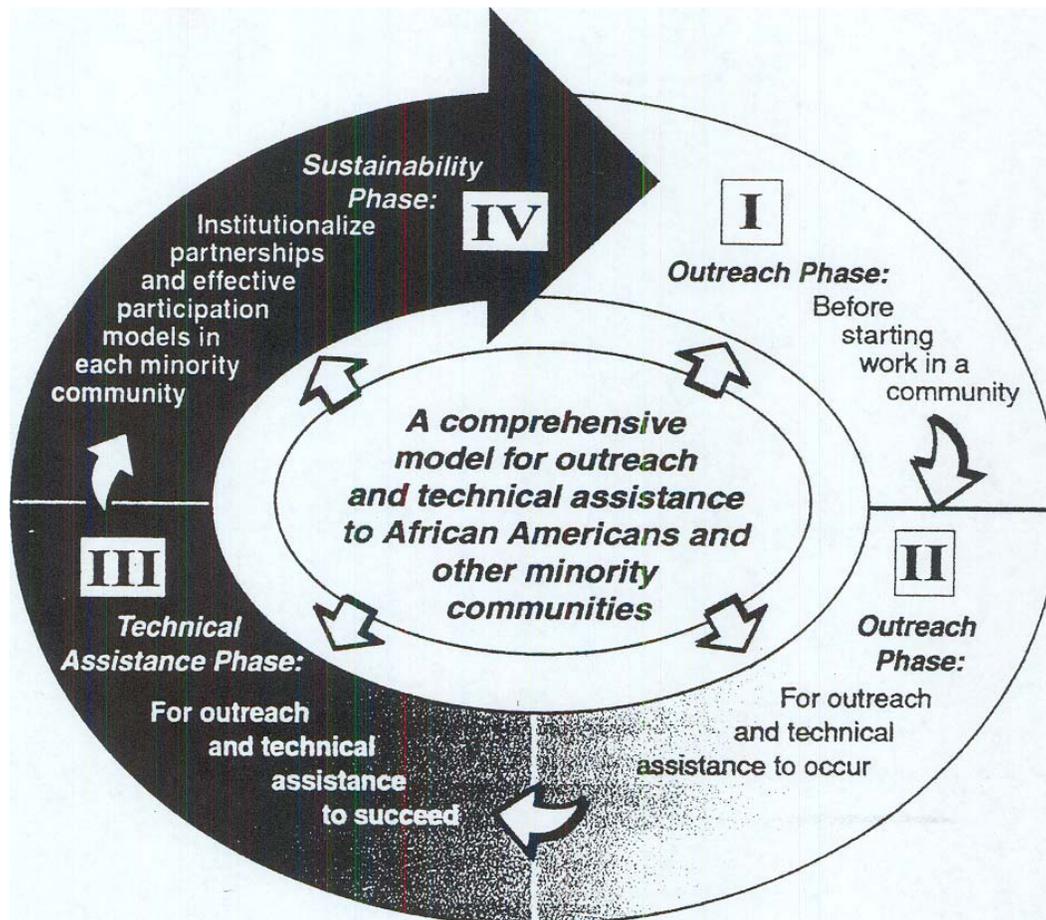# Maryland's Cigarette Restitution Fund Program

Sustainable Minority Outreach and Technical Assistance Model.
A Comprehensive Model For African-American And Other Minorities

February 2001

Maryland Department of Health and Mental Hygiene

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TABLE OF CONTENTS

TABLE OF CONTENTS

(Continued)

INTRODUCTION

This submission represents our formulation of a model which delineates a systematic process and identifies some key interventions that are related to the provision of sustainable, effective outreach and technical assistance to African American and other ethnic minority communities. We have used the Centers for Disease Control and Prevention's (CDC's) Principles of Community Engagement as the conceptual framework for development of this model.

The core of the model is based on the notion of accepting the values and contributions of the community as being just as valid as those of "scientific inquiry." The model also assumes that outreach and technical assistance are only effective when they are based on the needs and concerns that are identified by the community, and if they provide support for means to sustain the effort once the change agent has left the community. Our model is based on techniques that are used in public health, social work and community development to form partnerships with communities and to enhance the capacities of members of the community.

The first nine (9) principles in this model are the CDC principles of community engagement. The final two (2) have been added by the Maryland Cigarette Restitution Fund Program to reflect the need to help communities become self-sustaining in their efforts to prevent and control tobacco use and to control cancer. Each principle shapes a component of the model and these components are organized into phases, each of which flows from the preceding one as a natural progression. Within each component are interventions which, when properly applied in a community, contribute to the goal or purpose of that component, which in turn, contributes to the goal or purpose of the phase. The four phases of the model are:

PHASE I: PREPARE TO ENGAGE   **Before starting work in a community**

PHASE II: OUTREACH   **For outreach and technical assistance to occur**

PHASE III: TECHNICAL ASSISTANCE   **For outreach and technical assistance to succeed**

PHASE IV: SUSTAINABILITY   **Institutionalizing partnerships and effective participation models in each minority community**

Each of the four phases of the model reflects progressive development of capabilities, skills and techniques within community coalitions and other community-based organizations that foster effective community participation in local health initiatives. While we have used the CDC principles as the backdrop for this model, we incorporated into this model additional issues and concerns reflective of the needs and challenges facing minority communities.

Together the phases in the model characterize a developmental and iterative process leading to community engagement and empowerment. We believe it may take several years to successfully complete all the phases of the model in any community.

Each component in the model consists of interventions. Examples of the kinds of interventions that can be used are provided for the first two phases of the model. For the latter two phases, helpful guidelines, suggestions and references to sources of interventions and tools are provided. To complete the tasks for each phase, users are encouraged to draw upon their own experiences as well as the wealth of resources available in literature, web sites and practitioner manuals, many of which are listed among the references included with this model.

The model is cyclical. Progressions through its four phases can occur - - - will need to occur - - - repeatedly. Each time a cycle is begun again in any community setting, it is begun with greater knowledge of the community, more insight about community norms, practices and issues, more capacity in the community itself and a higher level of trust between the community and the helping resource(s). The intent of the model is that ultimately, the need for the external helping resource will disappear; that the community will become self-sustaining as a vital and vibrant force for improving the health of its residents and the general quality of community life.

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Overview of the Smota Model

Eleven (11) principles serve as the "backbone" of the Sustainable Minority Outreach and Technical Assistance (SMOTA) Model: its skeleton. And a "body" of interventions can be, just like the human body, of different sizes, shapes and descriptions. The summary of the model which follows shows only those principles as they comprise the model's four phases. Each phase has two components except Phase III. Phase III has five (5) components, reflecting the intensity of effort required to progress to Phase IV, where self-determination and empowerment are the ultimate endpoint.

Translating each principle into a coherent set of interventions is the role of the providers of outreach and TA to minority communities who use this SMOTA Model. At every stage in the SMOTA process, each user should feel challenged to choose interventions that align with the principle. Adherence to these principles goes a long way toward assuring that a developmental process, borne out by vast experience, is being employed throughout. The model facilitates monitoring and tracking of progress using objective criteria.

Users are encouraged to peruse the numerous references used in the development of the SMOTA Model for ideas. approaches, tools and other kinds of resources that they may need.

COMPONENT III.2
SEEK OUT, ENCOURAGE , RECOGNIZE AND RESPECT DIVERSITY OF EACH MINORITY GROUP

All aspects of minority community outreach and technical assistance must recognize and respect diversity within any minority community. Awareness of the various cultures of a minority community and other factors of diversity must be paramount in designing and implementing minority community outreach and technical assistance approaches. [CDC Principle 6]

COMPONENT III.3
DEVELOP AND ENHANCE EACH MINORITY COMMUNITY'S CAPACITIES

Minority outreach and technical assistance can only be sustained by identifying and mobilizing the assets in African American and other minority communities, and by developing capacities and resources for community health decisions and action. [CDC Principle 7]

COMPONENT III.4
PLACE EACH MINORITY COMMUNITY AT THE CENTER OF ANY CHANGE PROCESS

An organization promoting minority outreach and technical assistance must be prepared to release control of actions or interventions to the minority community in which it is working and be flexible enough to meet the changing needs of that community. [CDC Principle 8]

COMPONENT III.5
ENCOURAGE STRATEGIC PLANNING IN EACH MINORITY COMMUNITY

Community collaboration requires a long-term commitment by the organization that does outreach and provides technical assistance and its partners. [CDC Principle 9]

PHASE IV (SUSTAINABILITY):
INSITUTIONALIZE PARTNERSHIPS AND EFFECTIVE PARTICIPATION MODELS IN EACH MINORITY COMMUNITY

COMPONENT IV.1
FACILITATE AND SUSTAIN RESOURCE DEVELOPMENT

Prevention of tobacco use, tobacco use cessation and activities to promote education, screening and treatment for targeted cancers are processes that must, at least for a time, be on-going. Any coalescing or organized efforts instituted in a minority community will need resources to continue, to mature and to expand to meet new needs. [MD CRFP Principle I0]

