

Strategies For Effective Health Outreach To African American Communities

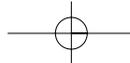
**Lessons Learned From the
Healthy People 2000 Progress Review
for Black Americans**



Special Edition by the

Office of Minority Health

U.S. Department of Health and Human Services



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Acknowledgements

This publication was prepared by the Office of Minority Health (OMH), U.S. Department of Health and Human Services, in collaboration with the R.J. Myers Publishing and Consulting Company. Special recognition goes to Georgia Buggs, R.N., M.P.H., Special Assistant to the Director, Office of Minority Health, and Government Project Officer for her guidance and review of the manuscript.

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The Office of Minority Health: Special Collaborative Edition

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Foreword

When David Satcher, M.D. Ph.D., became Assistant Secretary for Health and U.S. Surgeon General, a new vision began to emerge for the Healthy People Progress Reviews that were traditionally conducted within the U.S. Department of Health and Human Services (DHHS). Dr. Satcher deemed it only fitting to expand the walls of DHHS to provide an opportunity for greater participation in the Healthy People Progress Reviews by our non-federal partners. He urged that the Progress Reviews be broadcast via satellite and presented to communities across America. In keeping with that vision, when the Progress Review for Black Americans videoconference was scheduled for Fall' 1998, OMH set a goal of reaching beyond its traditional health partners to the African American Community-at-large, with a special emphasis on national organizations and Historically Black Colleges and Universities.

Our mission at OMH is to improve the health of racial and ethnic populations through the development of health policies and programs. One of the ways we can help to achieve this goal is by promoting behavioral change among minority groups that leads to a greater sense of personal responsibility. One of OMH's objectives is to disseminate information about vital health statistics to communities of color so that they can understand what contributes to certain disease conditions and where appropriate, to help them to understand what they can do to prevent those diseases. OMH's challenge is to get health information out to minority communities in ways that reach everyday people.

On the day of the videoconference, October 26, 1998, the Healthy People Progress Review for Black Americans reached over 3,500 participants. In the following months it reached thousands more as videotapes, webcasts and copies of the Progress Review for Black Americans Book were distributed around the country. In addition to sponsoring this successful outreach health promotion activity, OMH obtained new ideas from the Progress Review for Black Americans target audience that were cost effective and had the promise of reaching broader constituencies. We also learned from our target audience that we have much to do to find more effective ways to reach people who are trapped in the underclass or in the nation's prisons, homeless shelters and rehabilitation facilities.

In the spirit of the Progress Review for Black Americans, we want to share some of our "*Lessons Learned*" with program planners responsible for organizing health promotion activities. Therefore, we are publishing this Handbook—" *Strategies for Effective Health Outreach to African American Communities.*" While this Handbook is not intended as the definitive book regarding all outreach strategies for minority communities, we do believe that we have included some insights that may be helpful to program planners. Also, in this Handbook, we attempt to include a frank appraisal of the strengths and weaknesses of OMH's outreach efforts during the Progress Review for Black Americans.

We extend a special note of thanks to the over two-hundred (200) volunteer down-link coordinators who made the Progress Review for Black Americans videoconference an important local event on their campuses, and in their local communities. We are also

grateful to our most consistent partners—the OMH Regional Minority Health Consultants (RMHCs), state and local public health departments, State Directors of Minority Health, faith-based institutions and national organizations who provided us with access to their valuable networks and local relationships.

Our appreciation also goes to Alice Hardy of the National Institutes of Health technical team who got the videoconference satellite signal out efficiently; to Dr. Floyd Malveaux, Vice President for Health Affairs at Howard University, and to the staff at WHUT Television. Thanks also goes to Dr. Henry Ponder of the National Association for Equal Opportunity in Higher Education, (NAFEO) for his assistance with outreach to Historically Black Colleges and Universities, and for conducting the evaluation.

Finally, I would like to extend a special thanks to Stephanie E. Myers and Roy J. Myers of the R.J. Myers Publishing and Consulting Company and their Associates, for their assistance with information dissemination, incorporation of technology and most importantly with assistance in the writing, editing and production of this Handbook.

We hope you find “*Strategies for Effective Health Outreach To African American Communities*” useful in your outreach efforts. Let us hear from you!

Georgia Buggs, R.N., M.P.H.

Special Assistant to the Director and Co-Chair
Healthy People 2000 Progress Review for
Black Americans Work Group

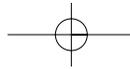


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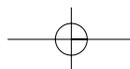
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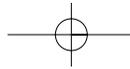
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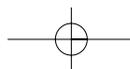
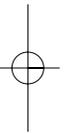
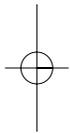
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Introduction

The Healthy People 2000 Progress Review for Black Americans hosted on October 26, 1998, was part of the overall Healthy People Initiative which began in 1979, under the leadership of Joseph Califano, Secretary of the U.S. Department of Health and Human Services (DHHS). In a report titled "Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention," Secretary Califano presented the nation with an approach to health promotion and disease prevention that would impact the national health agenda for decades. The Healthy People initiative provided a blueprint for the American people which set goals, established tools for measurement and most importantly provided citizens with a fundamental understanding about improving their individual health, that of their families, communities, institutions and thus, the nation as a whole.

When the first set of national health targets was released, challenging areas of concern were highlighted. How to reduce mortality among infants, children, adolescents, young adults, adults, and how to increase the independence among older adults were specifically targeted. The response of the nation to the Healthy People Initiative was so enthusiastic that during the first decade almost all of the states, hundreds of U.S. communities, private sector partners, health-related organizations and institutions signed on to support it. Interest in health prevention was such that by the time the goals and objectives for Healthy People 2000 were released in 1990, the Initiative had expanded into a comprehensive national agenda organized into 22 priority areas with 319 supporting objectives.

Core to the success of the Healthy People Initiative was the measurement of positive changes in health status or reductions in risk factors, as well as improved provision of services. To monitor the progress of reaching the health objectives, DHHS established periodic Progress Reviews to be conducted periodically on each of the 22 priority areas and on population groups including women, adolescents, people with disabilities, and racial/ethnic groups. As a part of this monitoring process, David Satcher, M.D., Ph.D., Assistant Secretary for Health and Surgeon General of the United States, and the Office of Minority Health, (OMH) U.S. Department of Health and Human Services led DHHS in a historic progress review focused on the health of Black Americans. OMH was assigned to be the lead agency to coordinate this important event.

The Healthy People 2000 Progress Review for Black Americans has been hailed as one of the most successful Progress Reviews conducted by DHHS since the beginning of the Healthy People Initiative. With its theme of "*Bold Goals...Expanded Partnerships*," Healthy People 2000 Progress Review for Black Americans set positive new standards and established new lines of communications within the African American community—particularly among Historically Black Colleges and Universities (HBCUs).

Following the Healthy People 2000 Progress Review for Black Americans, OMH was asked by DHHS and other federal agencies, as well as States and non-profit organizations, about the methods used to implement the Healthy People 2000 Progress Review for Black Americans. "How did OMH obtain such an enthusiastic response from the

African American community?” In response, OMH has prepared, “Strategies for Effective Health Outreach to African American Communities.”

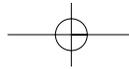
In this Handbook, we describe some of the outreach methods and tools used to implement Healthy People 2000 Progress Review for Black Americans, including specific illustrations of ways OMH used technology to reach out to various new constituencies. We also include quotes from participating DHHS officials, downlink coordinators, Regional Minority Health Consultants (RHMCs), State Minority Health Directors, members of the Healthy People 2000 Progress Review for Black Americans Workgroup, representatives of national organizations, HBUCs and consultants.

Included in the Handbook is a list of ten (10) “Lessons Learned” which we hope will assist program planners to implement ideas for future health outreach initiatives directed at not only African American communities, but all communities.

OMH is proud of the success of the Healthy People 2000 Progress Review for Black Americans. We appreciate the involvement of the hundreds of volunteers at the national, regional state and local levels who worked together in a short time period to make the Healthy People 2000 Progress Review for Black Americans a worthwhile health promotion activity. To summarize our feelings at OMH regarding the support we received from the target audience we refer to comments by our DHHS colleague and a key leader in the Healthy People initiatives—Deborah Maiese, Senior Prevention Policy Advisor, Office of Disease Prevention and Health Promotion, (ODPHP-DHHS). Ms. Maiese states *“The Healthy People 2000 Progress Review for Black Americans was very successful. During the Progress Review for Black Americans, there were more faxes and phone calls waiting than for any of the other Healthy People Progress Reviews. It was very participatory and involved lots of colleagues throughout DHHS, and participants from the private sector.”*

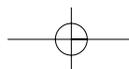
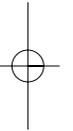
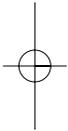
We hope you find this Handbook useful as you prepare to conduct outreach to minority communities in the future.

Nathan Stinson, Jr., M.D.
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U.S. Department of Health and Human Services



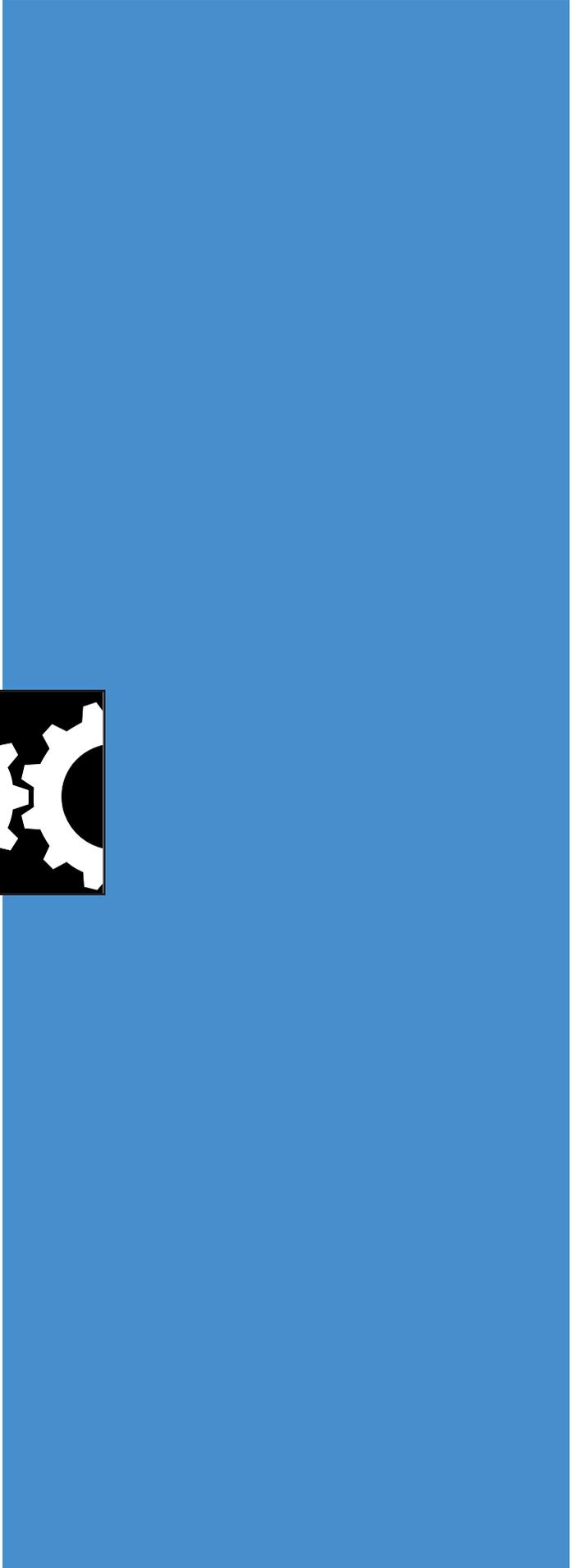
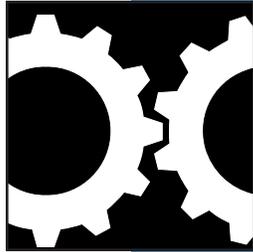
Lessons Learned By OMH From The Healthy People 2000 Progress Review For Black Americans

