have you reached agreement that you will seek more information on the “pros” (e.g., value of marketing) and the “cons” (e.g., costs, time, human resources) of marketing your program? <input type="checkbox"/> Have you begun identifying other organizations also involved in diabetes outreach? <input type="checkbox"/> Have you identified recently fielded diabetes programs? 	<p>Aware that marketing support of the organization and its programs is important, and weighing pros and cons of implementation.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you reached consensus that the “pros” outweigh the “cons” for marketing your diabetes program? <input type="checkbox"/> Have you resolved ambivalence about the value of marketing? <input type="checkbox"/> Have you resolved ambivalence about your program’s ability to do marketing? <input type="checkbox"/> Have you estimated the size of the marketplace you wish to serve? <input type="checkbox"/> Have you identified and prioritized the key issues your programs will address? 	<p>Committed to increasing diabetes outreach activities.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you identified or established relationships with other organizations that you might want to partner with? <input type="checkbox"/> Have you established an organizational position statement? <input type="checkbox"/> Have you created a brand image and defined a brand personality? <input type="checkbox"/> Have you developed relationships with key media partners (especially their editorial staff)? <input type="checkbox"/> Have you established a program calendar? <input type="checkbox"/> Have you determined the key benefit or unique “selling” proposition for your organization? For each planned program? 	<p>Currently implementing diabetes program activities.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you specified measurable objectives for your organization and for each program? <input type="checkbox"/> Have you ensured that each strategy is specific to the accomplishment of the objective(s) it serves? <input type="checkbox"/> Have you developed marketing support materials that answer the requirements of the communications strategy? <input type="checkbox"/> Are you tracking and evaluating the effectiveness of program support and marketing materials? 	<p>History of successful implementation and ongoing program development.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are you consistently tracking program results and using findings to refine your marketing plan? <input type="checkbox"/> Have you successfully reached out to media contacts in your market and become recognized as a “go-to” expert in your field? <input type="checkbox"/> Have you established consistently reliable sources for designing and producing materials? <input type="checkbox"/> Have you successfully partnered with other organizations in your community in fielding diabetes initiatives?

Checklist continued on next page

Precontemplation	Contemplation	Preparation	Action	Maintenance
<p>Not aware that marketing is important or belief that marketing is not possible.</p> <p><input type="checkbox"/> Have you determined what outreach activities your organization may have the capacity to field successfully?</p> <p><input type="checkbox"/> Have you assessed internal competency to create and field marketing support (e.g., who can write well, who can interface with media)?</p>	<p>Aware that marketing support of the organization and its programs is important, and weighing pros and cons of implementation.</p> <p><input type="checkbox"/> Have you identified the media resources and contacts (editorial and sales staff) available to you?</p>	<p>Committed to increasing diabetes outreach activities.</p> <p><input type="checkbox"/> Have you created a communications strategy for your organization and for each planned program?</p> <p><input type="checkbox"/> Have you planned the best mix of marketing strategies for each planned program?</p> <p><input type="checkbox"/> Are you working with media and other contacts to learn more about the market you want to reach?</p>	<p>Currently implementing diabetes program activities.</p> <p><input type="checkbox"/> Are you continuing to build relationships with media contacts?</p>	<p>History of successful implementation and ongoing program development.</p> <p><input type="checkbox"/> Are you consistently reviewing and revising your communications materials and media choices to align with changes in your market conditions?</p> <p><input type="checkbox"/> Are you continuing to ensure behaviors and attitudes consistent with your organization's brand position?</p>

* Activities in italics are secondary activities, which are not used to determine your stage of change.

10.1. Introduction

Section 10 will help you develop a targeted marketing plan to increase the reach and effectiveness of your diabetes prevention and control program and its initiatives.

To achieve this goal, this section will

- Define how marketing can support local public health initiatives and your organization's goals.
- Show you how to develop realistic and practical objectives and strategies.
- Explain what a “brand” is and how important it is to have a recognized local brand.
- Identify local marketing tools, such as an article in a community newsletter or a public service announcement on a local radio station, and define how these tools can be used in local public health initiatives.
- Show you how to consolidate the elements of your marketing plan into a one-page matrix.

10.2. Social Marketing in Public Health

Social marketing is a key concept in public health. It is the use of marketing in the planning and execution of programs designed to influence behavior change in the target audience, not to sell products.

As Alan R. Andreasen states in *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*, “In simplest terms, social marketing is the application of marketing technologies developed in the commercial sector to the solution of social problems where the bottom line is behavior change.”

In his book, Andreasen identifies the following essential features of social marketing:

- Consumer behavior is the bottom line.
- Programs must be cost-effective.
- All strategies begin with the customer.
- Initiatives involve the Four P's: Product, Price, Place, and Promotion.
- Market research is essential to designing, pretesting, and evaluating public health initiatives.
- Markets are carefully segmented.
- Competition is always recognized.





TIP

For more information on how to create a diabetes awareness campaign, including strategies that can be adapted to many different audiences, see the *Global Strategic Plan to Raise Awareness of Diabetes*, published by the International Diabetes Foundation.

This publication can be found at <http://www.idf.org/webdata/docs/awarenessdoc.pdf>.

Programs started by community organizations can use the same proven principles of marketing that have brought us established, well-respected, and recognized brands, such as those of food or athletic equipment companies. These principles can be used to drive change in behavior at local levels.

An Overview of the Marketing Process

If you asked a sample of marketing professionals to define marketing, you would likely get a different answer from every source. In the book *Small Business Marketing for Dummies*, author Barbara Findlay Schneck states, “Marketing is the process by which you create and keep customers.”

Marketing begins with customer knowledge, and it ends with providing a service or product to the customer. For organizations providing diabetes programs to a community, marketing involves developing your products (i.e., programs and services), determining how they will be delivered, advertising and promoting your products, making sure your target audience is served well, and evaluating the effectiveness of your marketing strategy.

Marketing is not sales. People often confuse the terms *marketing* and *sales*, but they are very different. Although selling an idea is the desired goal for most public health initiatives, acceptance of the idea is unlikely if marketing did not occur before you approached the target audience with your information or idea.

In essence, marketing is all the steps you take before trying to “sell” your organization’s ideas and information to the target audience. Effective marketing includes the following basic steps:

- Get to know the target audience and the environment in which you will be communicating to it.
- Tailor your product, packaging, and distribution strategies to address the target audience’s needs, such as the environment they live in, the services they are being offered, and the programs that compete for their attention.
- Create marketing messages that grab attention, inspire interest, and move your target audience to act.
- Look for ways to have ongoing contact with your target audience. Marketing is not a one-time activity.



- Talk with members of your target audience to find out about their wants and needs, and use this information to shape the programs and services you offer.

Remember that the goal of your programs and services is to help people make sustained behavior change. You want your consumers to prevent or control diabetes. Your marketing effort should focus on developing ways to communicate regularly about diabetes prevention and control with your target audience. In the commercial world, a business would call this earning repeat customers. Be sure that your marketing efforts earn repeat customers.

10.3. Recommendations for Each Organizational Stage of Change

Because marketing supports both the organization as a whole and individual programs and initiatives, it does not have one specific shape or form. It is as varied as the experience and creativity of its practitioners.

Organizations also vary greatly in terms of their readiness to accept marketing as important to the work of the organization.

Organizations with a history of marketing will be much more willing and able to develop and support marketing programs to help with their diabetes-related work. Those that are not as experienced with marketing may be more resistant.

A part of every organization's entry into marketing is an internal effort to educate the organization about the value of marketing. Your organization's stage of change will determine how much education is needed.



Precontemplation

Identify the Benefits

If your organization is not considering how to market its diabetes program, it may be because the leaders believe, “if we build it, people will come.” They may not believe that marketing is necessary. Ask your organization's leaders what benefits they could imagine from a marketing strategy. Increased attention could lead to increased funding, as well as to increased participation and eventually to success.

You may have a great product or service, but it will fall short if people do not know about it. Identifying the potential benefits can move your organization to the Contemplation stage.

Contemplation

Decide Your Readiness

As you think about creating a diabetes program, think about potential marketing strategies your organization could use to get and increase interest in the community. Think about the type of media outlets that could reach the most people in your target audience. Think about how your organization may have marketed other programs and activities. What worked well? What needed improvement? You also may want to identify people with experience in creating marketing strategies and plans.

Preparation

Set Goals

Whether you are launching a new program or service, or trying to refresh an existing one, start by defining what you are trying to achieve. Organizations new to marketing might be overwhelmed by the scope of the tasks ahead. They may not know how much money or staff to devote to the efforts, whether they should hire a professional, or whether to create ads or a Web site.



Start by asking yourself how many people you want to reach and how often you want to reach them. By setting your goals first, your plans become more focused, goal-oriented, and easier to develop.

Great resources for writing a marketing plan include the following:

- *Small Business Marketing for Dummies*, by Barbara Findlay Schneck.
- About Inc., sponsored by the *The New York Times*. Available at <http://marketing.about.com>.
- Entrepreneur.com Inc. Available at <http://www.entrepreneur.com>.
- U.S. Small Business Administration. Available at <http://www.sba.gov>.

Learn About Your Target Audience

For any initiative, different groups of community members will need different types of programs and services. A great deal of diversity can exist within a population group in terms of language, culture, and history, as well as in tastes, characteristics, interests, lifestyles, and past responses to specific intervention approaches. Population groups can be split into many different segments according to these differences. For more information about how to segment your target population, see Section 3.)