COMPONENT IV.2
DEVELOP INFRASTRUCTURE TO SUSTAIN COMMUNITY COALITIONS

 Structure, resources, planning as well as strategies for further organizing the community and implementing prevention and control strategies for tobacco use and cancer will be needed to integrate these efforts into the culture(s) and fabric of community life. To be sustained over time, changes initiated will require periodic re-enforcement and refreshment in addition to further outreach to involve even more community residents. [MD CRFP Principle 11]

SUSTAINABLE MINORITY OUTREACH AND TECHNICAL ASSISTANCE:
A Comprehensive Model for African American and Other Minority Communities

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PHASE I (PREPARE TO ENGAGE):
BEFORE STARTING WORK IN A COMMUNITY

COMPONENT I.1
FORMULATE AND CLARIFY MINORITY OUTREACH AND TECHNICAL ASSISTANCE GOALS

Be/Get clear about the purpose or goals of the minority outreach and technical assistance, and the minority populations and/or communities you want to help involve in the LHD coalitions or engage in developing coalitions within their own community.[CDC Principle 1]

COMPONENT I.2
SEEK TO UNDERSTAND EACH MINORITY COMMUNITY

Become knowledgeable about the general community and each minority community in terms of its economic conditions, political structures, norms and values, demographic trends, history and experience with coalitions. Learn about the community's perceptions of those initiating the coalition activities. (CDC Principle 2J

PHASE II (OUTREACH):
FOR OUTREACH AND TECHNICAL ASSISTANCE TO OCCUR

COMPONENT II.1
ESTABLISH AND DEVELOP RELATIONSHIPS IN EACH MINORITY COMMUNITY

Go into each minority community, establish relationships, build trust, work with the formal and informal leadership, and seek commitment from community organizations and leaders to create processes for mobilizing that community. [CDC Principle 3]

COMPONENT 11.2
ENCOURAGE AND FOSTER MINORITY COMMUNITY EMPOWERMENT

Remember and accept that community self-determination is the responsibility of all people who comprise a community. No external entity should assume it can bestow on a minority community the power to act in its own self-interest. (CDC Principle 41

PHASE III (TECHNICAL ASSISTANCE):
FOR OUTREACH AND TECHNICAL ASSISTANCE TO SUCCEED

COMPONENT III.1
FACILITATE MINORITY COMMUNITY PARTNERSHIPS TO FOSTER SOCIAL CHANGE:

Partnering with each community is necessary to create change and improve health. [CDC Principle 51

Phase I

PHASE **I**

Prepare to Engage: Before starting work in a community

A comprehensive model for outreach and technical assistance to African-American and other minority communities

I.1 Formulate and clarify minority outreach and technical assistance goals.

I.2 Seek to understand each minority community.
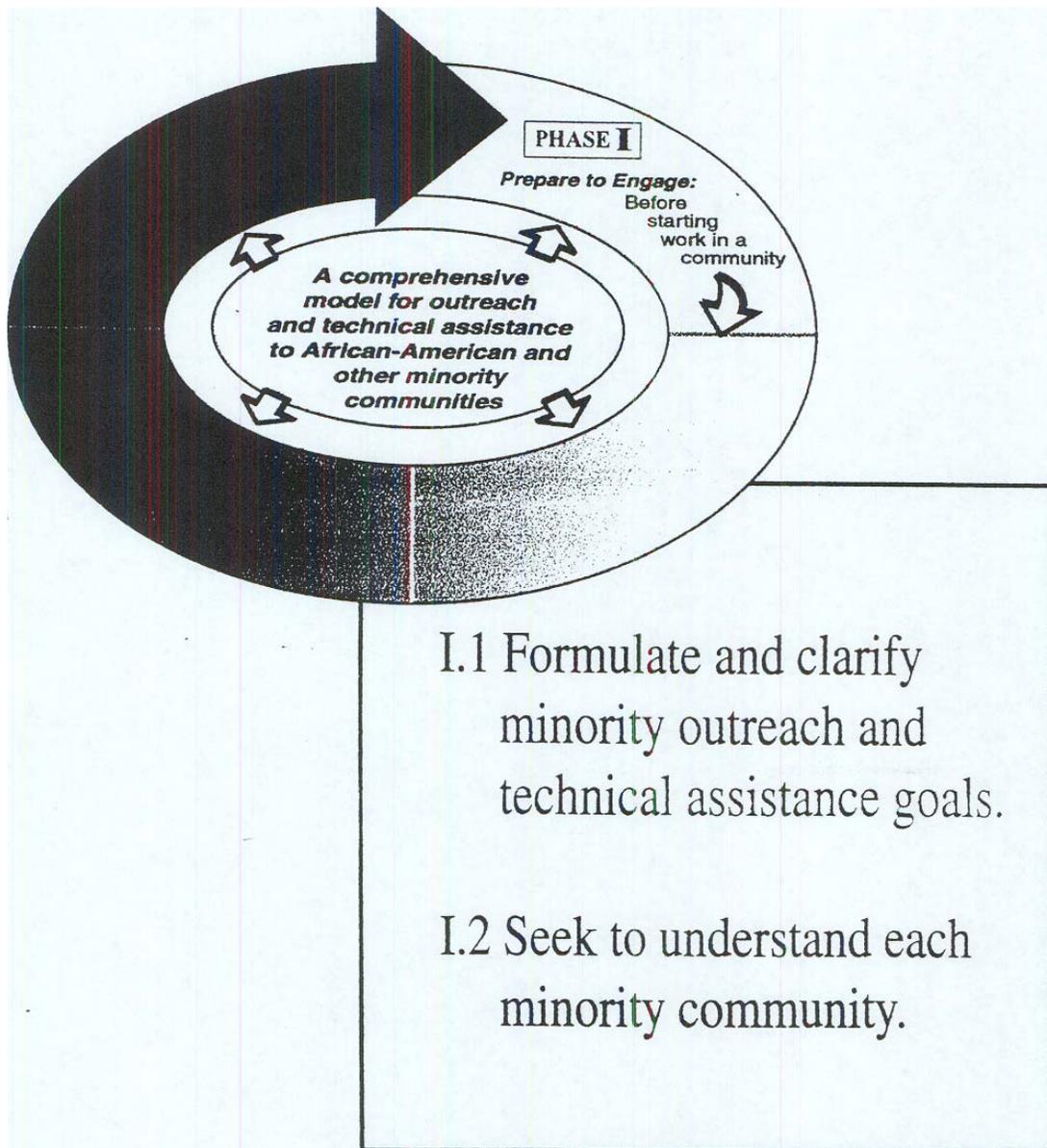
SUSTAINABLE MODEL FOR OUTREACH
AND TECHNICAL ASSISTANCE
TO AFRICAN AMERICAN AND OTHER MINORITY COMMUNITIES
(SMOTA)

PHASE I
**PREPARE TO ENGAGE: B E F O R E STARTING W O R K IN A
C O M M U N I T Y**

COMPONENT I.1 FORMULATE AND CLARIFY MINORITY OUTREACH
AND TECHNICAL ASSISTANCE GOALS.

Be/Get clear about the purpose or goals of the minority outreach and technical assistance,
and the minority populations and/or communities you want to help involve in the Local
Health Department (LHD) coalitions or engage in developing coalitions within their own
community(ies).
[CDC Principle 1]

An important first step after grant award is to gather some *preliminary* information about the
communities and the minority groups you wish to engage in this outreach and technical
assistance effort so that you can begin to formulate *your* initial goals for your outreach and
technical assistance work in the different communities. Delgado (2000) highlighted the
importance of mapping the location of community resources, collecting data from clients,
stakeholders and communities to assess the needs for capacity enhancement in a community[2].
Delgado suggests that the goal of these activities is to identify a community's assets as a
starting point for community empowerment. Familiarity with each community's environment,
its boundaries, physical characteristics, traffic patterns, service centers, etc., is an important
consideration in this process. This may be accomplished by taking a walking or driving tour of
the community. Also, at this time you should begin identifying key informants and major
groups and organizations. The local health department and other local government agencies
are resources to elicit this pertinent information.

Such information is a useful backdrop for informally seeking out one or two key informants in each target community who can add texture and insight to the kind of information that you might gather from the Local Health Officer (LHO) or coalition staff about conditions in the community, including major concerns or issues - - - that may not include health! But it is health-related information that you will need in addition to information about a number of dimensions of community life: how the community sees itself, how it "operates" and how power is derived or obtained and who the people. community-based organizations and institutions are that have the pulse of the community-

INTERVENTION I.1.A: Find one or more informants.

I.   Identify community gatekeepers (e.g., merchants, ministers, people who have worked in the community and ask them to identify one or more key informants)

ii.   Review community and organizational newsletters to identify informed community resident(s)

iii.   Contact and arrange to meet with agency directors or their designees to ask for recommendations

iv.   Develop a report of these interviews. Include in the report feelings expressed and subtleties of expression that convey how people perceive things.

v.   Categorize the content of the interviews by themes or categories. Try to identify factors that enable or disable involvement with the work of the local health department's community health coalition(s).

INTERVENTION I.1.B.: Use existing data sources, including the local health department and their local agencies or community resources, to elicit pertinent information.