- Lesson Number 1:** Get To Know Your Target Audience
- Lesson Number 2:** Assemble A Skilled Professional Team
- Lesson Number 3:** Collaborate With Respected Institutions
- Lesson Number 4:** Work With Existing Networks
- Lesson Number 5:** Stimulate Discussion Among The Target Community
- Lesson Number 6:** “Give” The Target Audience A Sense Of Mission
- Lesson Number 7:** Use Evaluation Data During The Planning Process.
- Lesson Number 8:** Understand The Digital Divide
- Lesson Number 9:** Use Technology To Broaden The Message
- Lesson Number 10:** Strive For Bold Goals And Expanded Partnerships



Chapter One:

**Building A Broad
Base Of Support**



Building a Broad Base

To conduct the Healthy People 2000 Progress Review for Black Americans, the Office of Minority Health was tasked with reaching and communicating with a broad-based audience in the African American and minority community, as well as with traditional participatory public health departments, agencies and institutions. Working in collaboration with Assistant Secretary for Health and U.S. Surgeon General David Satcher, M.D., Ph.D., and other senior officials of the U.S. Department of Health and Human Services (DHHS), OMH set out to organize an outreach effort designed to disseminate the information contained in the Healthy People 2000 Progress Review for Black Americans to as wide an audience as possible. As lead agency, OMH under the leadership of Dr. Clay E. Simpson, (retired) Deputy Assistant Secretary for Minority Health and Director of OMH, and Ms. Georgia Buggs, R.N., M.P.H. Special Assistant to the Director and Co-Chair of the Healthy People 2000 Progress Review for Black Americans Working Group, coordinated the planning and implementation of the Progress Review for Black Americans.

To achieve the goal of reaching as large a minority audience as possible, OMH engaged in several activities. First, a Healthy People 2000 Progress Review for Black Americans Workgroup was established to conduct an overview of the trends, disparities and priority areas for Black American health; second, OMH used findings from a needs assessment study of Historically Black Colleges and Universities (HBCUs) to identify new ways to reach an expanded

target audience; third, in collaboration with the Surgeon General and the Workgroup, OMH published a Healthy People 2000 Progress Review for Black Americans Book; and lastly but most importantly, OMH coordinated a national live videoconference in Washington, D.C., on October 26, 1998, 1:00p.m.-3:30 p.m. The videoconference was held to disseminate the vital information about Black health contained in the Progress Review Book. This Handbook is primarily about the events leading up to, during and following the Healthy People 2000 Progress Review for Black Americans videoconference.

Establishing Internal Management: The Workgroup

To manage the Healthy People 2000 Progress Review for Black Americans, the first order of business for OMH was to build a strong and effective internal management team known as the Workgroup. OMH convened diverse leadership from within DHHS which included representatives from the Office of Minority Health, Regional Minority Health Consultants, Administration on Aging, Administration on Children and Families, Agency for Health Care Policy and Research, Centers for Disease Control and Prevention, Health Care Financing Administration, Food and Drug Administration, Health Resources and Services Administration, National Institutes of Health, Office for Civil Rights, Office of Disease Prevention and Health Promotion, Substance Abuse and Mental Health Administration, the South Carolina Department of Health and

Environmental Control, PHS-Region IX, and PHS-Region V. To steer the process, OMH convened a regular series of face-to-face, teleconference and videoconference meetings at the OMH office in Rockville, Maryland. These meetings sought input from a variety of sources to plan the strategy for getting the Healthy People 2000 Progress Review for Black Americans message out via the videoconference. Through a consensus building process the Workgroup developed the theme—“*Bold Goals...Expanded Partnerships*” and determined the priority areas of focus for the Progress Review for Black Americans.

Mildred Hunter, Regional Minority Health Consultant, PHS-Region V, a member of the Workgroup remarks, “*The Workgroup provided an opportunity for there to be input from a regional perspective. The process was enjoyable as we sought to work with agencies in DHHS, as well as non-federal partners. Overall, it was a rewarding experience.*”

Involving External Advisors

To achieve a broad base of community support, OMH drew upon the resources of academic institutions and health related organizations. One of OMH’s goals was to insure participation from non-professional health groups that included HBCUs, faith based institutions and national organizations.

OMH included a number of different factors in the planning and organizing of the videoconference to provide various constituencies with something with which they could identify. For example, the videoconference was broadcast from

Howard University, an HBCU located in the inner city of Washington, D.C. Howard’s participation gave other HBCUs something with which to identify.

Well known African American health spokesman and United State Surgeon General David Satcher, M.D., Ph.D., opened the videoconference with a presentation regarding some of the findings of the Healthy People 2000 Progress Review. Joining Dr. Satcher live in the studio was retired Congressman Louis Stokes (D-OH); videoconference hostess Doris McMillon; senior DHHS officials; and a panel of experts from health organizations, national African American organizations, Institutions of Higher Education and the faith-based community. The first part of the 2 hour videoconference consisted of detailed presentations by DHHS officials regarding the Progress Review for Black Americans. Following the presentations, Dr. Satcher posed questions to expert panel and the live audiences located at over 200 locations throughout the country were able to interact with the speakers by phone, fax and e-mail.

The Co-Chair responsible for the day to day planning and coordination of Healthy People 2000 Progress Review for Black Americans was Georgia Buggs, R.N., M.P.H., Special Assistant to the Director, Office of Minority Health, DHHS. Ms. Buggs, along with the other Healthy People 2000 Progress Review for Black Americans Co-Chair Matthew Guidry, Ph.D., Senior Prevention Program Advisor, Office of Disease Prevention and Health Promotion (ODPHP). They coordinated a national

Building a Broad Base

minority health network to plan the videoconference. Among the many partners asked to support Healthy People 2000 Progress Review for Black Americans were Regional Minority Health Consultants, State Minority Health Directors, state and local health departments, community based organizations, national organizations, faith-based institutions, Historically Black Colleges and Universities, on-line Internet communities and the media.

Providing technical support for the broadcast was a video production team headed by Alice Hardy, of the National Institutes of Health, Office of Research Services, Medical Art and Photography Branch. This technical team worked in collaboration with OMH, and WHUT-TV, Howard University's television station to produce, direct and broadcast the videoconference.

National outreach, downlink coordination and evaluation was coordinated by the National Association for Equal Opportunity in Higher Education (NAFEO), a national membership organization for Historically Black Colleges and Universities, headed by Dr. Henry Ponder, CEO and President. NAFEO in turn sub-contracted with a minority information dissemination firm—the R.J. Myers Publishing and Consulting Company.

Using Needs Assessment Studies To Expand Outreach

OMH has found needs assessment studies to be useful tools in determining approaches to conducting effective outreach to segments of the African

American, and other minority communities. Such studies build a body of knowledge regarding methods and resources for OMH that prepares the agency to assume leadership roles, such as the one required to implement the Healthy People 2000 Progress Review for Black Americans. Program planners may also find that during the pre-planning stages of a major health promotion targeted at minority communities, needs assessment studies can be useful tools to “listen” to the views, opinions and desires of the target audience. These studies can provide useful information about segments of target audiences and assist with developing “audience driven” methods to reach them. Conducting needs assessments can also assure a target audience that program planners are interested in their needs, wants and desires...an important feature to obtain later cooperation.

To maximize the value of needs assessments studies, program planners would be well served to use “*culturally competent*” staff or consultants to conduct the studies, interpret the findings, and to assist with integrating those findings into outreach strategies. The term “*Culturally competent*” defines professionals who understand the cultural framework, experience and belief systems of the target audience. These professionals can also assist program planners with interpreting the results of needs assessments studies and can suggest uses for the data.

During Spring 1998, six months prior to the Healthy People 2000 Progress Review for Black Americans, OMH contracted with NAFEO to conduct a needs assessment study of HBCUs. This study

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was called the “HBCU Media Outlet Study” (MOS). To head up its research team, NAFEO engaged the services of the same information dissemination consulting firm it later worked with during the Healthy People 2000 Progress Review for Black Americans. The MOS focused on the internal communications/media outlets that are used or not used to effectively communicate health messages to HBCU campus populations and surrounding communities. MOS included a look at HBCU media capacities, i.e. satellite dishes, newspapers, radio stations, television stations, etc., how up-to-date those capacities were; and how effective they were in reaching their target populations. For several months the researchers met personally with senior HBCU Communications Officials in order to “listen” to their views about how to reach this important element of the African American community—Institutions of Higher Education. The OMH needs assessment or “listening” process revealed the following information.

- HBCUs, in general, were interacting infrequently with surrounding communities regarding health issues;
- HBCUs, in general, recognized the need to increase their outreach to surrounding communities on health issues;
- HBCUs would welcome and use affordable, black and minority health-oriented media programming from the federal, state, local governments or the private sector;

- HBCUs felt that DHHS sponsored health programming would provide incentives and opportunities for their institutions to demonstrate local leadership;
- Some HBCUs had excellent, effective media outlets including, television and radio stations, satellite dishes, Internet capability, campus newspapers, etc.
- Some HBCUs had little or no capacity to receive satellite broadcasts or other videoconferencing transmission; and
- Some HBCUs relied on flyers and memos from the administration to inform the campus about health promotion activities.

Some of the information derived from the MOS was incorporated into the planning and implementation of the Healthy People 2000 Progress Review for Black Americans. For example, OMH learned from MOS that various HBCUs had different videoconferencing capabilities. Some HBCUs were able to receive satellite transmissions from throughout the country through steerable satellite receivers, other institutions used long distance telephone-based video transmissions—known as ISDN videoconferencing, while other institutions had neither capacity.

Knowing of the variances in HBCU capabilities from the MOS, OMH was able to address the differences at institutions by expanding the videoconference format beyond just satellite transmission to include multiple technologies. Upon the advice of NAFEO and its consultants OMH decided to provide HBCUs using

Building a Broad Base

ISDN videoconferencing with subsidies for long distance expenses and to hire a ISDN videoconferencing subcontractor. This enabled ten (10) HBCUs to participate who were unable to receive the satellite broadcast. OMH also webcasted the videoconference live over the Internet. And, in instances where neither format was possible OMH facilitated partnerships among several HBCUs so that institutions with no capacity could join others in sponsoring downlink sites.

Results from the MOS study also enabled OMH to establish new relationships that could be built upon later. For example, during the research phase of the study, Delaware State University (DSU) emphasized their readiness to increase their activity in health affairs, both on campus and within their local community. When offered the opportunity to participate in Healthy People 2000 Progress Review for Black Americans, DSU became an enthusiastic participant. Dr. Tommy Frederick, Dean of the College and Arts and Sciences, DSU, personally organized the downlink site and arranged for Healthy People 2000 Progress Review for Black Americans to be broadcast to hundreds of students and

faculty through the campus intercom system, to all of the campus dormitories and to two (2) downlink locations.