Common market segmentation terms include the following:

- **Geographics:** Segmenting your audience by region, county, state, ZIP code, or U.S. census tract.
- **Demographics:** Segmenting your audience into groups on the basis of common characteristics, such as by age, sex, race, religion, education, marital status, income, or household size.
- **Psychographics:** Segmenting your audience by lifestyle characteristics; behavior patterns; or beliefs, values, and attitudes about themselves, their families, and society. You also can look at your audience’s stages of change—that is, their readiness to participate in a diabetes program.

There are many resources to help you get the kind of information you need about your target audience. Many of these resources are low-cost or free. Examples of good resources for data on specific population groups include the following:

- **U.S. Census Bureau.** Available at <http://www.census.gov>. This site offers extensive information on the U.S. population. For demographic statistics, including those for AAPIs, on places as small as 25,000 households, see <http://quickfacts.census.gov/qfd/index.html>.
- **Reference.com.** Available at <http://www.reference.com>. This site provides links to several other demographic resources. To find a list of available sites, type “demographics” into the search field.
- **Local newspapers** are a free or low-cost resource for demographic and other market data in your local market. Many newspapers subscribe to a service called Scarborough, available at <http://www.arbitron.com/advertisers/scarborough.htm>, to support their own marketing efforts. Some newspapers offer access to demographic reports from this service to advertisers and community groups (usually in exchange for buying ads). Call your local newspaper to get rates and to find out what other information you can get in return for buying ad space.
- **Association of Asian Pacific Community Health Organizations (AAPCHO).** Specific data on AAPI groups for the United States overall and by state can be found at <http://www.aapcho.com/links/State-Fact-Sheets-PDF/US-State-Profile.pdf>.
- **Local small business development centers**, which are often located at a local community college or university. To find a center in your area, go to <http://www.sba.gov/sbdc>. Click the “SBDC Locator” link.



You also can collect information yourself through questionnaires and surveys, interviews, and simple observation. See Section 3 for information on how to collect data to assess your community. If you want to use more advanced methods, such as conducting focus groups, think about hiring professionals, such as a public relations agency or marketing research firm. Your local chamber of commerce can provide a list of such companies in your area.

Assess the Competition

No matter what program or service you offer, you will have competition. Andreasen writes that, “Target consumers in most behavior-change situations have very good reasons for maintaining the behavior patterns they have held—often for a lifetime. As experience has shown, a great many of these behavior patterns are not the result of ignorance but of conscious choice.”

Competition may not be direct, and it may not be obvious, but it is always there. For the types of programs and services offered by your organization, it is important to remember that the competition may not be another program, but entrenched behaviors. For example, you may be trying to encourage people to be more physically active and make healthier food choices. Your “competition” might be activities that are very enjoyable to the target audience, such as watching television and eating high-fat foods.

To assess your competition, ask the following questions on a regular basis:

- What is the competition’s strength compared with what we are offering?
- What is the competition’s weakness compared with what we are offering?
- What can we offer that is different and will draw our target audience to our side?

For example, consider fast food versus potentially healthier home-cooked meals.

- What are the strengths (real or perceived) of eating fast food? Examples include convenience, the perceived good value as an inexpensive food option (“value meals”), its value as a family-friendly choice, and its appeal to children (kid’s meals with toys).
- What are the weaknesses of fast food compared with foods prepared at home? Fast food is potentially higher in fat and offers fewer healthy choices, fewer traditional ethnic choices, and fewer fruit and vegetable choices. It may encourage more fragmented meal times, with teenagers eating separately from the rest of the family.
- What can we offer that will draw our audience to think about eating more meals at home? We can appeal to traditional values such as sitting down together for a meal at home. We can appeal to ethnic pride in home-prepared foods and family recipes, the better health value of traditional recipes based on more vegetable consumption, and the value of setting good examples for children.

Kokua Kalihi Valley Garden Program



In 2005, the Kokua Kalihi Valley (KKV) Comprehensive Family Services on Oahu, Hawaii, used social marketing and audience segmentation to create an innovative diabetes prevention and control program. Traditional education approaches did not seem to work well with their Pacific Islander clients. For example, Micronesian women were skeptical of the idea of walking without a specific task in mind. Rather than seeing it as a way to improve their health, they viewed it as a pointless waste of time.

“It didn’t help that the word for ‘exercise’ didn’t exist in their Chuukese language,” said David Derauf, MD, MPH, executive director of KKV Comprehensive Family Services.

Fortunately, the KKV staff knew to analyze their market. Many of the women in the target community were new immigrants from island cultures that live close to the land. They no longer had their traditional family gardens, and they had switched rapidly from eating healthy traditional foods to eating store-bought foods that were often less healthy.

KKV staff knew they needed to provide a way for the women to participate in a purposeful, culturally appropriate activity with tangible rewards. The result was the KKV HEalthy Living Lifestyle Program (HELP). KKV leased land located deep in a lush, fertile valley near the KKV health center where program participants plant traditional foods and take home the foods harvested. KKV also uses these foods in cooking and nutrition classes.

“Gardening got a much better response than chair aerobics,” said HELP coordinator Johsi Wang. “Participants get access to more fruits and vegetables at no cost, and they get physical activity without realizing it.”

Preliminary results show dramatic improvement in several clinical measures for diabetes control, including lower A1C (<7), blood pressure, and cholesterol levels. KKV staff proved that comprehensive marketing analysis and good implementation can help to improve community health.

Key Points

- Use social marketing and audience segmentation to create effective programs.
- Build on traditional values and social support networks to design culturally appropriate activities.



Develop Goals, Objectives, and Strategies

Goals and Objectives

A goal is an overall target that your marketing program seeks to achieve. For example, a business may have a goal of increasing its revenue. An objective is a measurable result related to the goal. It describes what and how much you plan to do for whom by when. Objectives also should be SMART: Specific, Measurable, Achievable, Relevant, and Time-bound. A marketing plan usually has

several objectives. For example, to achieve the goal of increasing revenue, a business's objectives may be to increase revenues by 10%, sales calls by 20%, and sales by 8%.

Goal

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Many organizations may think they cannot begin the marketing process because they do not know where to start. Knowing what your goals are makes it much simpler. Remember that your goal is what you want to achieve during the upcoming marketing period (e.g., the coming fiscal year) to move toward your vision of what your organization should accomplish. Once you are clear on your goals, every action becomes a building block toward achieving these goals.

Marketers know that the most meaningful evaluation finding is the extent to which an organization's objectives are met. Objectives must be clear,

reasonable, and actionable. Your objectives outline how your organization will achieve its goals over the marketing period. Examples of objectives for a diabetes prevention and control program include the following:

- To hold at least two diabetes interventions for local employers each quarter during the current fiscal year, resulting in the exposure of at least 2,000 employees for the year.
- To sponsor at least three visits to schools by a certified diabetes educator each quarter, exposing at least 1,000 students to diabetes prevention messages.
- To increase awareness of A1C testing for diabetes by 20% among Filipino males.

Strategies

Strategies are the action steps you will take to accomplish your objectives. For each objective, list all the tasks you could possibly do. Then, prioritize your list according to how easily and efficiently you can do each task. Think about the possible impact each task will have on the objective.

Examples of strategies that could be used to accomplish the objectives above include the following:

- Partner with businesses to develop a basic program to promote healthy food choices for people with diabetes.
- Build partnerships with academic nursing programs.
- Develop and distribute a comprehensive list of diabetes education programs recognized by the American Diabetes Association.

Your goals and objectives will stay the same, but your strategies must be flexible so that they can be adjusted to changing opportunities over time. By creating marketing goals, objectives, and strategies for your organization as a whole, and then for each of your major initiatives, you can shape the strategic core of a marketing plan.

Why Marketing Is Important for Public Health

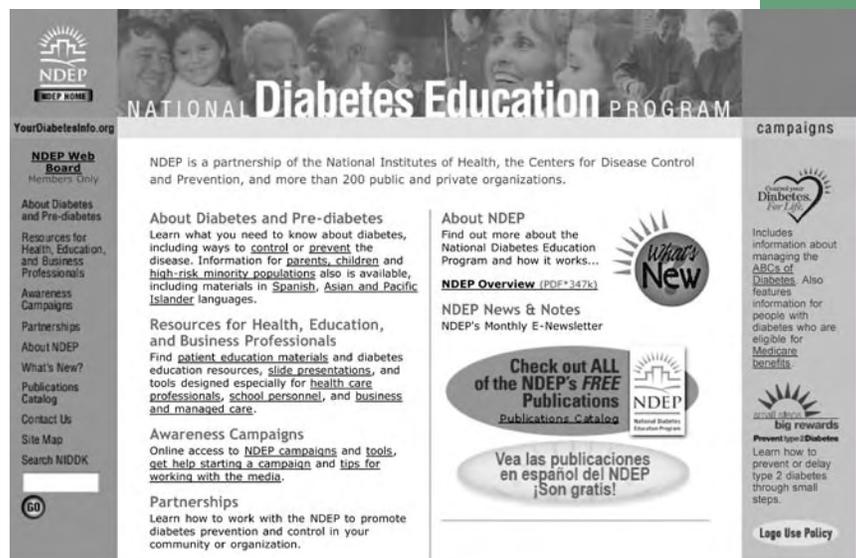
Public health is a service-driven environment where committed people and community relationships are often the foundations of success. For people working in this field, it is not always easy to accept the need for advertising, direct-mail efforts, public relations, and promotion.