I.   Access the Internet to identify community databases and develop, a checklist of possible sources that are most likely to yield useful information. Precision is not the goal at this early stage.

ii.   Contact the local health department to identify health workers assigned to the community(ies) of interest

iii.   Contact local public health clinics to arrange for a brief interview with local public health nurses and other health workers

INTERVENTION I.1.C: **Take a driving/walking tour of the neighborhood(s)to become familiar with its/their physical character and to identify some community resources.**

I.   Use information provided by key informants.

ii.   Develop a community assessment inventory which in general terms the community resources, e.g., health and social service agencies. community-based organizations. political organizations, businesses and social institutions, e.g., schools, churches, etc.

INTERVENTION I.1.D: **Outline some preliminary outreach goals and preliminary technical assistance goals.**

I.   Develop some preliminary outreach and technical assistance goals based upon information provided by key informants and obtained from written documents such as coalition meeting minutes, community newsletters or other written records.

ii.   Develop an action plan that lays out your strategy for conducting an in-depth community assessment.

ACCOUNTABILITY INDICATORS

SUCCESSFUL COMPLETION OF <u>COMPONENT I.1</u>WILL BE EVIDENCED BY THE FOLLOWING FOR EACH MINORITY COMMUNITY IN EACH JURISDICTION:

NOTE: Do the following based on your initial impressions and little, if any, formal community input. You will revisit these accountability indicators after you have identified and interviewed minority community leaders.

1.   Documentation, from the records of local health departments, the minority representation on cancer and tobacco coalitions that have already been established.

2.   Written profile of your initial impressions about community assets, tangible (e.g., *organizations* (all kinds) and agencies in the community that are attended/supported or patronized by that community, businesses in the community that are owned by residents, standard community-wide events, etc.) and intangible (e.g., community spirit or cohesiveness, prior community-wide successes, political clout, relationships that appear to be significant, special recognitions from the government of the jurisdiction, etc.).

3.   Formulation of initial community goals and objectives annotated to distinguish goals explicitly voiced or otherwise communicated by community informant(s) or institutions from goals imputed by vendor staff based on coalition records or other sources external to the community.

4.   Formulation of indicators that can be used to measure community goals.

5.   Documentation of suggestions, ideas or plans showing how staff will "check out" these preliminary goal statements and the initial profile of community assets, and revise them as needed as part of the next intervention or component in the SMOTA process model.

6.   Submission to CRFP of a report of these indicators for each minority community that includes annotations reflecting issues (such as lack of clarity, impressions of community sentiments (enthusiasm or lack of it; knowledge of problems associated with tobacco use or lack of it; unifying community themes or lack of them, etc.)) and any similar information believed to be helpful as you move to the next stage of the outreach process.

7.   Supply a map or other visual representation of each geographic area identifying (at a gross level) its boundaries, population density, minority residential patterns, identification of community resources/assets and other significant community characteristics. NOTE: A county map can be used for this purpose, overlaying the information that characterizes each minority community.

COMPONENT I.2: SEEK TO UNDERSTAND EACH MINORITY COMMUNITY.

Become knowledgeable about the general community and each minority community in terms of its economic conditions, political structures, norms and values, demographic trends, history and experience with coalitions. Learn about the community's perceptions of those initiating the coalition activities.
[CDC Principle 2]

African American and other minority groups are not monolithic, but vary along many factors such as political power and savvy, educational level, and other significant variables. For example, there may be segments within a minority group that are well informed and influential, but polarized on many issues; alternatively, there may be others who are less informed and disorganized, but richly diverse and vibrant.

Knowledge of minority group history in the jurisdiction or community should be carefully examined. Understanding subtleties such as how the group defines itself [3], inter group language differences, cultural activities (food, dances, other rituals)', [5] can mean the difference between entry into the community and exclusion from the community. For example, something in the group's history may explain why they hold such strong emotions on a specific issue, community institution, group or event that affects their lives. Hopefully, the local cancer and/or tobacco coalition is composed of groups and organizations that the minority members respect and with which they have had a history of positive relationships, if any. For these reasons, values, attitudes and opinions of the minority groups provide especially helpful information. They provide clues about unspoken influential rules and norms that should be respected and accommodated.

It is also important to know about their activities, where they take place and the nature of these interactions. Knowing this information can inform you about who connects with whom and the types of relationships they have. There are many resources available to access this information, including the local media [6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22] (both print and electronic; general and community-specific), community observation, census data[23] and other national data[24], minority organizations [25 26 27 28 29 30 31], and the local health department.

The interventions in this component of the model will help you formulate and clarify preliminary project goals (i.e., the goals or objectives you have set for your service area in support of the Management For Results (MFRS) for the Minority Outreach and Technical Assistance Program (MOTA) and any other performance indicators), and begin the process of helping community residents to become involved with the local health department coalitions and participate effectively with them.

Note: *Application of this component of the model requires the development of BOTH a minority community profile and a general community profile, ensuring that there is a proper balance between the two profiles.*

INTERVENTION I.2.A: Profile each of a jurisdiction's minority communities.

As you begin the process of reaching out to minority communities in the jurisdiction, you are aware of the need to be knowledgeable about cultural consciousness and community diversity. Also, you recognize that you must find ways to link your mission to the social goals and concerns of each minority community if there is to be any hope that the minority community will value what you are offering. So you must first identify and develop a profile of each of the various minority groups. The Community Toolbox, published by the University of Kansas[32] and the Future by Design publication from the USDHHS Office of Substance Abuse Prevention[33] are comprehensive tools that can help you do this .

Identify the major minority communities in the jurisdiction, their relative size and their main locations; develop a written profile of each:
>African Americans
>Hispanic/Latinos
>Asian/Pacific Islanders
>Native Americans

Tools to identify and profile the major minority groups:

1. Gather demographic and socio-economic status (SES) data for each group (Gender, Age, Sources of income and income levels, Education levels)

    Sources of data: Department of Health and Mental Hygiene (especially the Cancer Baseline Study and the Tobacco Baseline Study), Maryland Planning Department, U.S. Census data (Year 2000 Census); Maps; Local Health Departments; Local NAACP chapter(s); local ethnic cultural organizations; local reports and statistics; Local newspapers including back issues; Articles on each of the different minority groups

2. Conduct a socio-cultural assessment of each of the minority groups to find answers to the following questions:

    a. What are the basic world views and beliefs of the minority group?
    b. What is the minority group's history in this country?
    c. What are the minority group's dominant norms and values?
    d. What are the expressions of spirituality within the minority group?
    e. What are the formal and informal organizational structures and communications systems?
    f. Who are the key opinion' leaders within each of the minority groups?

g.   What is the socio-political climate?

(Reference: Community Tool Box. Part A, Chapter 1: Building capacity for Community and Systems Change, pp. 1-1 70)

INTERVENTION I.2.B: Identify & Interview Minority Community Leadership. (Formal and Informal)

You also recognize the importance of identifying and including various viewpoints, not only in assessing needs, problems, and goals, but also in knowing how prevention and on-going control can be planned with the community and how various cultural groups might work together on common health problems. To achieve this objective, you must identify those persons who represent the interests of the minority community. Therefore, you must identify and interview the minority community leadership.

Tools to identify and interview minority community leadership (Formal and Informal)

- Locate and observe prominent minority community, faith and social institutions; probe these to include a diversity of such organizations and to identify other influential CBOs.
- Examine the news media (minority and majority) to identify minority group spokespersons on issues affecting minority communities.
- Look for TV or radio " talk" shows that focus on minority communities.
- Talk to people in the minority community settings: e.g.. known experts on the minority group/community through professional reputation, such as ministers, teachers, physicians: key informants and gatekeepers; people who have worked in the minority community, e.g., community service workers; elected officials.

INTERVENTION I.2.C: Develop a written profile of the overall community (entire jurisdiction).

You are aware that health behaviors are shaped by the interaction of individuals with many powerful factors within organizational and community systems. Therefore, it is important that you have balanced and comparable knowledge about each of the minority communities in a jurisdiction and about the entire community as a whole. This knowledge should include interactions between/among different minority communities as well as interactions between whites and the minority communities. Knowledge of a community means knowledge of both individuals and organized groups, so interactions among key influence groups within the various communities are also important to know and factor into outreach strategies.

Profile the entire jurisdiction Suggested profile
elements are:

- Geographic boundaries of the jurisdiction
- General history of the jurisdiction and its communities
- Key people and leaders jurisdiction-wide
- Demographics: racial/ethnic makeup, male/female ratio, age, economic standing, education levels, etc.
- Expenses, income, and in-kind support for the community's activities
- Issues of most concern to/in the jurisdiction
- Dominant norms and values
- Most influential formal and informal organizational structures and communications systems
- Morale and involvement levels
- Key allies and rivals
- Social and political climate

Tools to help develop a community profile of the entire jurisdiction....

- Conduct a physical examination of the environment
- Gather knowledge by reviewing historical archives - newsletters, local newspaper archives and documents from historical societies to understand community development
- Identify elders, civic and political leaders from different communities who can provide an oral history of the jurisdiction and its communities
- Examine changes in community composition using 1970-2000 census data

ii.   Identify & Interview Community Leadership (Formal and Informal)

As an outreach and technical assistance resource to African American and other minority communities, your goal is to effect behavioral and environmental changes that have staying power through the continuous support of both the minority and other leadership within the community. To that end, activities conceived and developed within a minority community, apart from the perceptions of the larger community, are less likely to be understood and supported by the larger community. Therefore,, you must become knowledgeable about the ideas and concerns of a cross-section of the entire community leadership. Invest time and effort to identify local community leaders and understand the role they play in their community. Sampson and Martha's[34] (1990) discuss some of the factors to consider in identifying leaders, including understanding the function of leadership, identifying styles of leadership (autocratic, democratic and Laissez-faire) and how leaders motivate others (through facilitating communication and decision making). This may help set the

stage on determining how to interview the community leaders (based on their leadership style and how they interact with others).