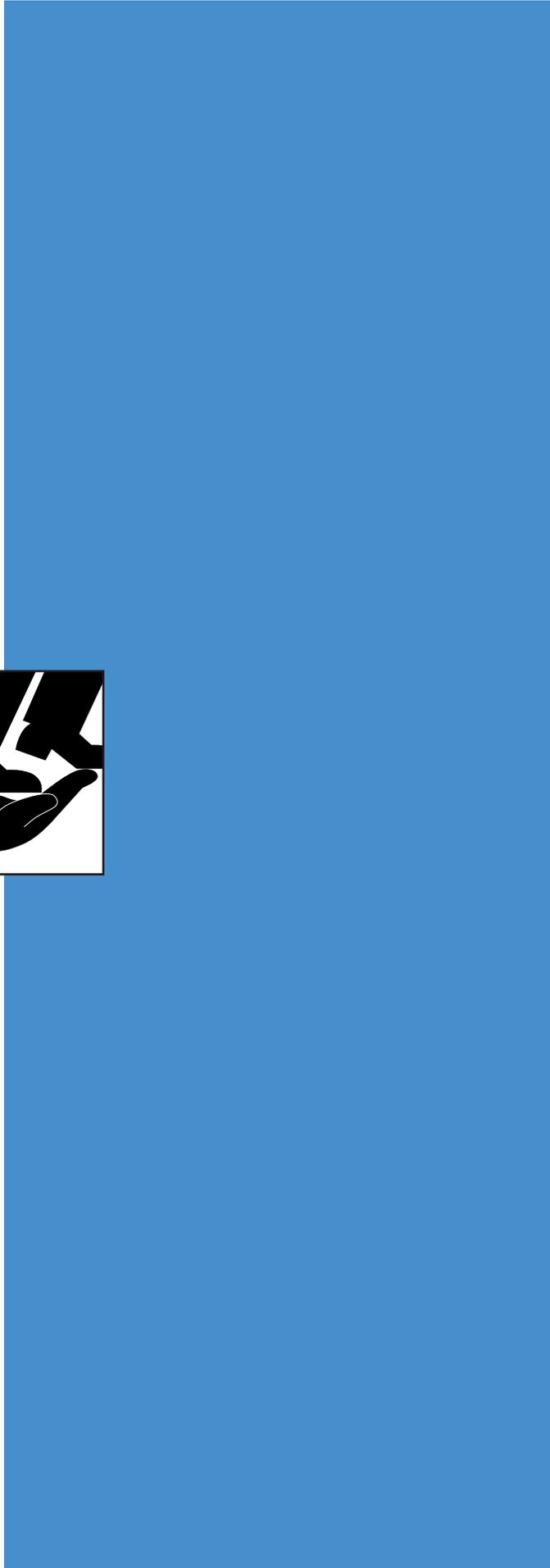
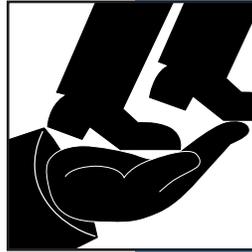
Dean Frederick commented, *“At just one site on DSU’s campus, the number of participants was 75 and we also had hundreds of additional students and faculty that were reached by our campus satellite network which aired the broadcast to offices, lobby monitors and dormitory rooms. We also hosted a second site at the Howard Academy in Wilmington, DE. Participants stated that the presentation was beneficial and that additional presentations of a similar nature should be sponsored. All freshman seminar classes including six hundred and fifty (650) students will have access to the presentations through various seminar sessions during this semester.”*

Overall the various elements in the Healthy People 2000 Progress Review for Black Americans served to broaden the base of participation in the health promotion project and to reach a number of audiences that were heretofore uninvolved with the Healthy People Initiative.

Lesson Learned from Chapter 1: GET TO KNOW YOUR TARGET AUDIENCE—LISTEN!

Chapter Two:

Teaming With Community Resources



Community Resources

In order to manage any health outreach project, the first order of business must be to organize an effective management team using available resources. OMH was challenged with building its team and coordinating the videoconference within a short time frame of ten (10) weeks and within a limited budget. In order to obtain fast cooperation, OMH placed a priority on incorporating “cultural competence” into the framework of the management team. This enabled OMH to get the Healthy People 2000 Progress Review for Black Americans project quickly accepted within the African American community and succeeded at obtaining volunteer participation from community leaders, institutions and organizations.

Cultural Competence: An Important Skill for Reaching African American Communities

In the Healthy People 2000 Progress Review for Black Americans, OMH program planners sought to choose participants for this project who understood the cultural nuances of the target audience. This approach was consistent with the positive strides that have been made by social scientists and government officials in recent years. For example, in an article titled, Diversity Among African Americans, Dr. Frances L. Brisbane, Ph.D., lauds the mutual goal of DHHS agencies, including Center for Substance Abuse Prevention, the Bureau of Primary Health Care, Health Resources and Services Administration; and the Office of Minority Health; to enhance the practice of culturally competent health serv-

ices by helping... “to provide an understanding of the diversity among African Americans.” (Cultural Competence for Health Care Professionals Working With African American Communities: Theory and Practice) In her writings Dr. Brisbane publically compliments the efforts of these federal government agencies that provide awareness and education regarding diversity to health professionals.

In the article titled, Developing Culturally Anchored Services: Confronting the Challenge of Intergroup Diversity, author Judson L. Hixson makes the point that, “the importance of culture as a foundation for effective health and human services...is not a new idea.” (Cultural Competence for Health Care Professionals Working With African American Communities: Theory and Practice, 1998). While it may not be a “new” idea, it does bear repeating because time and again health outreach projects sponsored by federal, state and local governments fail to place sufficient importance on using culturally competent staff and consultants to implement outreach projects.

Grassroots leader, author Jawanza Kunjufu, in his book, Restoring Village, Values and Commitment: Solutions for the Black Family, states: “The first step for teachers and professionals providing services to the black community is...to admit that race, culture, and ethnicity are factors to be considered in teaching or providing services.” (Kunjufu, 1997)

Recognizing that race, culture and ethnicity are important factors in health outreach is what led OMH to conduct the MOS needs assessment study cited earli-

Community Resources

er to determine how best to reach the HBCU constituency. Recognition of those factors also led OMH to assemble its management with culturally competent internal and external advisors.

Other Factors Considered By OMH

OMH realized that using effective health outreach approaches to implement the Healthy People 2000 Progress Review for Black Americans required a combination of skilled resources. Effective health promotion consists of communications and information dissemination tools such as commercial marketplace techniques designed to change behavior in subgroups within a population. a combination of the methods was in order. To assemble an effective combination of health promotion and social marketing approaches, OMH needed to take a non-traditional approach and involve groups or individuals who were not a part of the “health professional” community. OMH recognized that these “non-traditional” groups could contribute highly qualified expertise in reaching the target audience.

The resources OMH turned to included skilled individuals, respected national organizations, professional communicators, public relations professionals, grassroots organizers, Internet specialists, faith-based leadership, and minority business people. OMH made sure that the professional resources were

familiar with the customs, beliefs and practices of the target audience. Professionals with this insight are commonly referred to as “culturally competent.” Such personnel, whether public or private, should have experience, knowledge and insight into the needs, wants, desires and cultural nuances of the target audience. In Table 1 there is a listing of qualities OMH considered when assembling the Healthy People 2000 Progress Review for Black Americans team.

TABLE I

QUALITIES TO CONSIDER WHEN ASSEMBLING CULTURALLY COMPETENT HEALTH OUTREACH TEAMS

- Demonstrated capacity to bring creative solutions to the health promotion project
- Cultural Awareness and Sensitivity to the target audience
- Experience in working with the target audience
- Capacity to accurately interpret the results of needs assessments, feedback, and other input
- Ability to perceive and utilize existing networks
- Ability to build collaborative relationships

Assembling Culturally Competent Resources

Through a variety of collaborative relationships, OMH assembled an outreach team to implement Healthy People 2000 Progress Review for Black Americans that included public/private partnerships, volunteer organizations and federal, state and local government partnerships. Using appropriate funding

Community Resources

mechanisms such as grants, contracts and cooperative agreements, OMH was able to expand its base of resources even further and have access to a wide range of talents, resources and skills. Listed below are descriptions of various resources that may be helpful to program planners trying to assemble teams with characteristics similar to the OMH team:

1. National and local non-profit institutions and organizations

Non-profit organizations in African American communities have tremendous resources of talent, institutional memory and are valuable “existing networks.” While the mission of many non-profits is broader than health, most non-profits recognize the importance of linking to health initiatives. They also have the capacity to reach out to multiple target audiences with credibility and legitimacy. For example, many national organizations such as the Masons, Elks and various faith based, fraternal and sorority organizations do not have health as their primary mission. However, they recognize the importance of health issues to their membership and are willing to participate when their resources permit. In Healthy People 2000 Progress Review for Black Americans, national non-profit organizations and community based institutions provided the backbone for the outreach to African American communities. Some of the local chapters of national organizations included the National Council of Negro Women, Omega Psi Phi Fraternity, Alpha Kappa Alpha Sorority and Delta Sigma Theta Public Service Sorority (partial listing).

2. Community Based Organizations (CBOs)

CBOs can be both national, statewide and local. In the health sector, CBOs can be a primary source for outreach to target constituencies. Local CBOs can offer outreach project sponsors direct access to grassroots leadership and communication at the neighborhood and family level. CBOs were very instrumental as participants and organizers at the Healthy People 2000 Progress Review for Black Americans downlink site in local communities and on HBCU campuses. Participating CBOs included the City of Compton’s Blue Line Televillage, the African American Health Consortium and the California Black Health Network.

3. Minority Owned Consulting and Communications Firms

African-American owned businesses can provide valuable insight and marketplace orientation into health outreach projects. Privately owned consulting firms and communications companies tend to be timely and up-to-date with the latest marketing techniques and products. Using the services of such companies provides program planners with contemporary program design features that can stimulate interest and enthusiasm in the target audience. In other words, private sector input can help a sponsor avoid appearing to be stale, or “out of touch” with current trends. In Healthy People 2000 Progress Review for Black Americans, minority consultants and small businesses provided “high tech” input, communications production and

coordination, and outreach management services.

4. Large Public Relations and Advertising Agencies

Madison Avenue type “large” public relations and advertising agencies can be effective in using mass marketing techniques for health outreach projects. They specialize in market research and can provide useful demographic data and market trends to assist with project design. They may also be able to attract celebrities for participation in a health promotion or outreach project due to their access to other major clients. While these firms can access major media and provide a campaign with a slick, high quality appearance, they are usually expensive and may not be as well equipped to handle issues requiring cultural competency. Due to budget considerations and other factors, there were no major advertising agencies involved with Healthy People 2000 Progress Review for Black Americans.

5. Federal Resources

Traditionally, large federal resources have been available for health promotions to the general population. Program planners at state and local levels should try to tie in with funding initiatives in order to obtain funding and collaborative support. In Healthy People 2000 Progress Review for Black Americans, the National Institutes of Health, under an internal DHHS contract, provided the production and technical support for the videoconference. The team manager for the production crew was a culturally

competent professional, who collaborated with OMH and Howard University’s Television Studio.

6. Regional Resources

As a part of OMH there is a network of regional minority health officials that are located in each federal region. This network known as the Regional Minority Health Consultants (RHMCs) work closely with federal agencies, states and the private sector to promote and facilitate minority health activities. The RHMCs can provide valuable assistance with communications and monitoring of minority health activities at a national, regional or state level.

7. State and Local Health Departments

Most states have minority health professionals available to assist with federal, state and local projects. In Healthy People 2000 Progress Review for Black Americans, state minority health professionals were an integral part of health promotion outreach, downlink site coordination, and evaluation.