However, organizations with limited resources may find it hard to successfully manage all of their contacts and relationships and serve a needy public at the same time. With the support of marketing, you can operate in a way that ensures that the people you want to serve know who you are, know what you have to offer, want what you have to offer, and trust you to help them.

Positioning

“Positioning” is where you fall in the mind of your “consumers” when they think about your field. For example, NDEP wants to position itself as the first resource for diabetes information. Your organization’s position statement must be a clear and concise statement of who you are and what you stand for.

One simple approach to developing a position statement is to have everybody in the organization create a list of key words that they think best describe the organization. Ideas—as well as differences and gaps that may exist between who you are and who you think you are—will begin to emerge from this list.



Use Slogans and Taglines to Promote Your Organization



Waianae Coast Comprehensive Health Center

“Health is Aloha in Action”

Waimanalo Health Center

“Ola Haloa, The Sustaining of Life”

South Asian Public Health Association

“Health Advocates for the South Asian Community”

A good exercise would be to study other media advertisements from television, newspapers, radio, the Internet, and magazines and look at company and brand taglines and slogans. What do you think they are trying to say about their businesses? It should be no surprise that many people call these taglines and slogans “position lines.”

Try to develop your own tagline or slogan. Make it short and catchy. It is not a position document—it is a short phrase full of meaning that communicates quickly who you are.

Branding

A “brand” is not just a logo or a graphic mark; it is an identity. Ultimately, your brand gains meaning from how your audiences see your organization in the real world—your delivery of services, the quality of the delivery, the way you interact with your audience, and many other factors.

For example, if “compassion” is at the core of your position statement (from your list of key words), everyone in your organization must show compassion and foster compassionate behavior. If your organization’s slogan is “solves your problems quickly,” then everything people see and experience in contact with your organization should say and prove the “quickly” promise.

Think of all the organizations you come into contact with every day. What do they do besides advertise to reinforce their brand message and their underlying market position?

Action

Building a Marketing Plan: The Media Component

Advertising Media

Choosing what media outlets to use to advertise your program and initiatives will depend on several factors. First, you must define the target audience or audiences you are trying to reach.

Next, you will need to assess what types of media exist in your local market area. For example,

- Do a lot of people watch cable television in the communities where your audience lives?

- Is there a health-oriented radio personality, such as a local physician, who captures the attention of the public in your area?
- Is there a dominant newspaper in your market? A most-read newspaper section? A “community beat” writer who is highly respected?

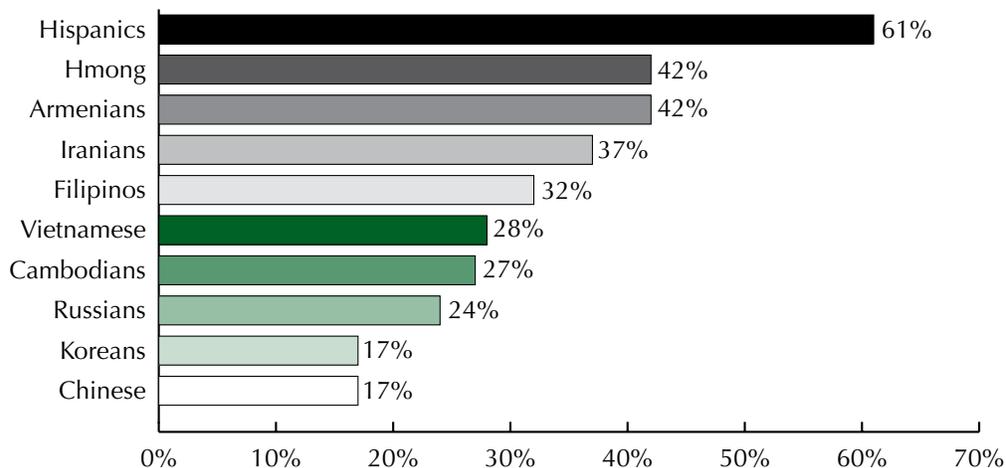
An effective media plan must take into account all factors for all types of media in your local market. It must take into account both paid media (e.g., newspaper, radio, or television ads) and unpaid media (e.g., public service announcements).

Remember that your marketing plan is designed to target specific groups—in this case, AAPI communities that need or want diabetes prevention and control services. You may receive media information about this population that has been generalized from statewide or even national numbers. You will need to consider this information critically.



For example, Figure 10-1 shows that the use of television as a source of health information varies among AAPI groups in California. You can use this information as a benchmark, but find out how the community you serve gets its health information. Do not assume that information collected from state or national surveys reflects your community or the population you are trying to reach.

Figure 10-1. Percentage of California Immigrants Who Get Most of Their Information About Medical Care from Television



Source: *Bridging Language Barriers in Health Care: Public Opinion Survey of California Immigrants from Latin America, Asia and the Middle East.*

In addition to choosing what kind of media you will use, you must decide what mix of media to use. The most successful media campaigns rarely depend on just one approach. What works best for your community will evolve from your research and experience. Key options are outlined in the following sections.

Print

Print media offer several powerful advantages for the consumer and business-to-business communications support you may need. Examples include the following:

- “Upscale” audiences often read print media more than they watch or listen to broadcast media.
- Most print media are highly targeted in their readership. This allows you to better select and target your advertising.
- Print gives you more time to tell your story. In print, you can develop a logical, appealing selling message that is detailed and provocative.

Magazines

Consumer magazines are usually limited in their ability to target local markets, but they can target specific consumers through niche magazines. In addition, many markets have business magazines and tabloids that are published locally and target local audiences. Many markets also have “city books” or local city magazines.

Newspapers

Although readership of newspapers is down generally, their readership remains easy to target. Newspaper advertising can be expensive, and it must be bought for maximum effectiveness. One area where you have some control is in choosing the sections of the paper in which you advertise. Rates for inside sections are often cheaper than rates for the main News sections.

Business and Sports sections often provide the best access to male readers, whereas many newspapers have a section that addresses topics important to women. Get to know the editors of different sections to find out about their target audiences. Many newspapers include a Health or Science section that addresses a wide variety of health issues. Many readers know to go to these sections first for current health information and for advertising and news about health events and programs.

Be aware of and use special issues and sections of magazines and newspapers. Your message here will have extra impact. Most publications have an editorial calendar that



identifies special topics for future editions. Always ask that your ads be placed on a “right-hand side, far forward” page.

In larger markets, you can often buy newspaper coverage in specific geographic “zones” instead of paying for the entire market. Larger markets also may have “in-language” newspapers that serve many different AAPI groups. Some mainstream newspapers also have in-language sections dedicated to AAPI interests. In either case, these publications must be considered, particularly for reaching the older, more recently arrived, or more community-involved AAPI reader.

The National Diabetes Education Program (NDEP) offers several templates for newspaper ads and public service announcements (PSAs) that your organization can use. These ads can be found at <http://ndep.nih.gov>. (Enter “newspaper” in the search field at the lower left side of the page.)



Broadcast Media

Radio

Radio listeners are often more selective than users of other media. The biggest advantage of radio is that you can target your audience by format (type of station) and by time of day (called “day-part”). However, radio is a “fleeting” media—you have only 30 or 60 seconds to tell your story.

Factors to think about when buying radio time include the following:

- Radio listeners have specific types of stations or formats they prefer. There is some overlap, but most are loyal to their listening preference. Examples include Top 40, Album-Oriented Rock (AOR), Middle of the Road (MOR), Urban Contemporary, Easy Listening, Oldies, News/Talk, All News, Jazz, and Classical.
- Reach your audience by targeting the station formats they are most likely to find appealing. Do not assume that you will reach them by advertising on the highest-rated station in the market. Station representatives will provide you with all the demographics you will need to help you choose.
- Different day-parts reach different types of listeners. Commuters listen during drive time, early morning, and early evening. Many people who are at home during the day listen to radio as well.
- Radio stations are promotion-oriented and will often help you promote your program for free. For example, the station might broadcast live or give away free items at an event sponsored by your organization. If you buy radio time, be sure to negotiate for these types of free support. For give-away items, look for health-related items such as pedometers.

- A key benefit of using radio is you can keep costs low by giving the station scripts that can be read by the station’s existing on-air talent. This approach saves the cost of production and helps make radio affordable.

Many markets have AAPI language-specific radio stations or in-language segments on general stations. Language-specific radio stations often have strong listener loyalty among AAPI groups, many of whom turn to radio as their media of choice for health care information. (See http://www.asianweek.com/2002_08_02/news_radio.html for more information.)

NDEP provides free content for radio ads in many different AAPI languages at <http://ndep.nih.gov/campaigns/tools.htm>.



Radio Show Promotes Health Center*

The Charles B. Wang Health Center in New York City has used radio in a novel way. The center used a certified diabetes educator to host a call-in show on an AAPI station and take questions about diabetes from the radio audience.

The show shared diabetes information with a highly targeted audience. It also reinforced the center’s image as an expert and concerned partner on community health.

Key Points

- Use media to reach your audience in new and different ways.
- Language-specific radio shows are a good way to reach AAPI groups.

* Source: Charles B. Wang Health Center.



TIP

Visit http://ndep.nih.gov/campaigns/campaigns_index.htm to find campaigns for Asian American and Pacific Islander communities.