Among the list of community leaders to be consulted are the following:

- School officials and PTA leaders
- Leaders of homeowners', tenants', civic and political associations
- Ministers
- Locally elected and appointed officials
- Leaders of local clubs and organizations, including political clubs, civic or cultural associations and fraternal organizations
- Realtors and other business people (e.g., merchants)
- People who work with social service agencies
- The community's "squeaky wheels" – folks who are known for being very vocal about their dislikes and dissatisfactions

Techniques and Tools for interviewing community leadership

- Establish rapport.
- Clarify the purpose of the encounter.
- Allow the community leader to define the nature of the dialogue.
- Be up-front and explicit about the reason why you are there.
- Do not force an agenda on the community.
- Provide written understanding of each transaction to foster clarity.
- Make decisions based on mutual consent.
- Assess whether the services you are offering are the ones the community needs.
- Be open and flexible.
- Be open to the community's rejection of your suggestions.

Possible interview questions:
- How do they feel about the community?
- What is the desired state of the community?
- What are the barriers to achieving that state?
- What are the positive and negative consequences for addressing those barriers?
- What are the appropriate methods to address those barriers?
- What are some of the community's strengths?
- Identify who has the ear of the person(s) who control(s) the resources.
- Identify who controls the community resources such as funds, services, power.

- Examine who has played a pivotal role in the channeling of resources into the community.
- Identify the persons within families and neighborhoods who people seek counsel from before taking action.
- What are the perceptions of the future of this community?

INTERVENTION I.2.E: **Collect baseline data to assess where the community is at the beginning of the project**

In order to promote social change in the community you have now begun to work with, you must work with that community to formulate goals and objectives as well as to identify indicators that will help to determine where the community is at the beginning of the outreach process. These indicators are expected to be used later on as outcomes of the change process within a community.

Thus, in order to succeed at this task *the community* needs to develop skills in establishing goals and measurable objectives; in determining what indicators can be used to measure the objectives; and in collecting baseline data on those indicators.. The preliminary goals and indicators you formulated in Intervention I.1.A are input to this more refined process, undertaken after you have a working knowledge of a community and have established relationships with key leaders, power brokers and influencers.

Tools: To complete this task, one needs to learn how to develop goals and objectives in collaboration with the community, as well as to identify indicators for those goals. There are several manuals that can be used to help you perform this task, including the book by Mullen and Magnabosco on Outcomes in the Human Services[35] and the toolkit on outcomes provided by United Way[36][37]

<u>ACCOUNTABILITY</u> INDICATORS

SUCCESSFUL COMPLETION OF <u>COMPONENT</u> 1.2 WILL BE EVIDENCED BY THE FOLLOWING FOR EACH MINORITY COMMUNITY:

> *NOTE: In this case you are revising the accountability indicators you prepared earlier, prior to entering the community in earnest.*

1. Formulation, with input from the community, of initial community goals and objectives annotated to distinguish goals explicitly voiced or otherwise communicated by community informant(s) or institutions from goals imputed by vendor staff based on coalition records or other sources external to the community.

2. Formulation, with input from the community, of indicators that can be used to measure community goals.

3. Update of the written profile, prepared in Component I.1, of your initial

impressions about community assets, tangible (e.g., organizations (all kinds) and agencies in the community that are attended/supported or patronized by that community, businesses in the community that are owned by residents, standard community-wide events, etc.) and intangible (e.g., community spirit or cohesiveness, prior community-wide successes, political clout, relationships that appear to be significant, special recognitions from the government of the jurisdiction, etc.).

4.   Documentation of suggestions, ideas or plans showing how staff will "check out" these preliminary goal statements and revise them as needed as part of the next intervention.

5.   Submission of a report of these indicators for each minority community that includes annotations reflecting issues (such as lack of clarity, impressions of community sentiments (enthusiasm or lack of it: knowledge of problems associated with tobacco use or lack of it; unifying community themes or lack of them, etc.)) and any similar information believed to be helpful as you move to the next stage of the outreach process.

6.   Supply map or other visual representation of each geographic area identifying (at a gross level) its boundaries, population density, minority residential patterns, identification of community resources and other significant community characteristics. *NOTE: A* county map can be used for this purpose, overlaying the information that characterizes each minority community.

7.   A document tabulating the socio-demographic characteristics of the minority community and the overall community.

8.   Transcripts of interviews of community leaders.

9.   Logs of responses to community assessment questions posed above.

Phase II
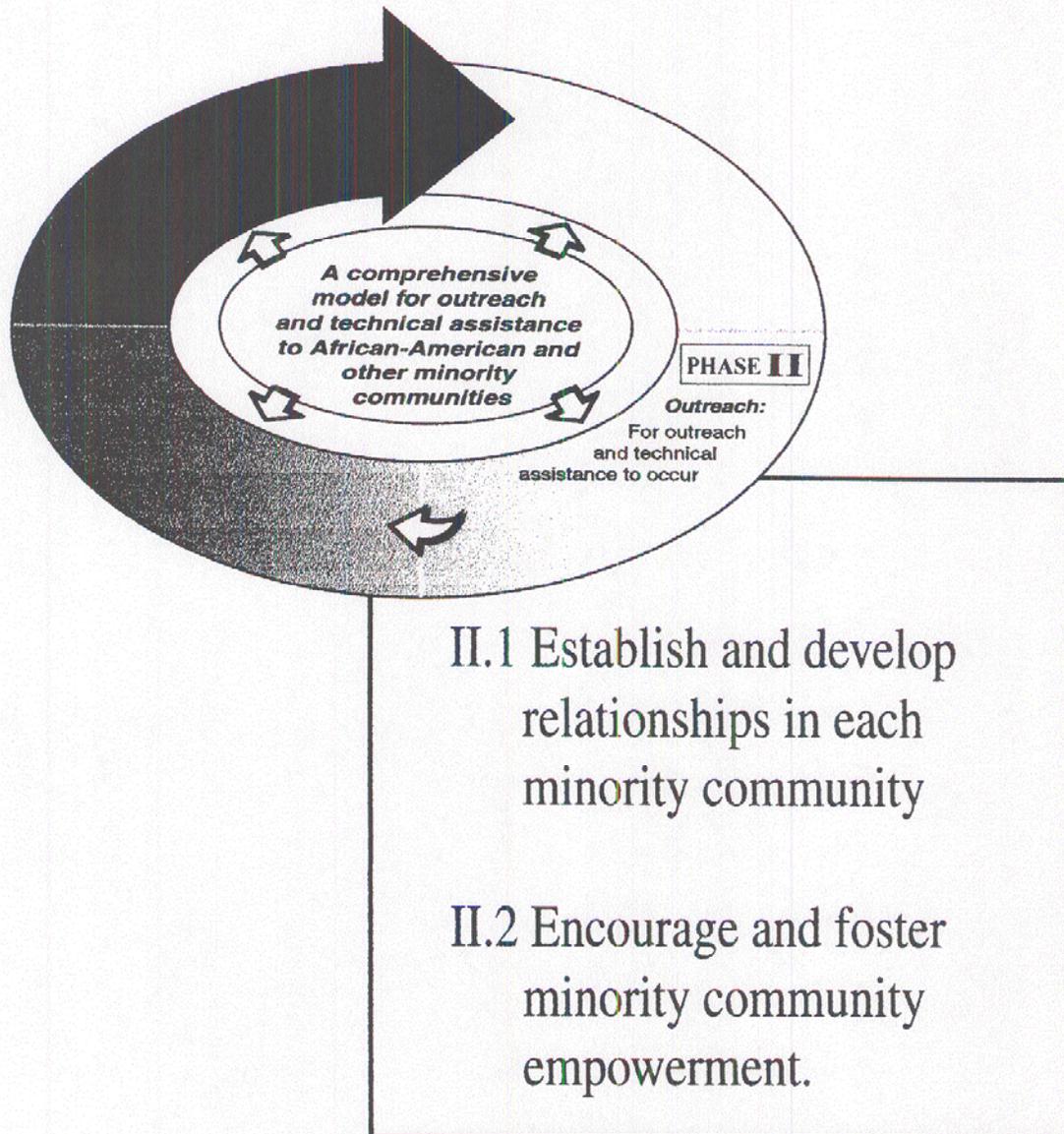
A comprehensive model for outreach and technical assistance to African-American and other minority communities

PHASE **II**

Outreach: For outreach and technical assistance to occur

II.1 Establish and develop relationships in each minority community

II.2 Encourage and foster minority community empowerment.

COMPONENT II.1: ESTABLISH AND DEVELOP RELATIONSHIPS IN EACH MINORITY COMMUNITY.