They provided local expertise and in many instances also benefitted from association with a federally-sponsored event by expanding their statewide network and learning about new technologies. Wanda Wood, Assistant Director, Office of Minority Health, Division of Public Health, North Carolina Department of Health and Human Services, comments: *“Coordinating the ‘Healthy People 2000 video teleconference and working with our HBCUs was a very positive experience for me, and*

Community Resources

TABLE 2

WHERE TO LOOK FOR CULTURALLY COMPETENT PROFESSIONAL RESOURCES

National, regional and local non-profit institutions and organizations serving African American communities in health.	Ask target audience what institutions and organizations they respect, affiliate with, or receive services from. Contact those entities.
Community Based Organizations (CBOs) serving African American communities	Obtain lists of agencies receiving federal, state and/or local funding to provide health services in African American communities.
Minority-owned consulting and communications firms	Obtain referrals from the black press, civic leaders, collaborators.
Large “Madison-Avenue” advertising and public relations agencies	Find out which ad agencies or PR firms handle major companies that reach your target audiences.
Federal resources for health promotions for the African American Community.	Contact the Congressional Black Caucus, OMH, or DHHS agency public affairs offices to obtain publications listing federal services, agencies, funding opportunities, etc.
State and local government agencies; State offices of Minority Health.	Contact local elected officials for information about local or state agencies; Contact Office of Minority Health Resource Center (OMHRC) www.omhrc.gov .

for the North Carolina Office of Minority Health. Participation in this event was truly history in the making.”

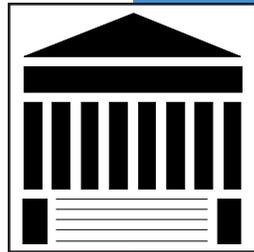
Without a good knowledge of the target audience and access to people to people referrals locating culturally compe-

tent resources can be challenging and difficult. In Table 2 suggestions are listed for finding African American and minority assistance from a number of community sectors.

**Lesson Learned from Chapter 2:
ASSEMBLE A SKILLED PROFESSIONAL TEAM**

Chapter Three:

**Using
Institutions
As Gateways To
African American
Communities**



Institutions as Gateways

Building support for Healthy People 2000 Progress Review for Black Americans among black institutions required people to people, and institution to institution strategies that allowed the Progress Review for Black Americans message to be funneled to target audiences. OMH worked with institutions that were important gateways to the African American community in order to respond to the Surgeon General's challenge to enlarge the constituency. For some outreach projects, it can take years for program planners to acquire sufficient knowledge, and gain trust with institutions who would be willing to serve as "gateways." However, due to OMH's emphasis of investing resources in national, regional, state and local networks in minority communities, OMH was able to establish quickly and efficiently establish effective gateways for the Healthy People 2000 Progress Review for Black Americans. This was achieved through collaboration with numerous institutions in the African American community, including national organizations, HBCUs, faith institutions and community based organizations.

Neil Bracht, Editor of Health Promotion at the Community Level, says, "Mobilizing communities means channeling resources (people, goods, services, time and money)." (Bracht, Kingsbury, 1990) Effectively mobilizing African American or other minority communities can be a difficult challenge for institutions outside of those communities because of historical communications and cultural barriers that can and do exist, along with traditions of mutual mistrust and suspicion. These barriers

should be taken seriously and strategies should be developed to overcome them.

Institutions with community rapport can help sponsoring organizations implement their projects when it is mutually beneficial, and when there are shared goals. On the other hand, failure to include respected institutions can be a contributing factor to the lack of success of an outreach program. Inability to reach target audiences with a valuable health promotion can be disappointing and costly. And in many instances, the taxpayer bears the brunt of ineffective program planning and implementation. But, most importantly, failure of potentially valuable programs denies the target audience the benefits of the planned projects. Therefore, it is worth the investment in time and resources to learn more about African American and other minority communities in order to seek collaboration with influential institutions within those communities. OMH demonstrated that effective collaboration can result in cost effective outreach to the target audiences and make limited budget dollars go further with volunteer involvement, access to institutional resources, free promotion and publicity, and other assets. Healthy People 2000 Progress Review for Black Americans benefitted from all of those factors.

But how do program planners obtain support from institutions where distrust of government sponsored programs may exist? How do planners encourage institutions to reinforce government health promotion programs in an environment of grassroots suspicion, possible misinformation, and outright fear on the part of the target audience? This can be a dif-

Institutions as Gateways

difficult challenge, but first, let's begin with a description of the institutions we are seeking to reach.

Institutions in the African American Community

First, it must be stated that there is no monolithic African American community, and no "one" institution that can reach all of the diverse audiences. Multiple organizations and/or institutions can serve as gateways to target audiences, given adequate time, resources, organizational assistance and support. And, it is important to note that appropriate leadership within the community can be mobilized to insure sufficient support for the project. Obtaining the support of minority leaders can be the difference between a strong institutional commitment to a health outreach project or a limited commitment.

In order to mobilize resources and institutions within African American communities, it is useful to understand how those communities are constituted. In Table 3 we try to provide the program planner with some insight into the variety of institutions within African American communities. While this is not intended to be a definitive description of all of the institutions that are significant in black communities, it may be helpful to list some of the more obvious influential institutions available as to serve as potential gateways to African American target audiences.

Please note in Table 3, that in addition to the institutions traditionally listed

as significant components of the African American community there is also listed a somewhat hidden segment of the black community known as the "Urban Underclass." This little understood institutional constituency is composed of prison, welfare and homeless populations. The urban underclass should be seriously considered in health outreach efforts since members of the urban underclass are an extended part of the

TABLE 3:

INFLUENTIAL INSTITUTIONS IN AFRICAN AMERICAN COMMUNITIES

LOCAL GOVERNMENT AGENCIES *
FAITH BASED INSTITUTIONS *
FRATERNAL AND SOCIAL ORGANIZATIONS *
EDUCATIONAL INSTITUTIONS *
NON-PROFIT, ADVOCACY AND CIVIL RIGHTS GROUPS *
BUSINESSES, AND BUSINESS ASSOCIATIONS *
SPORTS, ENTERTAINMENT AND MEDIA *
URBAN UNDERCLASS
ON-LINE COMMUNITIES (NEW) *

** Identifies institutions that participated in Healthy People 2000 Progress Review for Black Americans*

African American and minority communities-at-large. In "Black Man Emerging" by Joseph L. White, Ph.D. and James H. Cones III, Ph.D., the authors observe, "*Sociologists and social psychologists now include the street brothers in the larger urban social caste called "the underclass" sometimes also referred to as the "the undeserving poor." The underclass actually consists*

Institutions as Gateways

of two groups, decent people, or the deserving poor, and inner city residents who are part of an oppositional culture or renegade lifestyle” (White, Cones 1999). OMH sought to reach this group through the CBOs involved with Healthy People 2000 Progress Review for Black Americans that serve underclass populations. However, because reaching this population is difficult, more emphasis is needed, including needs assessment studies and new outreach approaches.

Obtaining Institutional Support

OMH involved a number of African American institutions in the management of Healthy People 2000 Progress Review for Black Americans. First, Howard University was contracted for use of its television studios and technical crew. All of the government officials involved with the broadcast, including the Surgeon General, traveled to the campus of Howard University for the live broadcast. Howard University’s television station had the satellite capacity to transmit the videoconference to the 200+ downlink sites. In addition to providing technical resources, Howard University’s involvement was a valuable asset to the credibility of the Progress Review for Black Americans within the African American community. Denise Adams Simms, Downlink Coordinator and Director of Community Programs for the California African American Health Network, Inc. commented: *“Personally, it meant a lot to me that Howard University was involved. I respect that institution for its vast resources and history with the black community.”*

Secondly as described earlier, OMH provided a grant to the National Association for Equal Opportunity in Higher Education (NAFEO) to manage the institutional outreach, downlink coordination, Internet technical support and evaluation components of the Healthy People 2000 Progress Review for Black Americans. To provide these services, NAFEO partnered with a minority-owned information dissemination company. By including NAFEO and a minority-owned business on the management team OMH provided the community with examples of visible support for African American institutions and minority businesses. OMH also demonstrated that it was willing to invest resources in the African American community and to obtain input from the leadership of that community into setting the nation’s health agenda.

Mildred Freeman, Director of Health Education for NAFEO remarks: *“Healthy People 2000 Progress Review for Black Americans showed our member institutions that NAFEO has a vital role in linking the federal government to HBCUs. We received lots of positive feedback from our members who felt that for the first time that they were given an opportunity to provide input into shaping health policy. In the past, our members have felt they did not have a voice in establishing health goals and objectives. The Healthy People 2000 Progress Review opened the door to views from African American educators.”*

In addition to Howard University and NAFEO, other community institutions were called upon to assist with the Progress Review for Black Americans.

Institutions as Gateways

This collaborative approach sought to encourage the participation of institutions by using known and respected institutions, the aforementioned as “gateways,” to reach out to other institutions not previously involved with Healthy People. This approach, referred to as an “institution to institution” approach draws upon the clout of opinion leaders, intermediaries and African Americans, or minorities affiliated with government institutions. Gardenia Ruff, Director, Office of Minority Health, South Carolina Department of Health and Environmental Control, found that working in collaboration with other institutions was an asset to her efforts in her state. She remarks: *“In South Carolina*

we advocate the use of natural channels to reach communities of color. We were very happy to partner with NAFEO, OMH and the Surgeon General’s Office to participate in Healthy People 2000 Progress Review for Black Americans...partnering with NAFEO in the Progress Review for Black Americans not only enhanced our ability to make health a priority with the HBCUs, but also created a win-win situation for all partners involved.”

Some of the elements of the “institution to institution” approach applied in Healthy People 2000 Progress Review for Black Americans are described in Table 4.

TABLE 4	
GATEWAY INSTITUTIONS IN HEALTHY PEOPLE 2000 PROGRESS REVIEW FOR BLACK AMERICANS	
ROLE OF GATEWAY INSTITUTION	PROGRESS REVIEW FOR BLACK AMERICANS: EXAMPLE
<p>Involve Opinion Leaders— Have influential people from the gateway institution sign letters, record public service announcements and be included in press releases.</p>	<p>Howard University and the National Association for Equal Opportunity in Higher Education (NAFEO), served as endorsers and opinion leaders for target audiences.</p>
<p>Involve Federal, State and Local Government Black Officials— Have African American government officials publically support the project. Their reputations and clout will serve as incentives for institutional participation.</p>	<p>Community visibility was provided by David Satcher, M.D., Ph.D., U.S. Surgeon General and former President of a HBCU and Congressman Louis Stokes (retired), founder and Chair of the Congressional Black Caucus Health Braintrust.</p>
<p>Collaborate with Intermediaries— Involve organizations and institutions that have influence with the target audience.</p>	<p>Regional, state and local government minority health officials served as influential intermediaries at the state and local levels and contributed to building institutional support.</p>

Institutions as Gateways

TABLE 5

METHODS OF INVOLVING COMMUNITY HEALTH PROFESSIONALS AND INSTITUTIONS

WAY OF INVOLVING INSTITUTIONS	PROGRESS REVIEW FOR BLACK AMERICANS: EXAMPLE
To provide legitimation and community-wide acceptance	HBCUs, non-HBCUs, allied health institutions; health-oriented national organizations, and community based organization.
To provide technical input	Howard University and NIH Studios
To provide guidance about local practices	Regional Minority Health Consultants (RMHCs), State Minority Health Professionals and HBCUs.
To participate in program leadership and planning	Health professionals participation on Progress Review for Black Americans Workgroup
To make structural alterations in the planned project to incorporate program into community framework	NAFEO, with assistance from minority communications consultants..

Modification of Table: Involving Community Health Professionals and Systems. Luepker/Rastam 1990, page 185.

Involving Health Systems And Institutions

The Healthy People 2000 Progress Review for Black Americans also benefitted from support from both African American and non-African American health professionals and institutions. Some of the institutions that participated as downlink sites included Mercer University, GA, the University of Maryland at Baltimore, MD, and the Robert Wood Johnson Medical School, NJ.