Examples include “Small Steps. Big rewards. Prevent Type 2 Diabetes,” “The Power to Control Diabetes Is in Your Hands,” and “Take Care of Your Heart. Manage Your Diabetes.”

Television

Television can be an appealing choice for local marketers. It has sight, sound, and action. It sometimes has the “halo” effect of making the advertiser seem bigger or more important. It can reach a large number of people. However, in local marketing, television has real limitations.

First, television is expensive—not just the media costs, but the added production costs. To offset these costs, you can use existing campaign materials from NDEP. Second, television will help you build your image, but it is less likely to generate responses to your program or initiative.

If you are thinking about using television, pay attention to the following:

- Be aware of the different costs and target audience composition of television's day-parts. Spots may be cheaper at mid-day, but will your target audience be home watching at that time?
- Do not buy Run of Station (ROS) spots. They are cheaper, but you have no control over where the station puts them or at what time of day they might run.
- Target your media program and day-part choices according to the demographics that represent your target audiences. Local station representatives can help with these choices.
- Pay attention to program types. A large audience may watch a particular program, but is it the right showcase for your message?
- If you use television, be sure to keep your telephone number on screen a long time. Announce it frequently. Do not use words instead of numbers. It may seem clever, but you will get fewer responses if you do not offer a real number.
- If you use local television, you are doing it to make the telephone ring or to drive a specific set of actions. Use television for promotion that will provoke the viewer to respond, not just feel good about you.



TIP

For either broadcast or cable use, you can find polished, ready-to-go television programs and PSAs at <http://http://ndep.nih.gov>.

Cable

Cable television offers interesting opportunities for local advertisers. The many different choices among cable channels can help target your message. For example,

- CNBC and some regional business-oriented channels tend to program to business decision makers or employers, and they tend to deliver a male audience.
- Sports and business-specific programs on ESPN, USA, and other similar channels are good at delivering a male audience. Lifetime, Oxygen, and WE target women.
- Cable systems in some of the larger markets have AAPI channels. In addition, cable systems provide a certain number of channels for public access, and they provide training and production facilities for organizations to produce their own programs.

On some cable systems or “interconnects” (several cable systems networked together for advertising), you cannot choose specific day-parts or programs, or doing so may be expensive. In such circumstances, ROS scheduling is not advised. However, if it works, your cost-per-lead or cost-per-patient-served might be attractive. Only experience and testing will tell.





Outdoor

Although billboards and paid signs provide some real advantages for the local advertiser, they are expensive. Key benefits of outdoor advertising include the chance to target very specific geographies, take advantage of traffic patterns, and even concentrate on one key neighborhood.

Because outdoor advertising offers a large number of exposures, it is considered cost-efficient. However, the cost of the advertising itself is quite high, often beyond the budget of many local advertisers. Most important, the ability to get out your message may be limited because

billboards may provide viewers with only a glimpse of just a few words and an image as they zoom by at highway speeds. These factors usually make outdoor advertising a difficult choice to justify.

Cultural Versus Mainstream Media

There is always a desire to use media channels that are language-specific for the target audience. If you do not have formal media numbers, these choices must be made on the basis of your own knowledge of your audiences and market.

At the same time, it is important to recognize that not all people in an ethnic population are as involved with their own in-language media as others in their group. People who are not as proficient in English are more likely to read publications in their own languages, as are those who are more culturally immersed in their communities.

It is naive to assume that many AAPIs do not use mainstream media. Local media representatives can provide estimates of how many people in ethnic minority groups use their media products. Opportunity exists to address the broadest percentage of AAPIs by using both culture-specific and mainstream choices.



Mixing Different Types of Media

Because all media outlets have unique benefits, combining them often provides the greatest success. Radio is an excellent partner with newspaper because it extends the life of a newspaper ad, which often appears only once. Newspaper is considered a “reach” medium because it covers so much of the marketplace. Radio is considered a “frequency” medium because it offers multiple exposures of your message, but to smaller audiences each time. Radio is also a powerful way to support public relations efforts.

Cable television and zoned newspaper placements provide powerful tools for targeting specific parts of the market. Cable and radio together can focus closely on your audience by ethnicity, sex, and location. There is no “right” way or formula for mixing media. Your own experience and willingness to learn from testing various combinations will define your best choices.

Timing Media Placements

Different media formats work together in several ways beyond just focusing on people with different preferences. How one “flights,” or imposes timing, on media is also important. Typically, radio and television advertising is bought in 4-week increments. This is a longstanding practice based on how media usage is measured.

For example, if you created a 10-week media campaign, you would not buy 10 straight weeks of television advertising. You might buy 3 weeks on, then take 1 week off, then buy another 3 weeks, take 1 week off, then finish with 2 weeks on.

Experience and audience awareness measurements have shown that awareness lingers substantially for 1 week after a media campaign has stopped. The schedule described above, using only 8 weeks over a 10-week period, would yield materially the same media effect as a full 10-week buy, but it would cost 20% less. This intermittent use of the media is called “flighting.”

Another benefit of flighting is that you can afford to mix media formats. The money that would be spent on a full run of one media choice can be used to fund another. In settings where some target groups prefer television and others prefer radio, flighting permits the use of both. Simply run your radio messages during the weeks the message is not on television. Through this approach, the television audience will not lose much of the effectiveness of your message, and those not watching because they favor radio also will get the message.

Public Relations (Unpaid or Earned Media)

Public relations (PR) is often a good choice for public health efforts because you are working to get the media to give you time and space for free, instead of spending money to create awareness and build your image. This approach gives you leverage that you cannot afford to ignore, especially if your marketplace is very competitive or cluttered.



TIP

Use advertising to get people to take action—attend an event, call for an appointment, or go to the doctor for a foot exam. Use public relations to raise awareness of a program or health issue.



However, PR messages differ from advertising in their fundamental goals. Advertising is a selling tool. PR is more educational, oriented toward specific awareness and quality of awareness objectives. In advertising, you control the content. PR messaging about your organization will depend solely on how you are perceived by the editorial decision makers who control the content of the media.

Your PR plan should include the same elements and tasks as your advertising plan. You must identify targets, set objectives, define and execute strategies, and measure and evaluate results.

The following list presents some generic PR tactics that would be cost-effective and easy to conduct in your local market. Remember that the main purpose is to create news, as well as to make you and your organization stand out because you have found ways to be newsworthy.

- Write a weekly or monthly column for a local business publication about human resources issues. Make sure you get a byline that includes your organization's name. Position yourself as an expert.
- Take an editor to lunch (frequently). Become the expert he or she calls if there is a question about diabetes or other health issues. You will become quoted and visible.
- Create a newsletter that features short articles about current topics or events. Concentrate on trends and ideas. Be an expert.
- Hold a series of breakfasts or brown-bag lunch seminars. Invite outside speakers of interest.
- Take a different editor to lunch.
- Send out a news release whenever you launch a new program, receive an award, or make a major positive change in your organization. Feature your staff members in these news releases. Remember that they are the friends and neighbors of the people you serve and of the editors and reporters you are getting to know.
- Start a health care quality council in your area to bring together key people who are addressing quality in their businesses, practices, and organizations. Position yourself and your organization as a health care quality expert in your market.
- Take another editor to lunch.



- In addition to courting editors, it is important to build relationships with reporters. Kenny Kwong of the Charles B. Wang Health Center in New York City invites reporters to his organization’s major events. Think about inviting reporters to your events or for a site visit to introduce them to your operation. Begin to make them part of your “family.”

Write a News Release

There are probably as many resources for teaching PR as there are public health organizations. The following tips are intended as ideas and simple guidelines on how to write a news release:

- Make your news release “newsworthy.” Maybe you have a new product, a new member of your team, new resources, a new Web site, a new stakeholder relationship, or a success story to tell. Remember that as excited as you may be, those topics are not newsworthy unless you have a unique angle or approach. Your opening sentence should be especially compelling to capture the attention of the editors you send it to.
- When trying to make something “newsworthy,” think about the following elements: Timeliness, Impact, Prominence, Conflict, Uniqueness, and Proximity.
- Make your news release about real people. Use a true example of how someone used your service and changed his or her life, became healthier, or started a new career. To get started, you can use the template news releases and newsletter articles provided by NDEP. Remember to personalize with local stories. For example, the Pacific Diabetes Education Program of Papa Ola Lokahi included quotes from local people to make a brochure that was more compelling for its audience (<http://www.pdep.org/pdfs/pdepboklet.pdf>).
- Make your news release meaningful. Tie your story to current events or social issues. Editors like to find stories that tie in to current events in the news.
- Make your news release short. The fewer words the better. Stick to one page (400 words or less).
- Make sure your news release is correct. Correct spelling and grammar are essential.
- Distribute your news release to as many people as possible. Find out the name of the health or medical editor for the newspaper(s) in your area. For your first release, you may want to write a brief introductory letter to the editor and include a press kit and some interesting information about your organization.



TIP

Prepare a press kit about your organization that is always on hand to give or send to a new media contact. Review sample press kits at <http://ndep.nih.gov> to see what materials to include.



TIP

You can find sample news releases and information on how to create them at <http://ndep.nih.gov/campaign/tools.htm>.





TIP

Develop a standard news release distribution list. Your local chamber of commerce can help create this list. Include appropriate local newspapers (daily and weekly), radio and television stations, cable news stations, trade publications, and business publications.