Go into each minority community, establish relationships, build trust, work with the formal and informal leadership, and seek commitment from community organizations and leaders to create processes for mobilizing that community. [CDC Principle 3]

The objective of this component is to begin to engage the minority group members through personal interactions. It is from these interactions that you can expect to receive a richer understanding about how individuals think and feel about health issues. e.g., where "good health" fall in the hierarchy of needs, values, or goals in the community and what they believe can be done to promote "good health" and prevent illnesses in their community. You should contact and interview key informants and community leaders in the minority groups. In the process of reaching out to the community to engage community members, you may need to move past traditional outreach methods (newspapers, posters, contact via fraternal and social groups, religious organizations and telephoning) to connect with minority communities[38].

For example, while newspapers reach a wide audience they are rarely read in depth and most people do not respond to articles or advertisements (Hooks, et al., 1988). Likewise, it may be that the persons you really want to target are not church goers or members of fraternal organizations or social groups. Hooks and colleagues (1988) found that using community social networks was more efficient for reaching out to communities because participants referred to others that they knew, trusted and believed were committed to help you. Marsden and colleagues[39] also recommend using social networks for reaching out to a minority community. Hence, reaching out to a community may end up becoming an iterative process that is based on building a trusting relationship with individuals in the community. It is generally accepted that empathy and respect are vital to establishing rapport and developing effective working relationships (Lum, 1996). It is also especially important to be genuine and to clarify their expectations about the role of the local health coalition(s) in responding to their needs (Lum 1996). This is crucial in establishing trusting relationships for ongoing work.

Tools: When you enter the community it is important to consider the following questions:

- Who is interested in this issue and why?
- Is the indigenous leadership interested in this issue?
- Who else should be involved?
- How will the minority community measure its progress and success?

ACCOUNTABILITY INDICATORS

SUCCESSFUL COMPLETION OF <u>COMPONENT II.1</u> WILL BE EVIDENCED IN EACH MINORITY COMMUNITY BY:

1. A written analysis or synthesis of interviews with key minority community leaders and community residents highlighting recurring themes and points of divergence in opinion or philosophy, especially about community needs or community norms(as they relate to tobacco use and cancer, in particular, if such opinions have been expressed at this stage in the process).

2. An update of the profile of community assets.

3. A plan or outline for next steps, reflecting what you have learned so far and identifying key people/organizations to engage in ongoing dialogues. Specification of any known or suspected barriers and any known or suspected enablers should be included.

<u>COMPONENT II.2:</u> ENCOURAGE AND FOSTER MINORITY COMMUNITY EMPOWERMENT.

Remember and accept that community self-determination is the responsibility of all people who comprise a community. No external entity should assume it can bestow on a minority community the power to act in its own self-interest. [CDC Principle 4]

> *"Empowerment is a social action process that promotes participation of people, organizations, and communities in gaining control over their lives in their community and larger society; it is not characterized as achieving power to dominate others, but rather power to act with others to effect change. "*

Wallerstein, N. and Bernstein, *Health Education Quarterly,* Winter 1988, p. 380

There are important principles that must guide your work with minority populations at this stage of the outreach and engagement process. First. you must be able to link the mission of the local health department's coalition with the concerns of the minority group in which you are working (which the coalition wants to reach); otherwise the group will not value what the coalition is offering. Also, you must be careful to avoid "cultural invasion," in which a coalition's activity is drawn solely from its own values without regard to the cultural values of minority groups. Engaging minority membership in a coalition implies "full partnership" with complementary roles and contributions. There should not be a nuance of "junior" or "senior" partners.

Moreover, it is important to approach minority groups from a "strengths perspective" in order to appreciate the resources that they have to offer to the coalition. Strategies for achieving these goals may include examining the proportional representation of minorities in coalitions to ensure that the membership reflects their proportional representation in the community; examining and addressing community outreach problems; ensuring the involvement of decision makers in outreach activities; including bilingual/bi-cultural staff in the effort; [0] and obtaining active feedback from community members'

Community empowerment requires a paradigm shift in thinking which leads to the following actions:

- **Creating an atmosphere of mutual responsibility rather than holding professionals solely responsible for programs**
- **Sharing power with the community rather than vesting power in the hands of agencies**
- **Seeing the community and professionals as having expertise and not relying solely on professionals as the "experts"**
- **Moving from external leadership to shared, community-based leadership**
- **Moving from a situation in which professional staff answers to the coalition and the coalition answers to their funders to a situation in which everyone answers to the minority community**
- **Accepting different cultures' needs and involvement and developing programs appropriate to each culture**
- **Including the community in the decision-making process and seeing everyone as a part of the process**

(Reference: CS.-1P Community Partnership Institute Training Manual)

ACCOUNTABILITY INDICATORS

SUCCESSFUL COMPLETION OF <u>COMPONENT II.2</u> WILL BE EVIDENCED BY:

1. Documentation of the extent to which representation of minority groups within the membership of the local coalitions and in leadership positions in each jurisdiction reflects the ethnic and SES diversity in each minority community as you have been able to discern them.

2. Documentation of local minority input (from each relevant ethnic group) in program development, jurisdiction by jurisdiction, in your service area.

    Documentation of minority feedback regarding coalition efforts in each jurisdiction in your service area.

Phase III
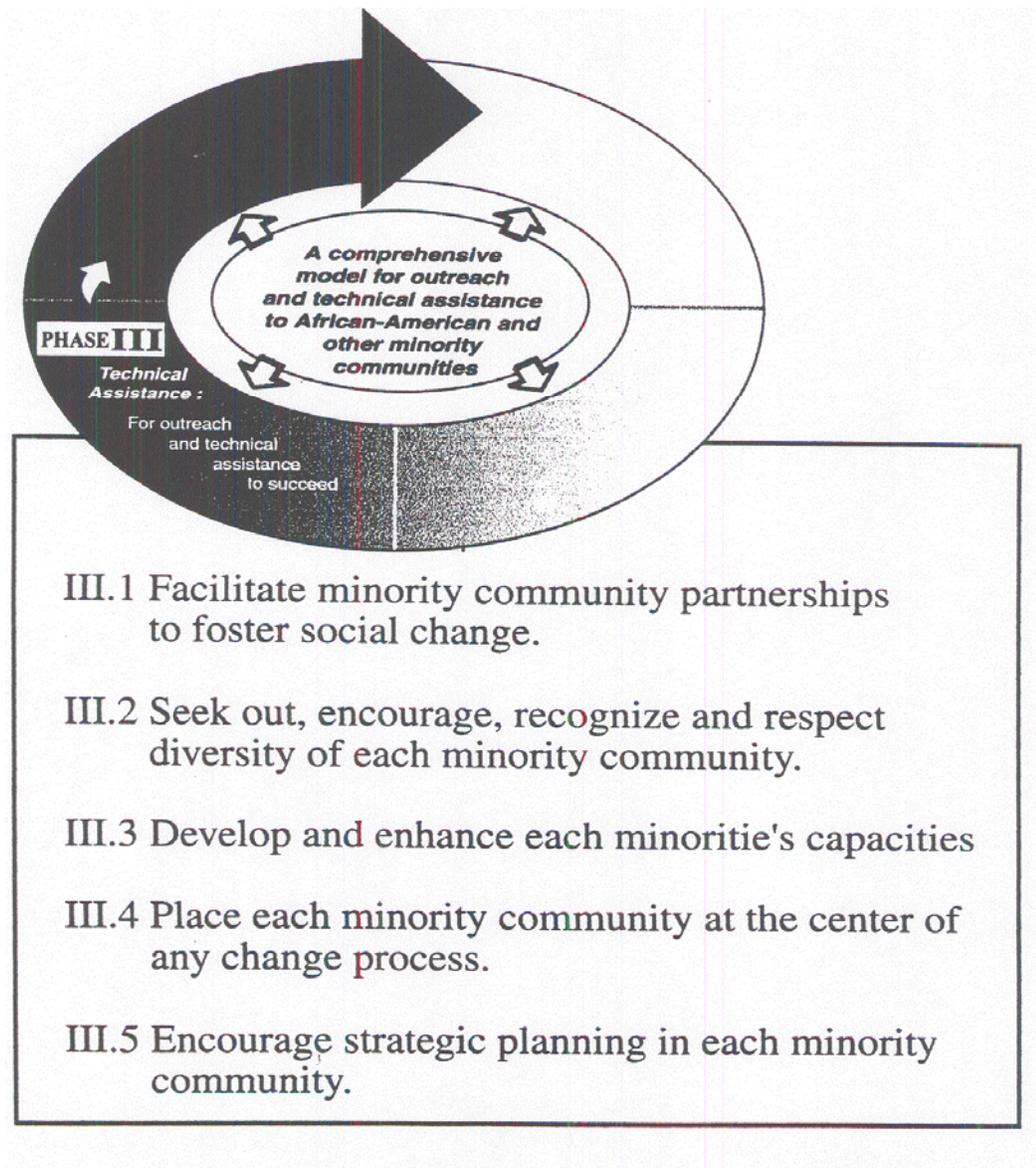
PHASE **III**
Technical
Assistance :

For outreach
and technical
assistance
to succeed

A comprehensive
model for outreach
and technical assistance
to African-American and
other minority
communities

III.1 Facilitate minority community partnerships
to foster social change.