In an article titled, "Involving Community Health Professionals and Systems," authors Russell Luepker and Lennart Rastam describe the benefits of involving health professionals and medical institutions in community based programs (Bracht, 1990). OMH used a variety of methods to involve community health professionals and institutions. Some of these methods were successful. Outlined in Table 5, are suggested methods to involve community health professionals. The table shown was modified from a table developed by health researchers Luepker and Lennart. (Health Promotion at the Community Level, 1990).

Selecting Institutional Partners

Determining which institutions are perceived by the target audience as credible, influential and respected gateways requires a planned approach. OMH had to consider numerous factors in determining which partners made the best fit. Listed below are a number of questions program planners can use to assess whether or not an institution may be the appropriate one to involve in a particular project. To make these assessments, sponsoring organizations would benefit from involving culturally competent consultants to assist them with conducting such an analysis. Some of the questions to consider are:

- What is the target audience of the potential collaborative partner?
- How much clout or influence does the institution have with the target audience?
- Who is the principle leader of the prospective collaborative organization, and is he/she willing to support the project?
- What resources are required by the prospective collaborator to support the project?
- What are the mutual benefits of the collaborative partnership to all parties involved?

Overcoming Institutional Barriers

In general, OMH did not encounter significant barriers to establishing contact with the target audience. However, while implementing health promotion outreach projects to minority communi-

ties, program planners may occasionally feel that there are obstacles that prevent access to target audiences. In fact, unless sufficient groundwork has been laid between the sponsoring organization and the minority or African American community, there may be subtle and not-so-subtle factors at work that may impede the program planners. Open opposition from community leaders or institutional heads might be real. In some instances, this opposition may be overcome by calling on culturally competent staff or consultants to diagnose the problem and recommend solutions.

Opposition from African American institutions to health promotion and other social marketing programs can stem from many reasons. While we can't outline them all, we will try to provide a few reasons why some institutions may choose not to support what appears to be a meaningful and valuable project. These reasons may include disagreement with funding allocations; lack of visible African American leadership; lack of endorsements from respected institutions; use of ineffective spokespersons; or in a worse case scenario, outreach programs that mistakenly offend or insult target audiences.

Historically, leaders in minority communities have learned to be alert to the allocation of budgets in government, or private sector sponsored projects. While individual leaders may not require that their own institutions receive direct support for a particular government or privately sponsored project, many leaders desire to see that other minority institutions are receiving funding, or support for their participation, and that other

Institutions as Gateways

African American organizations are involved with the project.

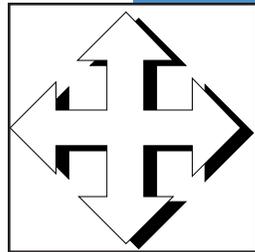
If there is no visible “channeling of resources” to African American institutions while at the same time community leaders are aware that Madison Avenue advertising firms, and big PR firms are receiving large contracts, African American and other minority leaders may quietly oppose the project and communicate through internal community networks that the project is exploitive,

lacks appropriate involvement, or is insensitive to the needs of the community. Also, outside organizations must realize that leaders of national and local minority institutions measure the sincerity of an outside organization to reach African American target audiences by the willingness of program planners to invest visible resources in the black community to obtain support for their projects.

Lesson Learned from Chapter 3: COLLABORATE WITH RESPECTED INSTITUTIONS

Chapter Four:

Using Existing Outreach Networks



Existing Outreach Networks

Many people to people and institution-to-institution networks exist within African American and minority communities, as well as within government agencies sponsoring health promotions. These formal and informal networks consist of interconnections among leaders, professionals, national organizations with chapters throughout the country, government officials, institutions, on-line networks, faith based institutions, community-based organizations, and many others. OMH's effective involvement of these existing networks enhanced the Healthy People 2000 Progress Review for Black Americans. If there had been ineffective use of these existing networks there would have probably been delays, complaints about program planners, poor communication, internal conflicts, and possible loss of time and money.

In the African American community, some networks, such as the networks that exist among Black professionals in higher education have existed for decades and require skilled coordination and access in order to maximize their participation. Other networks, particularly among black youth, are new and may be technology driven, such as Internet on-line communities, Internet publications and websites. Each target audience has its own unique system of communication, and a challenge for OMH was to know about the networks, access them effectively, and involve them as active participants in the Progress Review for Black Americans.

Neil Bracht and Lee Kingsbury, in their article, *Community Organization Principles in Health Promotion: A Five-*

Stage Model" state: "Program planners engage networks of government, voluntary and special interest groups in coordinated efforts to activate a broad range of resources and new program interventions. The community organization process seeks to stimulate and coalesce community energies, interest, and resources in a collective response." (Bracht/Kingsbury, 1990). Each health promotion event is different and will potentially involve a different mix of existing networks. Some will be simple, involving one (1) or two (2) existing networks, and others like the Healthy People 2000 Progress Review for Black Americans will be complex and may involve a number of existing networks.

Occasionally, program planners overlook existing networks that could assist with accomplishing a project's mission simply because they are not aware that they are there. This is where culturally competent professionals can play vital roles in a health promotion. Described below are examples of existing networks in African American communities, and how some of those networks were involved in Healthy People 2000 Progress Review for Black Americans. Hopefully, this discussion will aid future program planners in recognizing available valuable resources.

Six (6) Existing Networks that Supported the Progress Review for Black Americans

OMH sought out a number of existing networks in the Progress Review for Black Americans including:

Existing Outreach Networks

- Internal federal committees, i.e. DHHS Healthy People 2000 Progress Review for Black Americans Workgroups and Advisory Committees
- Regional and State Minority Health Consultants
- African American newspapers
- Black College Radio
- Historically Black Colleges and Universities
- National and Community Based Organizations
- African American Internet On-Line Community

These six (6) networks, and others contributed to the success of the overall project in a variety of ways summarized later in this text. Working with existing networks such as those outlined above, requires coordination, patience and an understanding of their critical roles in the community. In the haste to organize a project, program planners can make the mistake of devaluing the role existing networks can provide in terms of quality control, feedback, information dissemination and community credibility. Program planners would be wise to focus on existing networks in several key areas: (1) their own agency or organization, (2) within the target population, and (3) within the larger community. After identifying those networks program planners can then craft methods to obtain their participation and support.

To provide further details into the value of existing networks to a health promotion, we have summarized a listing of some of the specific contributions provided by six (6) existing networks to the

Healthy People 2000 Progress Review for Black Americans.

1. Healthy People 2000 Progress Review for Black Americans Workgroup.

As indicated earlier, the Federal Healthy People 2000 Progress Review for Black Americans Workgroup was Co-Chaired by Georgia Buggs, Special Assistant to the Director of OMH, and Matthew Guidry, Senior Prevention Program Advisor, Office of Disease Prevention and Health Promotion. The Workgroup consisted of a network of representatives of agencies within the U.S. Department of Health and Human Services, several Regional Minority Health Consultants and private sector representatives.

The Workgroup functioned as the policy setting body for management of the Progress Review for Black Americans. The benefits this network provided included:

- Quality control, review and feedback of materials. Example: At critical stages of development the Workgroup provided critical feedback to Healthy People 2000 Progress Review for Black Americans electronic book version posted on the Internet;
- Production of content, i.e. statistical and research data. Example: The Workgroup helped to write the two-hundred (200) page Healthy People 2000 Progress Review for Black Americans Book that was disseminated to all downlink sites;

Existing Outreach Networks

- Volunteer workforce. Example: Screening 1 (800) number phone lines during actual videoconference;
- Serving as experts. Example: Workgroup members were on the expert panel for the videoconference and the Internet Chat Room.

2. Regional Minority Health Consultants and State Minority Health Contacts (RMHCS)

This skilled network, which manages minority health outreach and promotion throughout the nation, made significant contributions to the Healthy People 2000 Progress Review for Black Americans including:

- Coordinating input into planning;
- Coordinating downlink sites in their respective states and regions;
- Acting as state and local liaisons to local radio stations for public service announcements distribution;
- Providing in-state contact for press release distribution;
- Monitoring downlink sites at community-based organizations and HBCUs;
- Relaying problems from the field.

3. Black College Radio

A number of HBCUs participating as downlink sites for the Progress Review for Black Americans have radio stations that broadcast on campus and in surrounding communities. These radio stations represent existing networks apart from other faculty/student campus net-

works. When OMH produced a radio public service announcement (PSA) in collaboration with NAFEO and its consultants, the PSA was sent to black college radio stations for broadcast. Informal feedback indicated that the PSA received excellent airplay at several campuses serving as downlink sites. The benefits this black college radio network contributed to the Progress Review for Black Americans included:

- Free radio promotion on several HBCU campuses, and in surrounding communities. Example: In Baltimore, MD, the broadcast of the PSA resulted in attendance of over 100 community people to the Morgan University Downlink Site.
- HBCU Institutional Legitimacy. Example: PSA spokesman was a HBCU administrator, which lent HBCU credibility to the Progress Review for other HBCUs
- Positive Black community PR for OMH and Surgeon General. Example: Target audience listening to HBCU radio stations heard positive news about actions of the federal government on behalf of the health of African Americans.

4. Historically Black Colleges and Universities (HBCUs)

HBCUs have decades-old existing networks in and among the nation's 118 institutions of higher education. Due to the HBCU mission of providing higher education to black youth in the nation, HBCU officials are constantly approached by federal, state and local

Existing Outreach Networks

government agencies, private and private sector non-profit groups to support various causes. Therefore, HBCUs leaders are very selective about which efforts they support. However, while some health promotion events may go lacking, the Healthy People 2000 Progress Review for Black Americans received substantial support from the HBCU community. Sixty-two (62) HBCUs used their existing networks to support the health promotion. The benefits of this network included:

- HBCU facilities for the downlink sites
- Technicians to manage the testing and broadcasting
- Appointment of senior level faculty and administrator to manage downlink sites, issue invitations, conduct evaluations
- Outreach to affiliate institutions, CBOs, and health professionals in surrounding communities, and
- Use of HBCU campus resources to promote the Healthy People 2000 Progress Review for Black Americans

5. National Organizations and Community Based Organizations

In addition to government and HBCU networks, the Healthy People 2000 Progress Review for Black Americans involved community-based organizations (CBOs) and national organization networks. These groups have the capacity to activate national networks and reach out to grassroots and local organizations. The benefits of this network contributed the following:

- Information Dissemination.

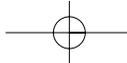
Example: Used internal communications mechanisms to notify memberships about the Progress Review for Black Americans;

- Participation as Experts.
Example: National organizations and CBO representatives served as expert panelists at the video-conference and on local panels at various downlink sites;
- Participation as Spokespersons.
Example: Provided local visibility and endorsement of the Progress Review for Black Americans to the target audience.

6. African American On-line Community

One of the new networks now available to program planners is the African American on-line community on the Internet. There are thousands of black youth and adults “surfing” the Internet for information about black culture, news and events. For the Healthy People 2000 Progress Review for Black Americans, the NAFEO consulting team coordinated outreach to the “Net” community through established minority-owned Internet websites. Activities conducted by this network:

- Information dissemination via email. Example: On-line communities promoted the webcast by e-mail over the “Net.”
- Distribution of Healthy People 2000 Progress Review for Black Americans Book. Example: Healthy People 2000 Progress Review for Black Americans Book was posted on the Internet for download into individual PCs.

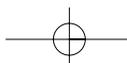
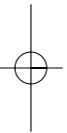
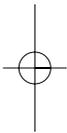


Existing Outreach Networks

- Webcasting. Example:
Videoconference was recorded live and an archived copy of the webcast was posted on the

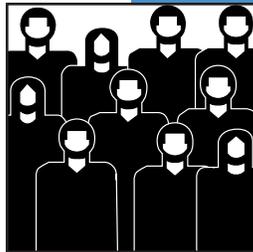
Internet for viewing “on demand” for six (6) months on a minority owned website—
www.urbanhealthcast.com.