Physicians, educators, and many other community leaders also may like being on your mailing list. It may make them feel more involved in the community or in your activities.

In addition to newspaper editors, find out the name of the local radio and television assignment editors. Send them the same releases you send to the newspaper. Find out the name of the assignment editor (the day editor if an event is during the day and the night or weekend editor if an event is at night or on the weekend).

Again, you may want to introduce yourself with a brief cover letter attached to the release. Remember that television and radio announcements focus on visual news and big features.

If your organization has advertised in local media, contact your advertising representative to let him or her know about your news release. These contacts can sometimes help your materials be used faster.

Remember that building personal relationships with editors and reporters can be as important as having newsworthy items to share with them.

Special Events

The importance of special events cannot be understated in public health efforts. Their ultimate benefit is to turn prospective stakeholders and customers you may never have

met into solid contacts—part of your “warm” market. An event can help position you with your community in a way that news releases and advertising might never do.



TIP

For more information on how to develop an event plan, see NDEP’s *Diabetes Community Partnership Guide* at <http://ndep.nih.gov>.

Events are demanding and require a lot of extra time and attention to detail. However, you will find the public or client relations gained will be well worth your efforts.

The following lists includes tasks and tips for planning a successful event:

- Develop an event plan. Events can be either grand or intimate, but they must always be memorable. Your plan should be based on your objectives and consistent with your marketing strategies.
- Define your target audience. Examples include community leaders, health care professionals, press representatives, consumer groups for people with health risks, and teachers.
- Choose a diabetes-related event, such as Walk for Diabetes, or an event that is not related to diabetes but promotes healthy behaviors.

- Choose an event topic that will appeal to your target audience. What do they need? What do they know about diabetes now? What do you want to accomplish for your target audience? The topic may be different for each group you invite. Sample topics include the following:

- > Education.
- > Entertainment.
- > Teamwork or problem-solving.
- > Social issues.
- > Fundraising.
- > Recognition.
- > Solicitation.

- Determine the size of the event. Advantages of large events (60–150 people) include efficiency, added value, name recognition among more people, and publicity. Advantages of small events (10–60 people) include direct contact with the people who are getting the work done, more personal presentations, easier discussion of difficult concepts, and relationship-building.
- Determine your event timing. Plan events around your target audience. Lunches have the best turnout. Breakfasts are best for higher-level executives, managers, business associates, and vendors.
- Pay attention to detail. Determine the date and time the event will be held. Prepare a list of potential attendees. Remember that only about 25% of those you invite are likely to show up. Plan for needed equipment. Choose and reserve the facility for the event well in advance. You may need to schedule speakers up to 90 days in advance.



TIP

Another resource for event planning is the NDEP DiabetesAtWork workshop tool kit. This CD-ROM has everything you need to plan a workshop for employers and business coalitions to “make the business case” for promoting diabetes prevention and control. It includes sample PowerPoint presentations, agendas, invitation letters, and evaluations from actual workshops held across the country.

The CD-ROM also tells you how to use the NDEP Web site, which can be found at <http://www.diabetesatwork.org>.

Creative Materials

To identify what your audiences (e.g., prospective clients and stakeholders) really



need and to make sure you are developing the right kinds of materials to reach them, you must create a Unique Selling Proposition (USP). Your USP is the one thing that makes your product different from any other. It is the one reason customers will buy, participate, or engage.

Your USP should clearly set you apart from all other organizations that compete for awareness by breaking through the clutter with a powerful message. This message must support your organization's position and brand message.

Use Work Sheet 10-1 to help you develop your materials. Remember that you must first decide on the purpose of the communications product you want to create. Is it educational, or does it have a specific task to accomplish?

Remember also that advertising is simply a selling tool. It improves your ability to contact and compel stakeholders to recognize the benefit of working with your organization and your programs. For good advertising, think like a salesman. Advertising is not about information or education; it is about motivation. Public relations is about awareness, information, and education.

Work Sheet 10-1 will require thought and preparation. It serves four important functions:

- It will force you to focus all of your knowledge and experience on understanding what you need to communicate to solve your problem or accomplish your task.
- It will serve as a consensus instrument to ensure that everybody agrees on a plan before pen is put to paper.
- It will communicate to the designer of the communication materials all that he or she needs to know about the "product" and how it was created.
- It will serve as the instrument by which the creative product will be judged. Does the resulting work answer the tasks set out in this document? If not, rework it until it does.



Work Sheet 10-1. Write a Strategy Statement for Your Creative Materials*



1. Intended Audiences

Whom do you want to reach with your communication? Be specific (e.g., consider age group, ethnic group, and geographic location).

2. Objectives

What do you want your intended audiences to do after they hear, watch, or experience this communication? Do you want them to *know* something or *do* something?

3. Obstacles

What beliefs, cultural practices, peer pressure, or misinformation are between your audience and the desired objective?

4. Key Promise

Choose one promise or benefit that the audience will experience when they hear, see, or read your communication.

5. Support Statements (Reasons Why)

State the reasons why your key promise or benefit outweighs the obstacles. State the reasons why the key promise you are promoting will benefit your target audience. These reasons often become your message.

Continued on page 10-28



6. Tone

What feeling or personality should your communication have? Should it be authoritative, light, emotional? Choose a tone. Why is this tone best for your materials?

7. Media

What channels will the communication use, or what form will the communication take? Television? Radio? Newspaper? Billboard? Internet? Poster? Point-of-purchase product? Flyer? All of the above?

8. Openings

What opportunities (times and places) exist for reaching your audience?

9. Creative Considerations

What else should your creative staff know about your product? Will your communication be in more than one language? What ethnicities will be represented?

* Adapted from *Making Health Communication Programs Work*.

Additional Marketing/Communications Tools

Direct Mail

Direct mail represents the best opportunity to communicate directly with someone you have never met. Your message gets right into the hands of your audience. Unlike many other marketing materials, it can communicate information or generate a call to action.

Mail can be as simple or as complicated as you, your message, and your target audience require. Direct mail is trackable, measurable, and cost-accountable. This is important because, compared with other media on a cost-per-thousand basis, mail is very expensive.

Because you control the destination, cost, quality, timing, and delivery of mail, this format lends itself well to testing to see if the audience is responding to your message. To do this type of testing, you need a way to track responses, such as by a code on the letter or different phone numbers on different versions of your materials. This kind of testing can provide objective results.

What Makes People Respond

Your “target” (the mailing list) is the most important element in direct mail. You should concentrate 80% of your efforts on making sure your mailing list is right. The “offer” that you are making—that is, the message that you are hoping people will respond to—represents 15% of your efforts. Surprisingly, the creative elements of your product (e.g., the text, art, package, design) drive only about 5% of the success of direct mail. You can increase responses to your mailing by referring to it in radio or television ads, or you can follow up by telephone to some of the people who received the mailing.

What Works in Direct Mail

You must put provocative copy on the outside of your mail package or postcard, or it will be thrown out as junk and go unread. Use imperative or directive language. In addition, the more interactive your mail is with its reader, the better your response will be. Peel-offs, questionnaires to be returned, a call-in number to get something in return—any and all opportunities to create an interaction will pay off with more responses.



TIP

The National Diabetes Education Program provides a library of powerful, tested, and proven media materials free in limited quantities. Many of these materials are ready-to-print. To see these materials, visit <http://ndep.nih.gov>.



For most mailings, a simple, official-looking #10 envelope with a letter or other materials works best. Colorful and odd-sized packages get attention, but they are often not opened—unless the envelope copy is very compelling. Nonstandard packages also are more expensive.

Postcards don't capture people's attention as well as a letter, but they cost much less to create and post. Postcards are like outdoor boards. You do not get much time or space to work with, so you need to communicate key facts in a short, direct format such as bullet points. Materials that are self-mailing also can cost less to mail and produce.

Promotional or Give-away Items

Whenever possible, give something away to prompt a response to your mailing. Tie your product or materials emotionally and culturally to both your message and your audience. Give-away items are incentives that cause people to act by rewarding their actions. They play on the excitement of getting something for nothing. This approach works best when the give-away item has a high perceived value and is emotionally rewarding to the respondent.

There are many ways to determine what incentives are the most compelling. Watch what people in your community buy—typically for fun, leisure, or entertainment. Watch where they shop and where they go when they eat out. Over time, patterns will emerge.

In a local community, a coupon incentive is often a valued and meaningful incentive. Retailers may give coupons at no cost because it helps to build their business. You will be surprised by how many local businesses will give something to your initiative if you just ask, and there is no harm in asking.



However, be careful with your choice of incentives. You do not want to promote unhealthy behaviors. Look for incentives that will encourage physical activity, healthy food choices, and perhaps traditional values.

Internet

More and more, efforts designed to promote a program or message require an Internet component such as e-mail and Web sites. Organizations that do not have a Web site seem less credible. However, a Web site does not have to be large and sophisticated to be supportive of your activities.

At the least, your Web site should include the following:

- Basic information about your organization and its services.
- A calendar of your public activities.
- Contact and location information.
- A way for people to ask questions or leave feedback.

Beyond that, the sky is the limit. Put materials on your site that people can download. Link to other sites in your topic area (but be careful; when someone “links out,” they may not come back). Build in the capacity to play audio and video from your site so visitors can see and hear your PSAs. Capture information about people who visit your site in a database; these could be future partners or clients.