III.2 Seek out, encourage, recognize and respect
diversity of each minority community.

III.3 Develop and enhance each minoritie's capacities

III.4 Place each minority community at the center of
any change process.

III.5 Encourage strategic planning in each minority
community.

COMPONENT III.1:   FACILITATE MINORITY **COMMUNITY PARTNERSHIPS** TO FOSTER SOCIAL **CHANGE.**

Partnering with each community is necessary to create change and improve health. [CDC Principle 5]

While it is important to help minority communities develop the skills to assert their own agendas, it is also important for communities to form partnerships to pursue common goals. The technical assistance you provide must address this principle. This may require being clear and up-front about your goals, being consistent from group to group regarding the messages you send and the commitment you make to work ***together with them (each group);*** and agreeing to share in the work and in the fruits of the labor.

Research indicates that the conditions necessary for effective community prevention include:
▸   A clear and shared vision.
▸   A systematic planning process with active minority community involvement in defining the problems to be addressed and the strategies to be used.
▸   A mutually supportive and coordinated set of strategies.
▸   An effective way to monitor plans over time.

Such an approach requires a coalition or partnership that shifts the focus from activities to a systematic, thoughtful planning process that includes the entire community. Therefore, as the literature suggests, the most effective local efforts actively involve multiple, key segments of the minority community in collaborative. sustained prevention planning and development.

To reach these goals. tobacco and cancer prevention coalitions will be expected to :

- Encourage African American and other minority community leaders in local communities to coordinate prevention programs more effectively and to develop new tobacco and cancer prevention initiatives.
- Demonstrate that the development of broad-based support within the minority community and close coordination with the local health department and other appropriate local agencies can substantially contribute to the prevention of cancer and tobacco-related problems.
- Encourage and stimulate self-sustaining, multi-faceted prevention programs targeted to African American and other minority groups.

> ***[Reference:*** *U.S. Office for Substance Abuse Prevention. (1991). "Assessment: Knowing the impact of prevention efforts"* in *The Future by Design: A community framework for preventing alcohol and other drug problems through a systems approach, pp. 29-33. Rockville, MD.]*

The Centers for Disease Control and Prevention includes in their model. "Planned Approach to Community Health (PATCH)",[42] guidelines for forming partnerships within and across communities. At this stage, you will be helping multiple African American   and other minority communities (and their "internal" community coalitions, if any have been formed) prioritize their goals, and develop partnerships with each other based on mutually agreed upon shared goals. While the CDC PATCH model is offered as an example of such an approach, other models which focus on developing skills in assessing community needs, developing priorities and negotiating with others would be equally useful here.

ACCOUNTABILITY INDICATORS:

SUCCESSFUL COMPLETION OF COMPONENT III.1 WILL BE EVIDENCED BY:

1.   Documentation of the priorities of multiple communities (each one) and the local community health coalitions in each jurisdiction.

2.   List of the mutually agreed upon or common priorities (consensus priorities) across the different minority communities in each jurisdiction.

3.   Documentation of the type and nature of community partnerships being sought, under development or already formed for each of the minority communities in each jurisdiction.

COMPONENT III.2:   SEEK OUT, ENCOURAGE, RECOGNIZE AND RESPECT THE DIVERSITY OF EACH MINORITY COMMUNITY.

All aspects of minority community outreach and technical assistance must recognize and respect diversity within any minority community. Awareness of the various cultures of a minority community and other factors of diversity must be paramount in designing and implementing minority community outreach and technical assistance approaches.
[CDC Principle 6]

You are seeking to understand and be inclusive of the views and needs *of African Americans and other minorities* as they relate to the formulation of explicit statements of the needs of their community. As part of that process you want to be able to understand and respect the norms and values of the ethnic groups in these communities. To do this you must first become aware of your *own* background and your interaction with other cultures; examine the potential biases that come from that background; and then, understand and begin to appreciate the circumstances facing others. Effective community engagement requires the development of

skills in diversity competence.

Developing diversity competence (commonly also called "cultural competence") is the process through which people become aware of and acknowledge the `dynamics of difference'. Persons who are diversity competent are "racism, classism and culturally" self aware; have substantive knowledge of the population with whom they are working; and the ability to adapt their interpersonal communication and other skills to the situation. characteristics, and culture of the consumer, conceive of themselves as learners; have diversity learning skills" Rauch and colleagues (1993) present several exercises that are designed to facilitate the development of diversity competence[13]

The following strategies can be helpful in developing culturally competent interventions for social change as well as prevention initiatives:

- Use actions and attitudes that seek to facilitate community empowerment. Emphasize ways to facilitate the involvement of diverse cultural groups and communities.
- Recognize, value, respect, and build on the diversity of groups within the community.
- Be committed to inclusion and building relationships.
- Be committed to intensive outreach.
- Encourage maximum participation and involvement at all levels and in all phases of planning and decision making.
- Recognize the need for legitimacy, acceptance, and credibility within all cultural groups and communities.
- Identify one's own norms, attitudes. values, practices, knowledge. understanding, and beliefs regarding one's culture of origin and all diverse cultural groups in the community.
- Be committed to learning about other cultural groups and communities.
- Acquire skills in culturally appropriate Communication, Etiquette, and Problem solving.
- Include the themes of: Communication. Cooperation. Coordination Inclusion, and Commitment (personal and collective)

*[Reference: _Community Framework by Design..._]

Tools to develop cultural competence (the following only represent the beginning of a continual process of developing cultural competence):

A. Complete and discuss with others the "Cultural Sensitivity Self Examination" exercise (Rauch, et al., 1993) -which assesses whether a person has any negative feelings towards a group that would interfere with rendering services to them.
B. Complete and discuss with others the "Cross Cultural Personal Biography" (Rauch, et al., 1993) - which gives one a chance to think about the nature

and extent of diversity contacts.

C. Complete [44]and discuss with others the "socialization biography" (Rauch, et al., 1993) which examines both your socialization in your family, neighborhood and community in relation to your experiences with either a minority group of color or a nonracial minority.

D. Attend, observe or participate in cultural events (holiday celebrations, religious events) of the host community with an eye towards understanding the beliefs and behaviors that are different from your own group

E. Read, analyze and discuss documents that highlight the challenges encountered by African Americans and other minorities in America[46][47][48][49][50][51][52][53][54][55]

F. Become familiar with newspapers, radio and TV stations that are sponsored by and cater to minority communities.

G. View and discuss films relating to the experiences of minorities (e.g. the Joy Luck Club, Remember the Titans).

H. Become aware of the continuum of cultural competence (i.e., cultural destructiveness, cultural incapacity, cultural blindness, culturally open, culturally competent, cultural proficiency) as a tool for understanding the process of developing cultural competence[56]

The Office of Minority Health Resource Center[57] in Rockville, Maryland is an excellent resource for information pertinent to each of the ethnic/cultural groups defined as minorities in the CRFP legislation, including some materials on cultural competency.

ACCOUNTABILITY INDICATORS

SUCCESSFUL COMPLETION OF <u>COMPONENT</u> III.2 WILL BE EVIDENCED BY :

1. Documentation of the inclusion of race. ethnicity, gender and class in the definition of community needs.

2. Documentation of cultural/historical norms in the implementation of community activities.

3. A report of the analysis of community needs by ethnicity, race. class and gender.

<u>COMPONENT III.3</u>:   DEVELOP AND ENHANCE THE CAPACITIES OF EACH MINORITY COMMUNITY.

Minority outreach and technical assistance can only be sustained by **identifying and mobilizing the assets in African American and other minority communities , and by developing capacities and resources for community health decisions and action. [CDC Principle** 71

Conditions for successful prevention efforts include the following:

*   Build community ownership of problems and solutions.
*   Plan carefully.
*   Use sound theory, meaningful data, and local experience as bases for decision making.
*   Know what types of strategies work best for specific populations and circumstances.
*   Have an organizational advocacy plan or orchestrate multiple strategies into a complementary. cohesive program.[58]

Integral to the long term survival of any community is the community's capacity to independently initiate and sustain social action. This requires several skills:

*   The ability to develop and maintain meeting agendas:
*   The ability to resolve inter and intra group conflict;
*   The ability to identify, manage and monitor financial and non financial resources;
*   The ability to advocate for the needs of the community;
*   The ability to identify, develop and nurture leader to ensure the survival of a coalition;
*   The ability to solicit interest in, develop community wide support for, build unity

around and consensus over an issue.

You will need to work with communities over time to assist them in developing and maintaining these skills.

Tools for helping a minority community acquire or build these skills

There are several techniques and tools for problem-solving in groups, conflict resolution, negotiation, mediation, and consensus building that can assist in this process. including the Delphi[59] technique for building group consensus, the Harvard Program on Negotiation[60] and other material on negotiation and conflict resolution [61 62 63 64]

In addition, Kretzman and McNight[65] developed a comprehensive guide on community capacity building which focuses on identifying and releasing a community's assets.

ACCOUNTABILITY INDICATORS

SUCCESSFUL COMPLETION OF COMPONENT III.3 WILL BE EVIDENCED BY:

1. Adoption and use of one or more methods of problem-solving in a group, consensus building and conflict resolution.

2. A report of examples that demonstrate the ability of each minority community (and its "internal" coalitions, if any) to advocate for an issue.