Lesson Learned from Chapter 4: WORK WITH EXISTING NETWORKS



Chapter Five:

Building Synergy That Works



Building Synergy

Synergy is defined as “*combined action or operation.*” In other words, it is the blending together of separate, but critical elements, in order to produce an outcome beneficial to all involved. Synergy for a health outreach campaign is to combine various forms of communication, media and outreach to increase the overall effect of the message. In the Healthy People 2000 Progress Review for Black Americans, OMH used multiple forms of outreach to institutions supporting the videoconference to access their local media outlets, spokespersons, mailing lists, community relationships, etc. This multiple outreach approach served to enhance the Healthy People message to target audiences, thereby increasing its impact. Through repetition and reinforcement the message began to take on a synergistic or “combined action” effect.

The synergistic effect became a motivational factor in the Progress Review for Black Americans which ultimately resulted in a health promotion activity that exceeded its goals and objectives. The synergistic results of OMH’s approach became evident when the original objective of establishing thirty (30) downlink sites for the videoconference was exceeded by 500%! *“It was obvious that synergy was working when the downlink coordinators began to take the initiative to promote their local events and to promote the Healthy People 2000 Progress Review for Black Americans to their local communities and media,”* stated NAFEO Downlink Coordinator and R.J. Myers Publishing and Consulting Company consultant, Stephanie E. Myers.

When OMH activated the internal Workgroup, the external networks and supporting institutions participants became motivated and synergy or “combined action” resulted. This produced the unanticipated result of two-hundred and fifteen (215) downlink sites!

To further examine the elements of synergy that worked in the Progress Review for Black Americans, let’s first discuss the traditional form of communication in the African American community which is oral or verbal communication. History has taught us that an effective way of reaching many African Americans is through stimulating verbal exchange in churches, schools, organizations, on radio, around the kitchen table or through “chatter” about an event or initiative. A popular songwriter of the 1960’s expressed it in a hit song titled, *“I heard it through the grapevine.”* To stimulate the “grapevine” effect in the African American community, program planners should strive to employ a variety of outreach strategies and use multi-media approaches including using the following media outlets:

- Radio
- Television
- Internet
- Flyers
- Announcements at public meetings
- Minority Spokespersons
- Posters
- One on one communication

Dr. Sylvia Flack, downlink coordinator and Director of Health Services at Winston Salem University (WSU) summarized the impact of synergy on one of the guests who attended the Progress

Review for Black Americans at WSU, *“In one instance, a city government employee from Winston Salem commented...Keep the word going. This was positive feedback.”*

Creating a Contemporary Look

In order to interest African American communities, particularly youth-oriented communities such as HBCUs, it can be helpful to create a design image or “look” for the outreach project. This “look” can be conveyed by graphic design, through informality in correspondence and even through sound in public service announcements.

As a result of findings in the MOS needs assessment report flyers were used as a primary promotion tool. The flyers were designed with a contemporary flair with a picture of a satellite dish to convey the idea of a videoconference. The satellite dish was featured on the Healthy People 2000 Progress Review for Black Americans flyers, and promotional Internet webpages. To provide local involvement and a sense of “ownership” among downlink coordinators, a template of the flyer was provided to each downlink site coordinator with space for him/her to customize the flyer with the institution’s name, date, time and location of his/her particular downlink site. This feature was well received by downlink coordinators. (See Table 6, on next page for copy of flyer)

Tools For Creating Synergy

A number of tools were used by OMH to promote synergy for the

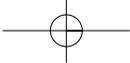
Progress Review for Black Americans including traditional outreach tools and more modern tools. In Table 7 is a listing of some of the tools used and the target audiences.

Feedback From the Field

OMH was able to witness synergy building from areas around the nation by monitoring feedback that was received by the RHMCs, the state minority health directors and by the telephone inquiries received by the NAFEO national downlink coordinator. As the “word” about the Progress Review for Black Americans began to move around African American communities requests for information increased and institutions and organizations that were not on any original mailing lists began to inquire and request technical information for receiving the broadcast. Listed below are examples of feedback that was received by various existing networks:

1. Black College Radio Stations

As indicated earlier, to help with getting the word out over the media, OMH produced a 60-second radio public service announcement featuring a spokesman from an HBCU—Dr. Jay Carrington Chunn, downlink coordinator and Vice President for Academic Affairs, Morgan State University, MD. The radio spot was mailed to radio stations at HBCU campuses participating in Progress Review for Black Americans with copies to the RMHCs. Opportunity for airplay was enhanced since the PSA was produced with jazz music in the background that was culturally compatible with the



YOU ARE INVITED TO ATTEND!



**HEALTHY PEOPLE 2000 PROGRESS
REVIEW FOR BLACK AMERICANS**

“Seeking Health Equity in The New Millennium:

Bold Goals, Expanded Partnerships”

A FREE LIVE VIDEO CONFERENCE BROADCAST
FROM THE CAMPUS OF HOWARD UNIVERSITY

**Monday, October 26, 1998
1:00p.m. - 3:30p.m. (est)**

Chaired By:

- ▼ David Satcher, M.D., Ph.D.,
Surgeon General of the United States and
Assistant Secretary for Health.

Convened by:

- ▼ Dr. Clay E. Simpson, Jr., Deputy Assistant Secretary for Minority Health, Office of Minority Health, U.S. Dept. of Health and Human Services.
- ▼ A Panel of Health Experts, including Congressman Louis Stokes (D-OH), and other distinguished guests.

Host or Attend a Downlink Site and Join the National Dialogue about the Health of African Americans.

A downlink location near you

Date: _____

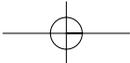
Local Time: _____

Location: _____

Hosted by: _____

For Information Contact:

- ▼ The National Association for Equal Opportunity for Higher Education (NAFEO), (301) 650-2440; rjmpub@earthlink.net
For more information: www.nafeo.org/



**TABLE 7:
PROGRESS REVIEW FOR BLACK AMERICANS:
OUTREACH TOOLS AND TARGET AUDIENCES**

OUTREACH TOOL	TARGET AUDIENCE
Direct Mail	HBCU Presidents and Chancellors; Community and civic leaders.
Speeches and talking points	Public meetings.
Teleconferences and meetings	Regional and state minority health liaisons
Radio PSA	HBCU and surrounding communities
Internet website, on-line emails, chat rooms	On-line community
Press releases	HBCU and local press
Letters and flyers	HBCU campuses, and surrounding communities
OMH newsletter	Minority health professionals

music formats of black college radio stations.

Dr. Chunn’s feedback about the PSA was, *“The radio PSA that I recorded for the Healthy People 2000 Progress Review for Black Americans played over our campus radio station, WEAA-FM. Through the radio announcement we reached an audience in Baltimore that we wouldn’t have reached otherwise. The radio spot provided a bridge to the community that resulted in over 110 people attending MSU’s videoconference downlink site. Also, I received a call from a colleague who I hadn’t heard from in years, who heard me on a HBCU radio station in Texas. My friend was excited to hear my voice, and indicated that his institution was going to hook up*

with another HBCU in order to be a part of the national event.”

2. Community Based Organization (CBO)

As an example of how synergy reached black health professionals in California, Denise Adams Simms, downlink coordinator and Director of Outreach for the California Black Health Network (a CBO) remarks, *“In California, we learned about the Healthy People Progress Review from several different sources including the Congressional Black Caucus, the National Health Summit, a ethnic and health disparities workshop and by flyers and faxes sent to our office. We reached out to our membership and hosted video-*

Building Synergy

conference sites at five (5) locations in different parts of California. One of our major problems however, was the short lead time before the event. We would have had larger audiences with more planning time.”

RHMCs and State Minority Health Directors

The national network of Regional Minority Health Consultants and State Minority Health Directors was a strategic feature in the outreach promotion of the Progress Review for Black Americans. Working together, each of these minority health professionals used their statewide networks to highlight the importance of the Progress Review for Black Americans as a national minority health event. In some states the RHMCs established their own downlink sites while assisting state and local institutions with hosting downlink sites in various cities.

For example, in California, Regional Minority Health Consultant Christina Perez in PHS-Region IX, sent over seven (700) hundred flyers to minority health organizations. These flyers served to help build audiences for the CBOs hosting downlink sites in various sections of the State. In Missouri, Ben Germany, Chief, Office of Minority used the statewide network of teleconference sites

as the basis for his downlink sites. These modern sites, fully equipped with the latest technology are regularly used for satellite videoconferences in Missouri and proved to be an efficient way to reach multiple audiences of African American citizens, as well as other residents of Missouri. Following Healthy People 2000 Progress Review for Black Americans, Mr. Germany continued to conduct outreach by playing the Healthy People 2000 Progress Review for Black Americans videotape to new audiences for some weeks and months after the original event.

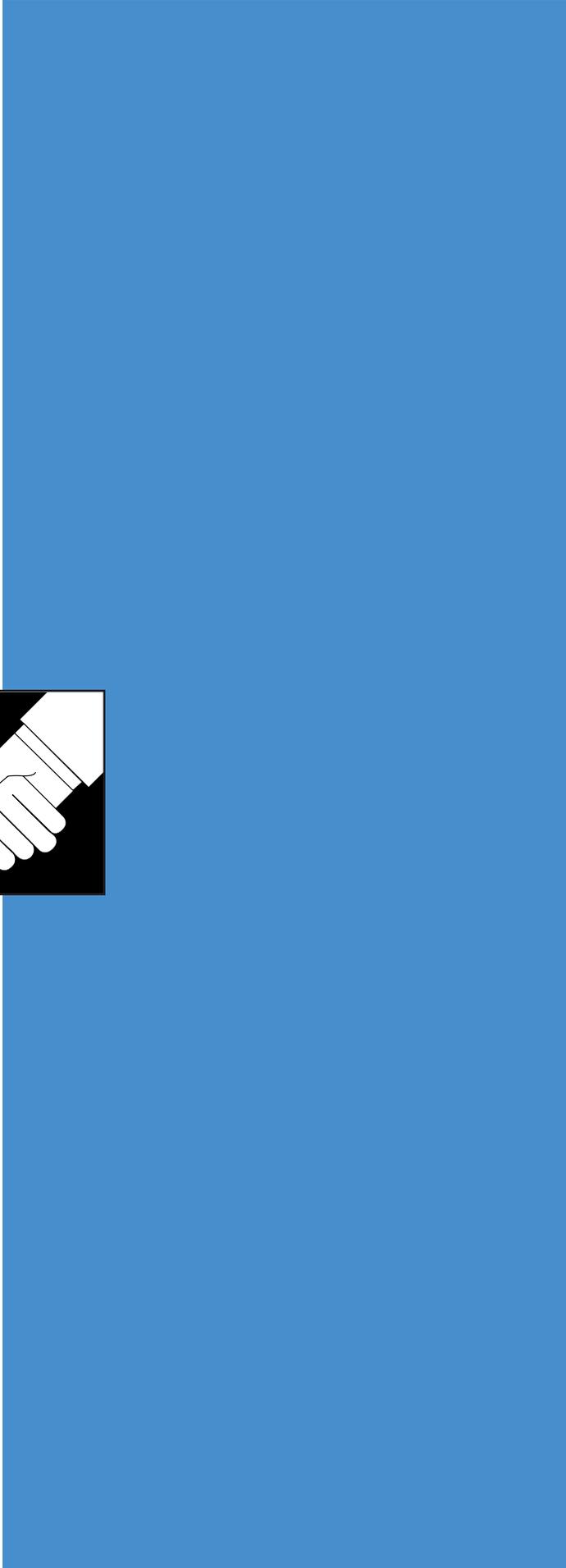
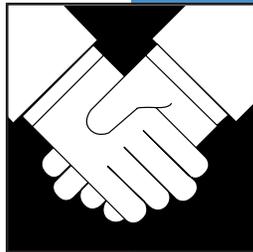
In Texas and Louisiana Mary Bowers, Regional Minority Health Consultant for PHS-Region VI, assisted several HBCUs to work together to host joint downlink sites. And in Texas Renato Espinoza, Texas Director of Minority Health, worked statewide to set up sites in local communities.