To make sure people can find your site, pay special attention to your “key words” and “meta-tags.” These are part of your Web site’s HTML coding (the programming language of the Web), which will dictate how well your Web site shows up in search engines.

Use a lot of descriptive words about your organization, its programs, its audiences, and your market in your key words and meta-tags. There are many guidebooks and consultants to help you with this process.

E-mail

There are two key ways to use e-mail for organizational or program support. One is opt-in mass mailing, and the other is the e-newsletter.

Mailings

Like direct mail, e-mail is a powerful way to reach people directly. If you learn HTML or hire someone who knows it, your e-mails can be colorful and compelling—not just the “letter” format we use every day. One real benefit of e-mail is you can include more text. Postal mail has weight constraints and costs more if you include a lot of information.

You can buy mailing lists of names that are targeted on the basis of people’s lifestyles, activities,



From: CDC Announcements
Sent: Mon 5/19/2008 4:39 PM
To: CDC SSDL General Information
Subject: Asian Pacific American Heritage Month Activities

Save-the-Date! May is Asian Pacific American Heritage Month - a celebration of Asians and Pacific Islanders in the United States. Please mark your calendars for the following Asian Pacific American Heritage Month activities. This year’s theme, “Gateway to Success,” provides an opportunity to recognize the unique and essential contributions of Asian Pacific American Community.

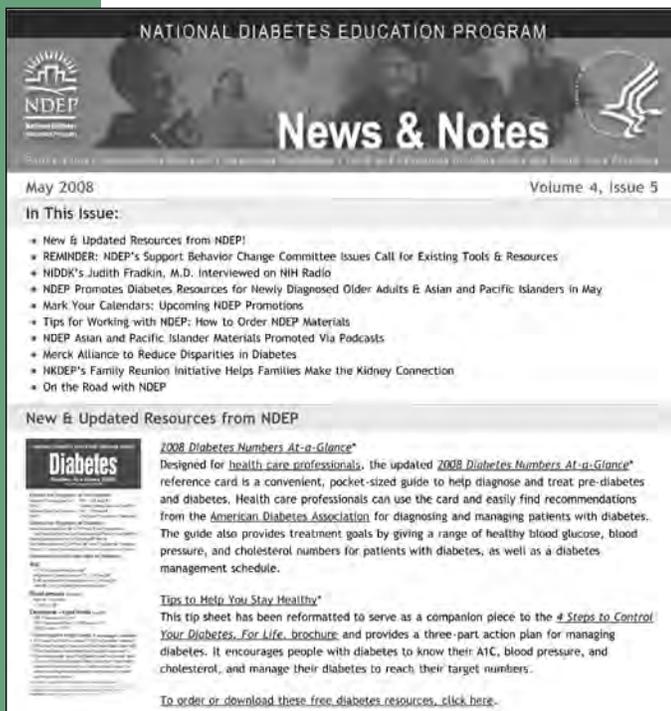
demographics, and ZIP codes (even ZIP + 4) from mailing list brokers. You must buy “opt-in” lists that people have joined voluntarily because it is against “anti-spam” laws to e-mail anyone who has not previously approved your doing so.

You also can e-mail to your own database of names, which costs you nothing. However, always give people the chance to “opt-out.”

As with regular postal mail, concentrate on your mailing list first, then your offer, and then the creative elements. In addition, try to create a way to track your results so you know if your mailing is effective.

E-newsletter

There is no more efficient way to reach a regular set of contacts than a newsletter sent via e-mail. Once a quarter, even twice yearly, send a newsy account of your organization’s successes, changes, and news to keep your audiences and stakeholders up-to-date and engaged. By using HTML, your newsletter can be artistic, colorful, and appealing. Many resources exist to help you create your newsletter. Search the Internet for existing templates, such as those offered on the Microsoft Word Web site.



Web-based Telemarketing

This is a simple and inexpensive way to use the telephone to get news out quickly, send reminders for events, or seek help and attention from a wide audience. This tool allows you to create a verbal message and broadcast it by telephone to an almost unlimited number of people, using your own or any other list or database.

Costs typically run about five cents a message. Two such services are <http://www.onecallweb.com> and <http://www.callingpost.com>. Just speak your message into the telephone, set the time and date, and pay on the service’s Web site. Your broadcast will go out automatically to everyone at the time specified.

Pulling It All Together: The Marketing Matrix

There are many ways to create your marketing plan and many different sources of information (including software) to help you with this process. We recommend a one-page matrix because it is a simple and portable format. It allows you to compile all of your information and planned activities in one place.

When completed, this matrix will give you a summary snapshot of your overall plan, and it will help you allocate your work, your time, and your budgets in a professional manner.

Table 10-1 provides a template for creating a marketing matrix. Follow these steps to complete your matrix:

- 1. Key Audiences.** List the types of people you want to reach with your marketing campaign. Examples include Chinese seniors, working mothers, prenatal women, Khmer families, Pacific Islanders who have moved to Hawaii or the mainland, and AAPI men.
- 2. Households.** Estimate the number of households or individuals in your target audience. This number will come from your demographics resources or your mapping software.
- 3. Locations.** Identify where your target households or individuals are located. If you do not have mapping tools or expertise, use a regular street map. You also need to identify any barriers that prevent people from accessing your services (e.g., lack of public transportation).
- 4. Key Demographics.** What are the key defining demographics of your target audience? What key characteristics drive your interest in this group or your ability to serve it?
- 5. Key Issues.** What are the key issues of your target audience that you hope to address in your intervention or event?
- 6. Objectives.** What are your objectives in dealing with your target audience? These objectives should be specific and measurable.
- 7. Primary Messages.** In one short, clear sentence, state what you want your target audience to know that will motivate them to action.
- 8. Key Lifestyles.** What are the behaviors, attitudes, and values that define your target audience as unique? Can these be addressed by your efforts?
- 9. Media Use and Preferences.** What media will help you best reach your target audience?
- 10. Marketing Activities.** What key actions will your marketing plan include? How will you get people to act? How will you promote your outreach activities?
- 11. Timing.** Over what period of time will your activities take place? When will they begin and end?

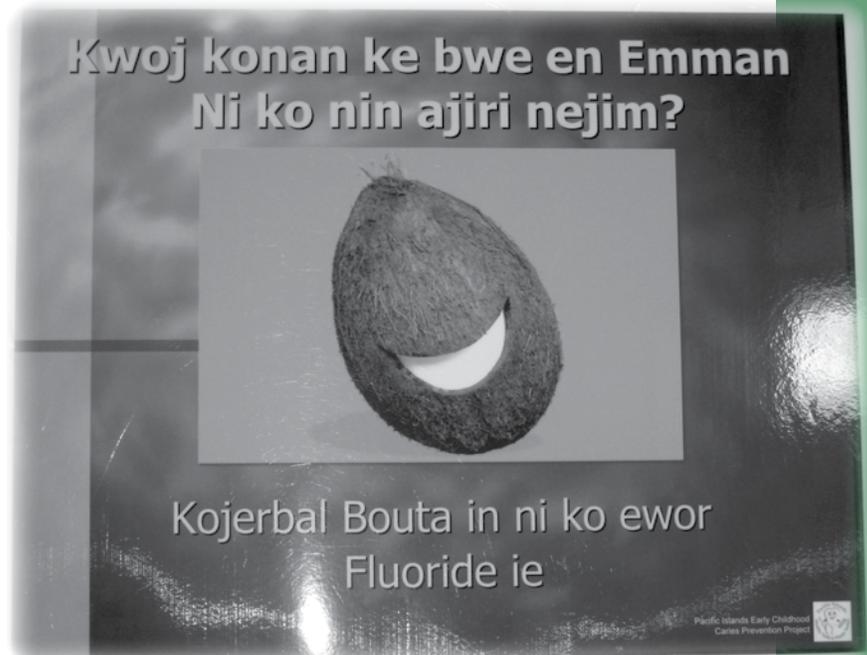


Table 10-1. One-page Marketing Matrix

Name of organization: _____

Key Audiences	
Estimated number of households or individuals	
Locations	
Key Demographics	
Key Issues	
Objectives	
Primary Message	
Key Lifestyles	
Media Use and Preferences	
Marketing Activities	
Timing (months)	

Maintenance

Applying Your Knowledge of Marketing

By this stage, you have already planned, implemented, and analyzed the findings of your marketing plan. Keep a file or journal of media clippings or highlights that resulted from your marketing efforts. You can hire a contractor to track your marketing results, but this can be expensive. Check with local universities for student programs that can help you track your progress for free. Google Alerts is a free media tracking service you can use (<http://www.google.com/alerts>).

Share your steps and outcomes with others so you can renew support for the program and allow others to learn from your experiences. As your program continues, save information on personal contacts you may have made through your marketing efforts. Good relationships with the media are helpful for future marketing plans.

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Free continuing education credit is available for reading this section. See page ix for details. When asked for a CEU verification code, use D1240I for Section 10.





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GLOSSARY



GLOSSARY

Access. The degree to which individuals are inhibited or facilitated in their ability to gain entry to, and to receive care and services from, the health care system. Access is influenced by geography, architecture, transportation, finances, and other factors.

Accreditation. Certification; compliance with standards set by nongovernmental organizations and applied for by institutions, programs, and facilities on a voluntary basis.

Acculturation. Process of cultural change in which one group or members of a group assimilate the cultural patterns of another.