COMPONENT III.4:   PLACE EACH MINORITY COMMUNITY AT THE CENTER OF ANY CHANGE PROCESS.

An organization promoting minority outreach and technical assistance must be prepared to release control of actions or interventions to the minority community in which it is working, and be flexible enough to meet the changing needs of that community.
[CDC Principle 8]

There is extensive literature which highlights the importance of self-determination for African American and other minority communities. One of the core issues is the extent to which the voice of the minority community is truly represented in community efforts. Alexander Chauncey (1967)[66] made a distinction between three different types of community representation that range from being less sensitive to the needs of a community to being reflective of community needs:

1. "Technical representative". This type of community representative is a person who is not members of a group, but speak on its behalf;

2. "Modal representative". This type of representative is a person who has the demographic characteristics in common with a group (e.g. age, race, gender) and thus is believed by others to represent that group:

3. "Socio-political representative". This type of person acts "as a delegate for some organized group or a portion of a group, for whom they speak and to whom they are accountable"

These distinctions are made to help outsiders distinguish between persons who speak on behalf of minority communities without representing the community, and those who represent the interests of the minority community.

Among the three options, the socio-political representation is promoted as the most preferred because a person can be both a socio-political representative and a technical or modal representative, but not the other way around. So for example, an ideal representative for the African American community would be accountable to the African American community (a socio political representative) regardless of whether she or he was African American (thus a modal representative) or not (thus a technical representative).

The danger of not ensuring that a community has adequate representation is the possibility of "cultural invasion." Paolo Friere in the **Pedagogy of the Oppressed** [6] **uses the phase "cultural invasion" to warn against the imposition of outsiders on groups. He states that "In this phenomenon (cultural invasion), the invaders penetrate the cultural context of another group, in disrespect of the latter's potentialities; they impose their own view of the world upon those they invade and inhibit the creativity of the invaded by curbing their expression". (Friere. 1990, p.150).** The Participatory Action Research[68] approach and empowerment-based interventions are tools that are used to release control of interventions to the community.

Barbara Solomon's book, Black Empowerment: Social Work in Oppressed Communities," [69] is one of the earliest books on empowerment-based community intervention. In it she indicates that the process of Black Empowerment is the process of identifying and releasing direct or indirect power blocks in individuals and communities. Her strategies for designing empowerment interventions include identifying the characteristics of the non-racist practitioner, assessing client strengths, establishing the client as the agent of social change process, serving as a resource consultant to the client and being sensitive to the community. *These approaches are useful in assisting other minority communities as well.* Participatory Action Research strives to make the community the determinant of the definition of interventions in the community, the goals and objectiveness of community interventions, the implementation of community interventions and the dissemination of findings resulting from community interventions.

ACCOUNTABILITY INDICATORS

SUCCESSFUL COMPLETION OF <u>COMPONENT III.4</u> WILL BE EVIDENCED BY:

     1.   Reports of how each minority community identified its strengths and an enumeration of those strengths.

     2.   Reports of how each minority community shaped and/or influenced the nature and/or types of services being delivered to that community. especially in tobacco and cancer control.

<u>COMPONENT III.5</u>:   ENCOURAGE STRATEGIC PLANNING IN EACH MINORITY COMMUNITY.

Community collaboration requires a long-term commitment by the organization that does outreach and provides technical assistance and its partners.
[CDC Principle 9]

A task that is central to assisting a community implement systematic change is the development and use of a strategic plan. This process includes formulating a mission statement, articulating a vision, formulating goals and objectives to achieve this vision, identifying measures of achievement for stated objectives, developing an implementation plan, and periodically reviewing and modifying the strategic plans. Some form of assessment of the community itself (strengths and weaknesses) will be needed - - - the Profile of Assets that you developed early on, and have been updating periodically will be quite useful as a starting point. Trends, factors and events beyond the community of focus (say, in the jurisdiction as a whole, the region, the State) to identify those that may significantly affect the community must also be taken into account when goals, objectives and implementation plans are being formulated.

The strategic plan drives community (and/or organizational) effort. Collecting information from internal and external stakeholders (people inside of and outside of the community) regarding their perception of community strengths. threats. challenges and opportunities for growth is an important step in this process. At the same time. the skills of consensus building. negotiations, self determination and conflict resolution (discussed earlier) are critical to the success of this effort.
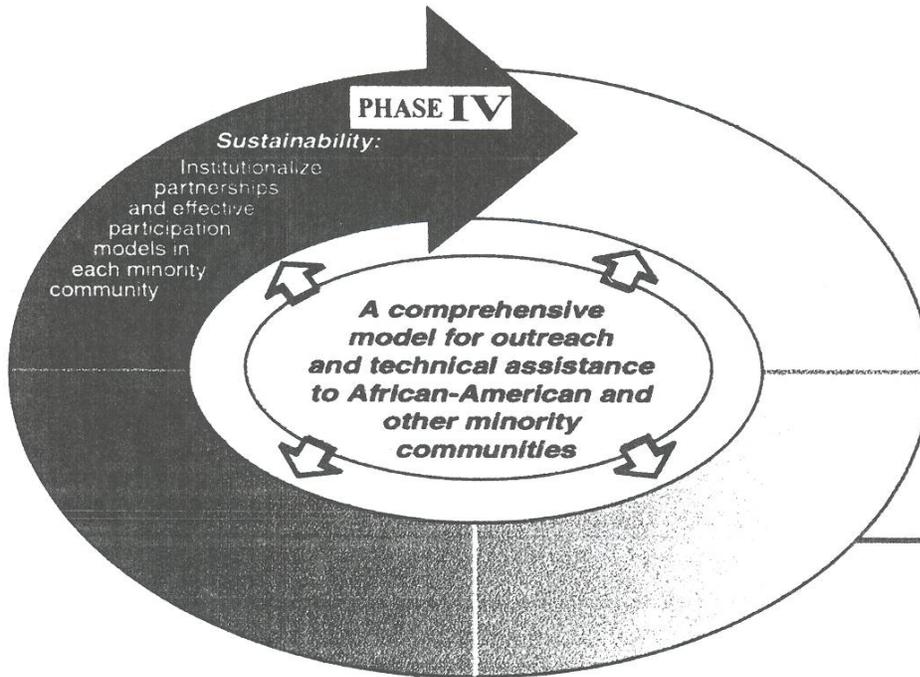
Depending on the capabilities and assets you have found in a minority community, you may need to train a minority community in how to use the strategic planning process to set, monitor and evaluate long term goals. While there is a multitude of documents on strategic planning, the **Together We Can"** model focuses on **community** mobilizing **for** strategic **planning.**

ACCOUNTABILITY INDICATORS

SUCCESSFUL COMPLETION OF COMPONENT III.5 WILL BE EVIDENCED BY:

1. Documentation of a strategic planning process in each minority community (including the development of a vision statement, goals and objectives and action plans) in each jurisdiction..

2. Submission of a 3-5 year strategic planning document for each minority community in each jurisdiction.

3. A written report of examples of the implementation of each community's strategic plan.

Phase IV

PHASE **IV**

Sustainability:
Institutionalize
partnerships
and effective
participation
models in
each minority
community

*A comprehensive
model for outreach
and technical assistance
to African-American and
other minority
communities*

IV.1 Facilitate and sustain
resource development.

IV.2 Develop infrastructure
to sustain community
coalitions.

PHASE IV
SUSTAINABILITY:
INSTITUTIONALIZE PARTNERSHIPS AND EFFECTIVE PARTICIPATION MODELS

<u>COMPONENT **IV.1:**</u> FACILITATE AND **SUSTAIN** RESOURCE **DEVELOPMENT.**

Prevention of tobacco use, tobacco use cessation **and activities to promote education, screening and treatment for targeted cancers are processes that must, at least for a time, be on-going. Any coalescing or organized efforts instituted in a minority community will need resources to continue, to mature and to expand to meet new needs. [MCRFP Principle 10]**

Increasing the chance that a minority community and any coalition(s) it has formed can continue on the path towards autonomy requires financial, political and social commitment to the community or coalition causes where a need for change has been made a priority. This can come in the form of the minority community exercising its power to elect local officials who are responsive to the minority community and holding
[1] them accountable to the community. It can occur by incorporating into the minority coalition (formed and led by the minority community) well-respected community-based institutions (e.g., churches, civic and cultural organizations). It can also occur through obtaining funds (grants or contracts) for community initiatives.

For example Kretzman and McNight (1993) suggest that this can occur through using coalitions to promote the goal of communities supporting local venders. which in turn sustains the community; or coalitions could petition major organizations in the community to hire its own residents thus supporting community stability: or the coalitions could petition local organizations (e.g. hospitals. schools) to donate office space for programs supported by the coalitions. Melaville. Blank and .Asayesh (1993) suggest that this can also occur through the community being able to use data to market its human assets; understanding the local. state and federal funding sources that are related to the community's needs; and through looking for financial resources as they relate to the execution of specific programs.

You will need to be able to help a community/its coalition(s) assess its physical and social assets, develop a marketing plan, identify funding sources for its programs and write grant applications and other kinds of requests for funding or other resources from public and private sources (local, regional. state and national).