In other regions, the RHMCs and State Minority Health Directors worked with HBCUs to assist them with developing guest lists, mailing invitations, identifying collaborative institutions, conducting the evaluation and attending the videoconference as a local statewide official. A spin-off benefit of their participation was establishing new partnerships with the HBCUs and other CBOs.

Lesson Learned from Chapter 5: STIMULATE DISCUSSION IN THE TARGET COMMUNITY

Chapter Six:

Creating a Sense Of Mission— Stakeholders



Creating A Sense of Mission

One of the goals for all Healthy People Progress Reviews, including the Progress Review for Black Americans is to promote “voluntary behavior change” among target audiences regarding the importance of positive health prevention practices. OMH believed that there would be an excellent opportunity to bring about voluntary health prevention behavior among the target audience when and if the target audience become actively involved with the Progress Review for Black Americans as local organizers and developed a sense of mission or “ownership” regarding the success of the videoconference.

Since OMH did not have any incentives to offer the target audience such as immediate funding it tried to encourage the target audience to become involved in the Progress Review for Black Americans by finding ways to make “stakeholders” out of the participants. This was achieved by symbolically “giving” the Progress Review for Black Americans to the target audience by asking them to serve as leaders in their local communities, and on their campuses. OMH established the position of “downlink coordinator” as an quasi-official position in the Healthy People 2000 Progress Review for Black Americans network and thus, allowed participants to have visibility and to feel a stake in Progress Review for Black American’s success. This partnering approach was pursued by OMH as opposed to the more traditional method, federal government approach often comically referred to as, “I’m Uncle Sam and I’m here to help you.” By de-emphasizing the federal

visibility and highlighting local leadership, OMH provided an extra benefit to volunteer downlink coordinators.

Defining the Mission for the Target Audience

In order to stimulate participation that either met or exceeded OMH’s expectations, it was important to foster a sense of volunteerism among the target audience. This was particularly important since the institutions involved were being asked to apply their own resources to assist OMH to reach its goals. The strategy was to enlist the support of HBCU Presidents and Chancellors to make institutional commitments to actively participate in the Progress Review for Black Americans, rather than just offering benign endorsements of yet another “Washington” videoconference.

In a letter signed by Dr. Henry Ponder, CEO and President of NAFEO, a presentation was made to HBCUs that outlined benefits of participating in the Healthy People 2000 Progress Review for Black Americans. *“The Healthy People 2000 Progress Review for Black Americans,”* the letter read, *“is the beginning of a national HBCU Health Initiative.”* The letter went on to ask the Presidents and Chancellors to join NAFEO in supporting the initiative, a former colleague and HBCU President—Dr. Satcher, the Surgeon General, and the Office of Minority Health. The letter also emphasized that the Progress Review for Black Americans was on behalf of the African American community and closed by requesting that the President and/or Chancellor appoint an

Creating A Sense of Mission

appropriate “downlink coordinator” to serve as their local organizer.

This approach worked well for OMH and resulted in positive responses from sixty-two (62) HBCUs. Each institution agreed to support the Progress Review for Black Americans by sponsoring downlink sites on campus that would include participation from their local communities. OMH fostered this partnership between the HBCUs and the communities since it had learned from the MOS that lack of community involvement was a problem facing many HBCUs. The Progress Review for Black Americans then became a positive public relations opportunity for the Presidents and Chancellors to reach out to their neighbors.

Reinforcing the Position of HBCU Downlink Coordinators

Once the HBCU downlink coordinators were appointed by their Administrators they became the primary points of contact for the Progress Review for Black Americans. The only other contacts on campus were made with the technical and videoconferencing staff and in many instances the communication with the technical staff was coordinated through the downlink coordinators. Suggestions for guest lists, press coverage, technical support, or requests for subsidies for the sites using the long distance telephone ISDN videoconferencing were conveyed through the downlink coordinators. And, following Healthy



Creating A Sense of Mission

People 2000 Progress Review for Black Americans, each downlink coordinator received a letter of appreciation from the Director of the Office of Minority Health and a colorful, Afrocentric Certificate of Appreciation.

RMHCs as Stakeholders

The Regional Minority Health Consultants and State Minority Health Contacts were also important “stakeholders” in the Healthy People 2000 Progress Review for Black Americans. Together, they established over one-hundred and fifty (150) downlink locations at state and local health departments, community based organizations, and non-HBCU universities and community colleges. They reached out through their contacts to minority and majority communities, in cities as large as New York City, and as small as Jasper, Texas.

Communications Strategy Fostered Cooperation

OMH tried to foster cooperation, and communication among all of the downlink coordinators whether they were RMHCs, state health department employees, HBCU faculty or CBOs. Through memos and telephone conferences from the Co-Chair of the Healthy People 2000 Progress Review for Black Americans Workgroup, Georgia Buggs, downlink coordinators were encouraged to view themselves as part of a national network. The RHMCs assisted this strategy in regions where they offered CBOs

and HBCU downlink coordinators direct support and assistance.

Individual state and local health offices, HBCUs, national and community based organizations recognized that the Progress Review for Black Americans was a national minority health “happening” because of the involvement of the Surgeon General, Senior DHHS officials and regional, state and local public health officials. Regular OMH conference telephone calls, in-office videoconferences, and correspondence provided on-going updates of downlink sites per state. The regular communication among the key leadership group led to “friendly competition,” and the results were obvious as the numbers of downlink sites increased. One week prior to Healthy People 2000 Progress Review for Black Americans, OMH was proud to report over 210 confirmed downlink sites.

Unique Letterhead for Correspondence

A special letterhead was created for correspondence to downlink coordinators. It was not an expensive design but, a simple, desktop publishing letterhead. By using this special letterhead OMH sought to give the Progress Review for Black Americans videoconference a special community-based identity. The letterhead reminded participants about the videoconference date and time and was also used to reinforce the idea that Healthy People 2000 Progress Review for Black Americans was an important national health initiative.

Personal Mailings

Local downlink coordinators received several mailings, faxes and e-mails addressed specifically to them. The mailings reiterated the purpose of the Progress Review for Black Americans and provided downlink coordinators with updates regarding the numbers of downlink sites across the nation, background regarding the Healthy People initiative, and the technical coordinates for the satellite broadcast. The updates reinforced the fact that downlink coordinators were indeed “stakeholders” in an important national event. Downlink coordinators were also provided with tools to encourage local interest in their downlink site such as invitation templates and draft press releases. In response, downlink coordinators hosted “mini-events” on their campus and invited local city officials, heads of govern-

ment agencies, sorority and fraternity chapters and everyday citizens who heard radio announcements, received invitations or read news articles.

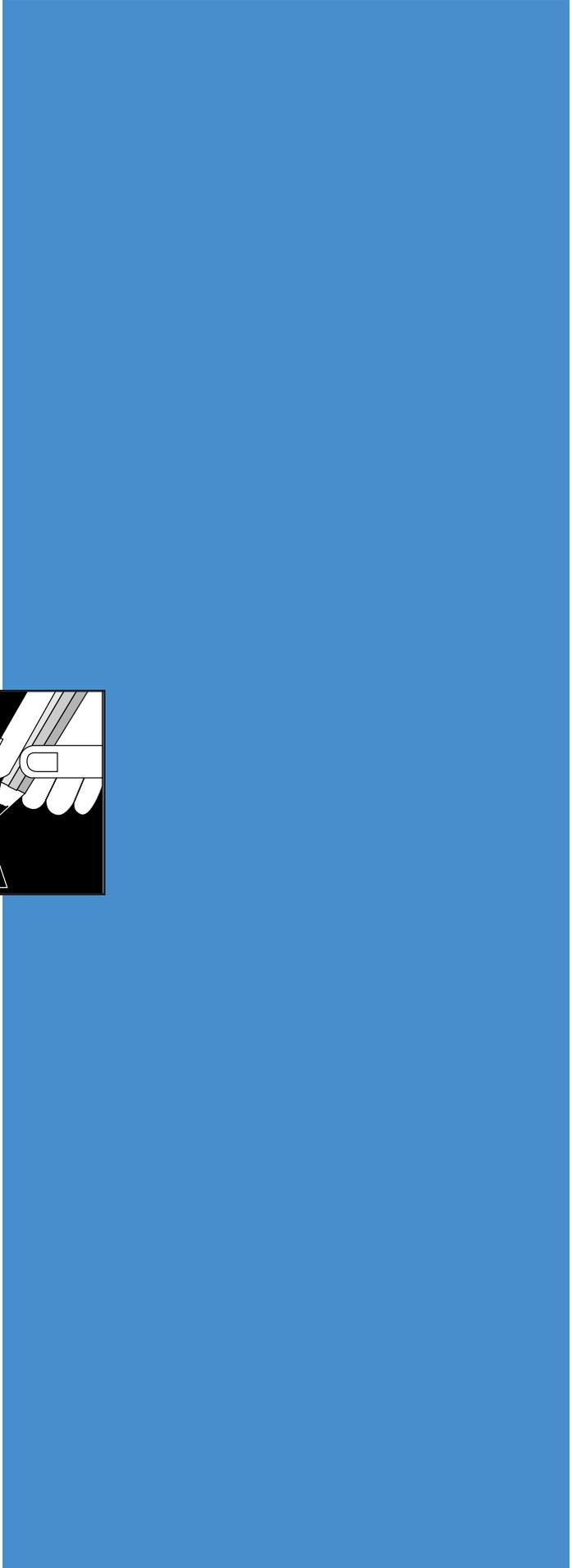
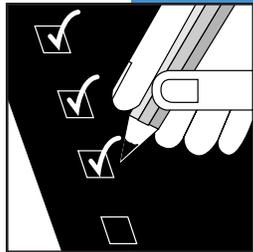
Mailings to downlink coordinators included the following information:

- Satellite coordinates for the broadcast;
- Contact information for the NIH Video Producer and Director;
- Informal memos reiterating purpose of the Progress Review for Black Americans;
- Testing Schedule for broadcast;
- Telephone numbers for technical troubleshooting
- Templates for flyers
- Templates for press releases
- Evaluation form templates
- OMH website information—www.omhrc.gov
- NAFEO website information—www.nafeo.org/

Lesson Learned from Chapter 6: “GIVE” THE TARGET AUDIENCE A SENSE OF MISSION

Chapter Seven:

Focusing On Outcomes And Conducting Evaluations



Outcomes and Evaluations

Obtaining the views, reactions and opinions of participants was an important feature in the Healthy People 2000 Progress Review for Black Americans. Conducting an evaluation of the Progress Review for Black Americans was essential so that data could be obtained to determine whether the goals and objectives of the Healthy People 2000 Progress Review for Black Americans report and videoconference were met. In addition, the evaluation would yield information regarding “lessons learned” that could be shared with other institutions through vehicles such as this Handbook. From OMH’s perspective there was no choice, but to conduct an evaluation.

However, to conduct the evaluation OMH was faced with many choices. One option was to fund a national evaluation team to canvas the nation attending a sample of the downlink sites. This option carried with it considerable expense since the Progress Review for Black Americans was a national event conducted at multiple locations, in different regions of the country. Sending out evaluation teams to all of the sites would have been expensive and complicated given the short timeframe of ten (10) weeks to assemble such an evaluation team. And, Ms. Buggs, HP2K Working Committee Co-Chair felt strongly that all of the downlink sites should be evaluated, rather than just a sample.