Acronym. A word formed from the initial letters of other words, for example, WHO (World Health Organization).

Action Plan. A plan that specifies what needs to be done and when each step should be completed.

Action Stage. Stage of program implementation when an organization is conducting programs, offering services, and incorporating policy changes so that people can seek diabetes care. This organizational stage includes the process of overseeing and evaluating program efforts.

Administration. The planning and managing of programs, services, and resources.

Advisory Committee. Groups set up to advise governmental bodies, societies, or other institutions on policy.

Advocacy. The promotion and support of consumers' rights and interests.

Audience (marketing). The readers, radio listeners, or television viewers who receive a message.

Back Translation. One of the most common techniques used in cross-cultural research; involves looking for equivalents through a) the translation of items from the source language to the target language, b) independent translation of these back into the source language, and c) the comparison of the two versions of items in the source language until ambiguities or discrepancies in meaning are clarified or removed.

Benchmark (in health care). An established standard of best practice.

Bicultural. Having or combining two cultures.

Body Mass Index (BMI). An indicator of body density as determined by the relationship of body weight to body height. $BMI = \text{weight (kg)} / [\text{height (m)}]^2$

Branding. The application of a trademark or brand to a product; the promotion of consumer awareness of a particular brand of goods or services.

Capacity (organizational). An organization's ability to achieve the optimum performance in delivering community programs and services.

CARE Model. A community-based model developed by the Association of Asian Pacific Community Health Organizations that is used to encourage organizations to evaluate their program levels and goals. The CARE Program model applies Prochaska and DiClemente's stages of change to organizations. (See **Stages of Change.**)

Case Management. A traditional term for all the activities that a physician or other health care professional normally performs to ensure the coordination of the medical services required by a patient. Also, when used in connection with managed care, this term covers all the activities of evaluating the patient and planning treatment, referral, and follow-up so that care is continuous and comprehensive and payment for the care is obtained.

Census Block. A census block is a subdivision of a census tract (or, prior to 2000, a block numbering area) and is the smallest geographic unit for which the Census Bureau tabulates 100% data.

Certification. Compliance with a set of standards defined by nongovernmental organizations. Certification is applied for by individuals or organizations on a voluntary basis and represents a professional status when achieved (e.g., certification for a medical specialty, or of a laboratory's ability to reliably perform certain tests).

Certified Diabetes Educator (CDE). A health care professional with expertise in diabetes education who has met eligibility requirements and successfully completed a certification exam.

Champion. One who advocates for a cause. In the context of this toolkit, a champion is the person who would advocate for organizational change for diabetes outreach.

CLAS. Culturally and Linguistically Appropriate Services in health care, as defined by the U.S. Department of Health and Human Services.

Clinical Coordinator. Someone who facilitates linkages between clinical staff members, health care providers, and testing services.

Coalition (health care). Voluntary groups of people representing diverse interests in the community, such as hospitals, businesses, physicians, and insurers, with the principal objective of improving health care and its cost-effectiveness.

Collaboration. The interaction of two or more persons or organizations directed toward a common goal which is mutually beneficial. An act or instance of working or acting together for a common purpose or benefit (i.e., joint action).

Community Assessment. An evaluative study that uses objective data to assess the social, health, and cultural conditions of a specified community or targeted area, as well as to identify resources for implementing programs.

Community Asset Mapping. A creative and participatory tool used to build capacity and engagement in the communities by recognizing existing community resources and locating them on a map.

Community Health Outreach Worker (CHOW). CHOWs are usually members of the community being served who are fluent in the language and culture. They are trained with specific knowledge and skills in diabetes education and control.

Community Health Worker (CHW). Community members who work almost exclusively in community settings and serve as connectors between health care consumers and providers to promote health among groups that have traditionally lacked access to adequate health care. Also known as community health advocates, lay health educators, community health representatives, peer health promoters, and community health outreach workers.

Community Outreach. The interactions between representatives of an organization or institution and the members of the surrounding community.

Community Resource Inventory. A list of community resources that can help you with your diabetes program, including (but not limited to) diabetes testing services, clinical diabetes management services, or culturally appropriate nutrition education providers.

Constituency. The people involved in or served by an organization.

Contemplation Stage. Stage of organizational change when the organization is thinking about developing diabetes education, prevention and control programs but has not yet committed or taken any steps.

Cooperative Agreement. A type of financial assistance; essentially, a variation of a discretionary grant, which is awarded, for example, by a federal department when it anticipates having substantial involvement with the grantee during the performance of a funded project.

Creative Brief. A one-page document that outlines the strategic direction for creative development, covering the specific task at hand, the communications objectives and strategy, and any elements that the executions must contain.

Credibility. The quality of being worthy to be believed.

Criteria. Tests, principles, rules, canons, or standards by which anything is judged or estimated.

Cultural Assessment. An evaluative study designed to identify the social structure of a given cultural community (e.g., a subset of the AAPI community), including such things as how individuals interact with other community members, what they believe about health issues, and to whom they turn for health information and services.

Cultural Norms. Behavior patterns that are typical of specific groups.

Cultural Sensitivity. Knowing that cultural differences as well as similarities exist, without assigning values (i.e., better or worse, right or wrong) to those cultural differences.

Curriculum. A course of study offered by an educational institution.

Data Manager. Someone who tracks, organizes, and manages screening and follow-up data and provides summary reports to assist with program evaluation and quality assurance.

Dietician. A specialist in dietetics—the science or art of applying the principles of nutrition to the diet.

Direct Mail. Advertising circulars or other printed matter sent directly through the mail to prospective customers or contributors.

Direct Services. May include a variety of services, supports, and assistance for individuals who have special health care needs (e.g., people with or at risk for diabetes), their families, professionals, paraprofessionals, policy makers, students, and other members of the community.

Disparity (health). Inequalities or inequities in health status.

Feedback. The transmission of evaluative or corrective information to the original or controlling source about an action, event, or process.

Formative Evaluation. Evaluation that is conducted during the operation of a project, generally for the purpose of providing immediate feedback about the status of project activities so that project revisions may be made.

Funding Agreement. Any contract, grant, or approved Cooperative Research and Development Agreement entered into between an agency and any contractor for the performance of experimental, developmental, or research work.

Gatekeepers. Person or group that controls access to somebody or something. In the context of this toolkit, the gatekeeper may be an organizational leader who controls access to a decision-making body or a community leader who provides trusted access to community participation.

Glucose Meter. A medical device for determining the approximate amount of glucose in a drop of blood obtained by pricking the skin with a lancet.

Health Behaviors. Behaviors expressed by individuals to protect, maintain, or promote their health status. For example, eating a healthful diet and engaging in physical activity are activities perceived to influence health status. Lifestyle is closely associated with health behavior, and factors influencing lifestyle are socioeconomic, educational, and cultural.

Health Care Delivery. All aspects of providing and distributing health services to a patient population.

Health Communications Specialist. A person who coordinates, develops, and implements diabetes media campaigns and professional education campaigns.

Health Promotion. Encouraging consumer behaviors most likely to optimize health potentials (physical and psychosocial) by providing motivational marketing, health information, preventive programs, and access to medical care.

Health System (integrated). A health care system that combines physicians, hospitals, and other medical services with a health plan to provide the complete spectrum of medical care for its customers.

Immediate Outcomes. Short-term results of program activities that occur early in implementation before the final outcome can be realized.

Impact Evaluation. A type of evaluation that focuses on the broad, long-term impact or results, whether intended or unintended, of a program or outcome.

Implementation. The act of carrying out a health plan or program.

Implementation Evaluation. Evaluation activities that document how the program plans were carried out, describing what happened and why it happened.

Incentive. Small gifts or stipends to encourage people to participate in your research or program activities.

Incidence. The frequency with which something, such as a disease, appears in a particular population or area. In disease epidemiology, the incidence is the number of newly diagnosed cases during a specific time period.

Indirect Costs. Any costs that are incurred as a result of grant award activities and that are necessary to complete program activities but which cannot be allocated directly to a grant, e.g., administrative expenses and overhead costs.

Informed Consent. Voluntary authorization, by a patient or research subject, with full comprehension of the risks involved, for diagnostic or investigative procedures, and for medical and surgical treatment.

Infrastructure, program. Program supports, including funds, staffing, space, equipment, materials, or other resources needed to conduct projects.

In-Kind Support. Non-cash sponsorship.

Innovation. A change made in the nature or fashion of anything; something newly introduced; a novel practice, method, etc.

Inreach. Educating individuals who are already connected to your organization's or health center's services but are not using its diabetes prevention and control services.

Institutionalization. The building of infrastructure and corporate culture that supports methods, practices, and procedures so that they continue to operate even after those who originally defined them are gone.

Intermediate Outcomes. Medium-term results, for example, behavior, normative or policy changes that occur prior to the final outcome.

Interpreter. A translator who is trained to participate in a medical interview so that a person's questions and comments are not only correctly translated, but put into the proper context.

Intervention, program. A program or act implemented to produce a positive result, e.g., healthful eating programs to prevent weight gain.

Justification. The action of explaining or describing why something is just, right, proper, or needed.

Key Informant. A member of the host culture who helps the researcher or program planner learn about specific aspects of the culture. Key informants may include community leaders, health care providers, educators, church leaders, researchers, and others who represent the community's various demographic categories (e.g., varying ages and socioeconomic groups, non-English speakers).