As you work to facilitate and sustain resource development, you will need to consider who can help solve the `problem` or issues (the agents of change). You will need to consider the answers to the following questions as well:

- Who has the power to bring about the change?
- Who has the time, resources, and desire to bring about change?
- Who might be able to make a difference, if you initiative is able to convince them?
- Who has a relationship with the people in whom you want to bring about change?
- Who do the targets of change (African American and other minorities) trust? Who will they listen to?
- Think about people who were formerly (or are currently) targets. They might be some of the best "agents of change" now.
- Think about people from all parts of the community. Are there different community sectors (e.g., churches and faith communities, schools, businesses) that might become involved?

(**Reference.:** Community Tool Box Part F: *Selecting Community Interventions to Promote Health and Community Development to Reduce Risk)*

ACCOUNTABILITY INDICATORS

SUCCESSFUL COMPLETION OF <u>COMPONENT IV.1</u> WILL BE EVIDENCED BY:

1. Provision of an inventory of community assets.

2. Submission of a copy of a marketing plan.

3. Provision of a list of potential sources of funding for community programs.

4. Documentation or other evidence of the development and submission of grant applications to public or private funding sources.

5. Documentation of any awards of funds or other resources to the community/its coalition(s).

COMPONENT IV.2.   **DEVELOP INFRASTRUCTURE TO SUSTAIN COMMUNITY COALITIONS OR OTHER KINDS OF COMMUNITY-BASED ORGANIZATIONS.**

Structure, resources, planning as well as strategies for further organizing the community and implementing prevention and control strategies for tobacco use and cancer will be needed to integrate these efforts into the culture(s) and fabric of community life. To be sustained over time, changes initiated will require periodic re-enforcement and refreshment in addition to further outreach to involve even more community residents.
[MCRFP Principle 111

While this is the last component in the model, the sustainable minority outreach and technical assistance approach is a cyclical process. So this component is actually a marker for the end of a cycle in a minority community. The process of sustaining the coalitions or CBOs requires taking pride and ownership in the achievements of the community, evaluating what worked and what can be improved, expanding the base in the community of the persons who have the skills indicated in this model (each one teach one: see the **Together We Can Model,** for example), and expanding the use of this approach to programs outside of the CRFP. It also requires accessing persons with skills (accounting, legal, grant writing, administrative skills) to assist the community or its coalitions in maintaining fiscal solvency.

At this stage, your role is to _assist_ minority community CBOs and coalitions in their quest to examine the merits of their efforts, to promote these efforts to others in the community and to negotiate with organizations for resources needed to sustain the CBOs/coalitions. It is your role to collaborate with the coalitions or CBOs with whom you have been working to determine what kinds of TA they believe they need in order to develop organizational infrastructure and to further advance their community change efforts. It is your role to support these communities by providing or facilitating what they have determined they need. It is also your role to begin a cycle of outreach and TA - - - perhaps for the first time - - - with another CBO or coalition in a minority community where you have been workin^g, or in a minority community where you have not worked before.

ACCOUNTABILITY INDICATORS

SUCCESSFUL COMPLETION OF COMPONENT IV.2 WILL BE EVIDENCED BY:

1. Documentation of examples of the use of this approach in areas outside of the CRFP by each minority community/coalition (for each jurisdiction).

2. Demonstration of the use of data from an evaluation to improve the implementation of the model.

3. A report of examples of the community taking pride in its accomplishments.

4. A report of the community determining and undertaking new initiatives independent of external assistance (or with reduced technical assistance), including active participation in the CRFP community health coalition(s) in their jurisdiction or in programs brought into being through the coalition's efforts.

5. Documentation of needs for technical assistance that have been identified by the minority community/coalition itself.

By now you should have a strong network of relationships in the community or CBO(s) where you have been providing outreach and technical assistance. You should have a clear and generally accurate picture of what the capability or capacity is for the community or CBO(s) to act as their own advocates, community health planners and community problem-solvers. As an external helping resource you will need to assume a more indirect role (at least in some aspects of your work in that community), serving to some extent as mentor or preceptor to emerging leaders, advocates and problem-solvers.

Your challenge at this point is to plan and execute a transition/withdrawal strategy where you provide the level and kinds of support or assistance required to help the community-based organization or involved individuals build self-confidence and leverage their strengths and assets. A companion challenge is to create a multiplier effect by recruiting some of the emerging community leaders to help interest and mobilize other communities. You should have definite ideas about where n e t in this same community you need to begin work. You should also have some ideas about which unexplored minority community(ies) you now need to approach to engage them in the processes necessary to effectively control tobacco use and cancer.

ENDNOTES AND SUGGESTED R E F E R E N C E S

[1] Based on the Centers for Disease Control and Preventions' "Principles for Community Engagement" See http://www.cdc.gov/phppo/pce/index.htm.

[2] Melvin Delgado (2000). Community Social Work Practice in an Urban Context: The Potential of a capacity-enhancement perspective.. New York: Oxford university Press.

[3] Ilena M Norton and Spero M Manson (1996). Research in American Indian and Alaska Native Communities: Navigating the Cultural Universe of Vales and Process. Journal of Consulting and Clinical Psychology Vol. 64 (5): 856-860.

[4] Ailee Moon, James E. Lubben, Valentine Villa. (1998). Awareness and Utilization of community long term care services by elderly Korean and non Hispanic White Americans. The Gerontologists Vo. 38 (3):309-315.

[5] Doman Lum (1996). Social Work Practice and people of color: A process approach (3rd edition). Pacific Grove, CA: Brooks Cole Publishing.

[6] The Afro-American. http://www.afroam.org/

[7] La Raza Online. Http://www.laraza.com

[8] Latino.web (media listing) http://www.latinoweb.com/body_media.html

[9] Indian Country Online: http://www.indiancountry.com/

[10] Index of Native American Media Resources on the Internet: http://www.hanksville.org/NAresources/indices/NAmedia.html

[11] Black Entertainment Television: http://www.bet.com/

[12] Radio one network (Urban Contemporary radio network which owns the following Baltimore-Washington Stations: WWIN, WMMJ, WOL, WYCB, WOLB, WKYS and WERQ) http://webm5ldd.ntx.net/RadioOne/CathyHughes.htm

[13] Radio Station WKDL 730 AM-ALEXANDRIA VA Spanish music/talk

[14] Radio Station WILC 900 AM -LAUREL MD Spanish contemporary

[15] Radio Station PLC 1050 AM -SILVER SPRING MID Spanish adult contemporary

[16] Radio Station UST 1120 AM WASHINGTON DC programming in Spanish, Senegalese, America, Vietnamese, French and Chinese.

[17] Radio Station WDCT 1310 AM- FAIRFAX VA Korean

[18] Radio Station WZHF 1390 AM ARLINGTON VA ethnic/Spanish/Chinese

[19] Radio Station WKDV AM 1460 MANASSAS VA ethnic/Asian (Korean. Chinese) and country music

[20] Radio Station WTRI 1520 AM BRUNSWICK MD Spanish adult contemporary "

[21] Radio station WKDM 1600 AM ROCKVILLE MD Spanish music/talk

[22] Radio station WEAA 88.9 FM Baltimore MD jazz/news/ethnic

[23] U.S. Census Bureau: http://www.census.gov

[24] Directory of Minority Health and Human Services Data Resources: http://www.os.dhhs.gov:80/progorg/aspe/minority/mintoc.htm

[25] National Congress of American Indians; http://www.ncai.org/

[26] National Council De la Raza: http://www.nclr.org/

[27] National Alliance for Hispanic Health: http://ww-w.hispanichealth.org/ [28]
Asian Pacific Islander American Health Forum: http://www.apiahf.org/

[29] National Association for the Advancement of Colored Peoples: http://www.naacp.org/

[30] National Urban League: http://www.nul.org/

[31] Asian Pacific American Network: http://www.apanet.org/

[32] Work Group on Health Promotion and Community Development, (2000) The Community Tool Box, University of Kansas. See also http://ctb.lsi.ukans.edu/

[33] Office of Substance Abuse Prevention (1991) The Future by design: A Community Framework for Preventing Alcohol and Other Drug Problems Through A systems Approach. Rockville, MD. U.S. Department of Health and Human Services, Office of Substance Abuse Prevention.

[34] Edward E. Sampson and Marya Marthas (1990). Group Process for the Health Professions (3rd edition). Albany NY: Delmar Publishers., Ch. 12 "Leadership issues, types and approaches."

[35] Edward J. Mullen and Jennifer L. Magnabosco (1997). Outcomes Measurement in the Human Services Cross-Cutting Issues and Methods. Washington DC: National Association of Social Workers.

[36] United Way (1996). Measuring Outcomes: Measuring Program Outcomes Training Kit. Alexandria VA; United Way. or, contact Sales Service/America at 800-772-0008 (toll-free U.S.)

[37] United Way (2000). Outcome Measurement Resource Network- Targeted Community Interventions: Achieving and Measuring Community Outcomes. Available online: hhtp://www.unitedway.org.

[38] Paul C. Hooks, Yi Tsong, Tom Baranowski, Janice C. Henske, Phillip R. Nadar, Jeffrey S. Levin (1988). Recruitment strategies for multiethnic family and community health research. Family and Community Health Vol 11 (1): 48-59.

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