Kick-Off Meeting. An activity that publicly announces that a project is beginning, communicates the shared view of the project, and establishes a commitment by all who affect the project's outcome.

Letter of Intent. A written statement expressing the intention of the signer to enter into a formal agreement, especially a business arrangement or transaction.

Liaison. Person or committee who facilitates communication by establishing and maintaining mutual understanding and cooperation between entities (e.g., communication between a community organization and medical clinic).

Logic Model. A systematic and visual way to present and share your understanding of the relationships among resources you have to operate your program, the activities you plan, and the changes or results you hope to achieve.

Long-term Outcome. Results over a lengthy period of time that may be years or decades; often used to mean ultimate impact (e.g., health, social, or environmental change).

Mainstream Media. That section of the media specifically conceived and designed to reach a very large audience (typically at least as large as the whole population of a nation or state).

Maintenance Stage. The organizational stage of change in which the organization has achieved its program implementation goals and strives to continue the processes and activities that led to this accomplishment.

Marketing Plan. A plan for delivering the program's product or message to different portions of the target population.

Media. Instruments or technological means of communication that reach large numbers of people with a common message: press, radio, television, etc.

Memorandum of Understanding (MOU). Any written agreement in principle describing how a commitment will be administered.

Multidisciplinary. Combining or involving several separate academic disciplines.

Needs Assessment. Systematic identification of a population's needs or the assessment of individuals to determine the proper level of services needed.

News Release. A written or recorded communication directed at members of the news media for the purpose of announcing something claimed as having news value.

Nonprofit Organizations. Organizations that are not operated for a profit and may be supported by endowments or private contributions.

Outcome Evaluation. Research aimed at assessing the quality and effectiveness of health care as measured by the attainment of a specified end result or achievement. Measures include parameters such as improved health, lowered morbidity or mortality rates, and improvement of abnormal states (such as elevated blood pressure).

Outputs. Direct products of a program (e.g., number of people reached or sessions held).

Outreach. The activity of an organization in making contact and fostering relations with people unconnected with it, especially for the purpose of support or education and for increasing awareness of the organization's aims or message; the fact or extent of this activity.

Participatory Approach. A strategy that includes community members as active participants in planning, carrying out, and evaluating a program.

Physical Activity Coordinator. In the context of this kit, a physical activity coordinator is a staff member who develops culturally appropriate programs to increase physical activity in specific age groups or social networks.

Pilot Test. A preliminary test or study of the program or evaluation activities to try out procedures to make any needed changes or adjustments. For example, an organization may pilot test new data collection instruments that were developed for the evaluation.

Posttest. A subsequent test designed to measure the effects of an intervention or changes since the initial test.

Precontemplation Stage. Stage of organizational change when the organization does not have diabetes education and control programs and has not yet begun to think about developing any programs.

Preparation Stage. Stage of organizational change when the organization has made initial efforts to plan and prepare for programs and services, but has not yet instituted community-wide efforts.

Pretest. A preliminary test, that is, a test of people’s knowledge, attitudes, or behaviors before they participate in a program or intervention.

Prevalence. The number of people with a specified disease (such as diabetes) who are alive as of a certain date.

Prevention Services. Services that substantially reduce the probability of the development of a disease or condition, such as diabetes.

Process Evaluation. The systematic collection of information to document and assess how a program was implemented and operates.

Program Activities. Activities, services, or functions carried out by the program.

Proposal. A plan that lists what you intend to do, how you intend to do it, and what resources you intend to use.

Public Relations. A deliberate, planned, and sustained effort to institute and maintain mutual understanding between an organization and its public.

Public Service Announcement (PSA). A noncommercial (free) advertisement, typically on radio or television, broadcast for the public good.

Qualitative Research. Research that derives data from observation, interviews, or verbal interactions and focuses on the meanings and interpretations of the participants.

Quality Assurance. Activities and programs intended to assure or improve the quality of care in either a defined medical setting or a program. The concept includes the assessment or evaluation of the quality of care, identification of problems or shortcomings in the delivery of care, designing of activities to overcome these deficiencies, and follow-up monitoring to ensure effectiveness of corrective steps.

Quantitative Research. Research that is concerned with quantity or its measurement.

Reach (media). The number of people who listen to or watch a program or channel, or who read print materials at any time during a specified period.

Referral. The practice of sending a patient to another program or practitioner for services or advice that the referring source is not prepared to provide.

Registry. In the context of this toolkit, this is a list of persons with a specific disease state, e.g., diabetes, and their contact information which can be used in doing follow-up.

Sample. The number of units (persons, animals, patients, specified circumstances, etc.) in a population to be studied. The sample size should be big enough to have a high likelihood of detecting a true difference between two groups.

Sedentary. Accustomed or addicted to sitting still; engaged in sedentary pursuits; not in the habit of doing physical exercise.

Segmentation. The splitting of populations into smaller parts, where each segment describes those with similar tastes, characteristics, interests, lifestyles, past responses to specific intervention approaches, or other characteristics.

Self-Management. Performance of activities or tasks traditionally performed by professional health care providers. The concept includes care of oneself or one's family and friends.

Slogan. A brief attention-getting phrase used in advertising or promotion.

Social Group. In sociology, a group is usually defined as a collection consisting of a number of people who share certain aspects, interact with one another, accept rights and obligations as members of the group, and share a common identity.

Social Network. Support systems that provide assistance and encouragement to individuals so they may better cope with physical or emotional problems. Informal social support is usually provided by friends, relatives, or peers, while formal assistance is provided by entities such as churches, community organizations, and employers.

Socioeconomic Status. A demographic description measured by criteria such as education, occupation, and income.

Sound Bite. Any short recorded audio segment for use in an edited program, usually a highlight taken from an interview.

Stages of Change. The concept of behavior change as a staged continuum; proposed by Prochaska and DiClemente as the Transtheoretical Model of Behavior Change.

Stakeholders. Those people who are involved in carrying out a program, or who are served or affected by a program, and who have a vested interest in the outcome of a program.

Standards. Benchmarks set up and established by authority as a rule for the measure of quantity, extent, value, or quality.

Stereotyping. An oversimplified perception or conception, especially of persons, social groups, etc.

Stipend. A fixed sum of money paid periodically for services or to defray expenses.

Stratification. A technique used to divide a large amount of data into homogeneous groups (strata) for analysis, for example, by age, sex, education level, or ethnic subgroup.

Summative Evaluation. A type of outcome evaluation that assesses the results or outcomes of a program. This type of evaluation is concerned with a program's overall effectiveness.

Survey. Systematic gathering of data for a particular purpose from various sources, including questionnaires, interviews, observation, existing records, and electronic devices. The process is usually preliminary to statistical analysis of the data.

Sustainability. Of, relating to, or being a method of harvesting or using a resource so that the resource is not depleted or permanently damaged. In the context of this toolkit, sustainability refers to the ability of programs to continue after the initial funding has ended.

Tagline. A statement or motto that succinctly defines or represents an organization's mission.

Target Audience. A specified audience or demographic group for which an advertising message is designed.

Technical Assistance (health care). The provision of expert assistance in developing health planning programs, plans, technical materials, etc., as requested by health systems agencies or other health planning organizations.

Toolbox, Community. This specific entity is a set of computer software tools designed to facilitate the construction of more advanced tools or user programs in specific application areas.

Tracking. Following or monitoring changes.

Translator. A person who translates written or spoken messages from one language to another.

Transtheoretical Model. This model utilizes the concepts of stages of change and processes of change in a format allowing for the design of programs to facilitate behavior change for target populations.

Unique Selling Proposition (USP). The one thing that makes a product different than any other. It is the one reason marketers think consumers will buy the product even though it may seem no different from many others just like it.

Values. Beliefs or principles that a cultural group desires or holds as significant or important.

Vision. Conceptualization of what might be attempted or achieved.

Webinar. A seminar that is conducted over the World Wide Web. A Webinar is “live” in the sense that information is conveyed according to an agenda, with a starting and ending time.

Win-Win. A deal where everyone allegedly benefits.

APPENDICES

- Appendix A.** CARE Program Model: Possible Organizational Outcomes
- Appendix B.** Overview and Timeline for Conducting a Community Assessment
- Appendix C.** Sample Questionnaire to Collect Family Medical History
- Appendix D.** Harvard Trauma Questionnaire: Sample Pages in Cambodian and Vietnamese
- Appendix E.** Sample Moderator's Discussion Guide for Focus Groups
- Appendix F.** National Program Evaluation Standards, American Evaluation Association
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- Appendix O.** Association of Asian Pacific Health Organizations (AAPCHO): Resource List of Diabetes Education Materials for Asian Americans and Pacific Islanders
- Appendix P.** State Diabetes Prevention and Control Program Coordinators
- Appendix Q.** National Diabetes Education Program, Asian American/Pacific Islander Work Group

Additional Resources

Making Health Communication Programs Work (the Pink Book)

CDC's Framework for Program Evaluation in Public Health

Pacific Diabetes Education Program Guidebook

U.S.-associated Pacific Island Fact Sheets

Podcasts: *Rising Tide of Diabetes Among Asian Americans* and *Rising Tide of Diabetes Among Pacific Islanders*

National Diabetes Fact Sheet, 2007

List of National Diabetes Education Program Publications

Capacity Building for Diabetes Outreach: A Comprehensive Tool Kit for Organizations Serving Asian and Pacific Islander Communities PDF

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