Another option for conducting the evaluation was to turn to NAFEO and the downlink coordinators and include them in the evaluation process. This option provided several benefits. It gave all of the downlink sites an opportunity to participate in the evaluation; it gave

the downlink coordinators an opportunity to read the results of the on-site evaluations and share in the knowledge obtained from those evaluations; and most importantly it again reinforced the role of the downlink coordinators as the local leaders “in charge” of their local event. And, since there was such an effort to expand the audience beyond the traditional health professional audience, OMH wanted to have as much data collected as possible for future reference.

Therefore, in order to conduct the evaluation smoothly and efficiently OMH enlisted the support of the NAFEO and the downlink coordinators. Seven to ten (7-10) days prior to the videoconference each the NAFEO outreach team mailed the volunteer downlink coordinators tools to be used to conduct evaluations at their local sites. Templates for several forms were provided that could be used on the day of the videoconference broadcast, including an evaluation form with a series of questions, and a “sign-in”. Downlink coordinators were asked to duplicate the materials at their institutions’ expense and to distribute the evaluation forms to as many videoconference attendees as possible. They were also asked to collect the completed forms and mail them to NAFEO in a self-addressed envelope. The templates provided included:

- A sheet titled, “After the Progress Review.” This form requested that any ideas and local ‘action plans’ from the videoconference be mailed to NAFEO,
- ‘Sign-In’ Sheets for videoconference attendees
- Evaluation forms

In-Kind Support Provided by Downlink Sites

It should be noted, that since the evaluation was conducted on an in-kind basis by the downlink sites, there was no additional cost to OMH beyond a minimal expense for preparation of the evaluation report. Had OMH elected to fund the option of sponsoring a national ‘on-site’ evaluation with a professional team, there would have been thousands of additional dollars in consulting fees and travel costs. There may have also been the unintended effect on the HBCUs, and other institutions of making them feel as though they were being “watched” or “critiqued” by the federal government. This may have discouraged participation in the evaluation and in the event as a whole.

It is OMH’s belief that this voluntarily participation in the evaluation was another indication of the success of creating “owners or stakeholders” in the Progress Review for Black Americans. To illustrate this belief, downlink coordinator Dr. Sylvia Flack, Director of the Division of Health Sciences, Winston Salem University, not only administered the OMH evaluation but, she added local questions of her own for her own institution’s use. Dr. Flack noted, *“On the day of the videoconference, we provided everyone with an information packet that included the Healthy People evaluation form. We also included our own form asking for feedback and local action plans from the community. The most important thing about evaluations is to find out if you truly imparted the information the participants needed, and to*

get feedback so that you can follow-up.”

As a result of OMH’s approach to the evaluation sixteen hundred and thirty (1630) evaluation forms were completed and turned in by downlink coordinators. This constituted almost half of the approximately 3,500 participants who attended downlink sites nationwide.

Evaluation Report

To develop the evaluation questions and prepare the final report NAFEO retained “culturally competent” independent consultants. They analyzed the results of the evaluation forms returned to NAFEO and conducted a statistical analysis of the respondents answers. The results were then interpreted in a report that included, tables and charts. A copy of the evaluation report can be obtained by contacting the OMH office in Rockville, Maryland.

Outcomes Inspired by Healthy People 2000 Progress Review for Black Americans

Basic to health outreach and social marketing is stimulating behavioral changes in groups and/or individuals. In order to determine whether behavioral changes occurred as a result of Healthy People 2000 Progress Review for Black Americans, in July 1999, OMH commissioned a Healthy People 2000 Progress Review for Black Americans: Post Progress Review Needs Assessment Study. This “Post Progress Review Needs Assessment Study provided downlink coordinators with an opportunity to give feedback to OMH nine (9) months

Outcomes and Evaluations

TABLE 9:

**HEALTH PROMOTION ACTIVITIES RESULTING FROM
PROGRESS REVIEW FOR BLACK AMERICANS**

INSTITUTION REPORTING	TYPE OF ACTIVITY
HBCU #1	Individuals from the Student Development Center talked to students about health issues and the students in the Public Health Course developed posters on health issues
HBCU #2	Student Health Services produced public service announcements for radio broadcast
HBCU #3	Student managed project enrolled over 600 eligible, new families in medicaid program—100% African American
HBCU #4	Three (3) health fairs and breast cancer screenings were held
State Health Department #1	Showed HIV/AIDS videotapes to local audiences
Local Health Department #2	Sponsored Black Health Network Statewide Conference
State Health Department #3	Convened an urban cancer conference

after the Progress Review for Black Americans. They were able to report any positive outcomes that occurred as a result of the Progress Review in their community or on their campus.

The Post Progress Review Needs Assessment Study also gave downlink coordinators and other participants an opportunity to provide any suggestions they had for future OMH outreach projects. Out of the two hundred (215)

downlink sites, fifty-three (53) or 25% of the downlink site coordinators responded to the Post Progress Review Needs Assessment.

The Post Progress Review Needs Assessment found that several health promotion activities were reported as a direct outcome of Healthy People 2000 Progress Review for Black Americans. A listing of some of the outcomes reported are listed in Table 9.

**Lesson Learned from Chapter 7:
USE EVALUATION DATA AS AN
IMPORTANT PLANNING TOOL.**

Chapter Eight:

**Anticipating
Shortfalls And
Disappointments**



Shortfalls and Disappointments

Institutions using technology when sponsoring minority health events must recognize that there is a “digital divide” in the nation regarding minority access to the Internet and other forms of technology. (U.S. Department of Commerce Study, 1999) This “digital divide” manifests itself in the lack of connectivity, in many parts of African American communities. This issue is of great concern to federal public policy-makers and became a factor in the Healthy People 2000 Progress Review for Black Americans in terms of who could receive the broadcast, and who could not. OMH recognized this issue early in the planning for the Progress Review for Black Americans and instituted technological remedies that made it possible for as many target audience participants to obtain the broadcast as possible.

While HBCUs may still have to “catch-up” with some advanced forms of technology, the good news is that based on the participation of sixty-two (62) HBCUs, out of a total of one-hundred and eighteen (118) institutions, it appears that about half of HBCUs have the capacity to receive either satellite or long distance telephone-based ISDN videoconferences, and/or Internet based webcasts. Of course, the opposite side of that statistic is that in this technological age half of the HBCUs do not have the capacity to participate in advanced technology videoconferences. While we have anecdotal evidence that some of the institutions with satellites could not participate because their satellites were not functioning, it was also suggested infor-

mally that the Progress Review for Black Americans helped to make senior administrators aware of the need to repair or replace those broken satellite dishes.

Coping With Limited Access To Necessary Infrastructure

National organizations and community-based organizations (CBOs) had the most difficulty participating as downlink sites for the Healthy People 2000 Progress Review for Black Americans. OMH found that non-governmental institutions, national organizations and CBOs must either rely on videoconferencing services available in the commercial marketplace or enter into collaboration with other institutions. Only a few national organizations including NAFEO, had the videoconferencing capability to serve as a downlink site. Most CBOs, and national organizations that participated in the Progress Review for Black Americans did so as collaborators with state and local health departments, HBCUs, and/or non-HBCU academic institutions.

Purchasing, installing and maintaining rooftop satellite dishes, and Internet services may be beyond the financial scope and priorities of many African American institutions. At this time anecdotal evidence would indicate that such purchases are not a priority due to the shortage of black and/or minority oriented videoconference programming. However, the inability of national organizations and CBOs to serve as downlink sites in local communities was disappointing because community residents

interested in attending the Healthy People 2000 Progress Review for Black Americans had nowhere to go in their local communities to view the videoconference.

This “digital divide,” or access barrier impedes the federal government’s capacity to reach target audiences at the grassroots level and underclass group, such as welfare and/or prison populations. These groups, which are in great need of health promotion information and outreach, would tend not to be linked to either HBCUs or government agencies. Therefore, to the extent that there is an increasing reliance on videoconferencing and Internet technology to convey health messages, the “digital divide” will also become a “health information divide.”

Infrastructure Shortfalls—A Learning Experience

By videoconferencing the Progress Review for Black Americans OMH achieved a “spin-off” effect on the need for technology enhancement in the minority community by highlighting the lack of access to videoconferencing infrastructure at some state health offices, community based organizations, HBCUs and national organizations. This served to make some health professionals aware of the need to personally know more about the technology involved with videoconferencing. Since the Progress Review for Black Americans, the awareness of deficits about videoconferencing has encouraged institutions to upgrade their training capacity, repair existing

equipment and/or work towards purchasing new equipment.

For example, during the promotion stage of the Progress Review for Black Americans, a local government health department indicated interest in participating, however the health department did not have access to a satellite dish to receive the broadcast. At the advice of the NAFEO downlink consultants, the local health department collaborated with a local CBO that did have the capacity to receive the broadcast. However, on the day of the broadcast a technical error occurred that prevented video reception of the broadcast signal at the CBO’s downlink site, and only the audio of the videoconference could be heard. Of course, this caused the audience at the CBO downlink site to miss the video portion of the videoconference, and the local health department staff was among those who were affected. Following that experience, one of the health professionals at the local health department remarked, *“Having access to minority health videoconferences would be a valuable asset to our continuing education efforts at the department of health. It would also save money for our local government and provide us with instant updates on the health status of minorities. We look forward to having our own satellite capacity in the future.”*

Since the Progress Review for Black Americans, this same local health department has held hearings on their Healthy People goals and objectives for Year 2010, and they are considering including a request for a satellite receiver in budgets for upcoming years. This budget

Shortfalls and Disappointments

request is a direct result of Healthy People 2000 Progress Review for Black Americans.

Need For More Technical Support

There were two (2) tests of the satellite transmission prior to the broadcast of the videoconference and the ISDN contractor scheduled individual tests for downlink sites receiving ISDN transmission. This schedule was the customary testing schedule for major videoconferences and from all accounts worked well in the majority of circumstances. Alice Hardy, Video Producer, NIH remarked, *“Testing is best the day before a videoconference. The 30 minute test period gives videoconference managers a chance to work out the kinks and trouble shoot. However, less experienced videoconference managers should be provided thorough and detailed descriptions of satellite coordinates in advance to assist them with making their connections.”*

There were only a few situations where there were special needs of the institutions trying to receive the broadcast. However, as more CBOs and national organizations install equipment and enter into satellite videoconferencing the need for more technical support may increase. Alice Hardy goes on to make suggestions for future videoconferences, *“Technical information about the satellite coordinates for the videoconference should be provided on a Internet webpage well in advance of the videoconference so that technical managers can*

have the information early and have a direct telephone number to call for technical assistance.”

Lack Of Planning Time

Anecdotal feedback found that shortage of additional planning time and more extensive technical support was cited by downlink coordinators as a shortfall of the Progress Review for Black Americans. The ten (10) weeks allocated for the outreach component of Healthy People 2000 Progress Review for Black Americans, was a short time frame for OMH and the downlink coordinators to organize the downlink sites, provide technical data, rehearse before the videoconference, and get the word out to non-traditional groups as well as professional health organizations. In some instances, the shortness of the planning time impeded the effectiveness of communication flow of the “grapevine” and resulted in many groups hearing about the Healthy People 2000 Progress Review for Black Americans within a week of the actual event.

Raising a prospective collaborative institution’s expectations in a project at the last minute creates frustration for organization heads. For example, at one of the faith-based downlink sites, Al Grey, Downlink Coordinator, and Technical Manager for the University Park Baptist Church, Charlotte, North Carolina, remarked, *“Our church had an audience of only twenty (20) staff members to listen to the Surgeon General’s videoconference because we needed*

Shortfalls and Disappointments

more advance notice. We only heard about the Healthy People 2000 Progress Review for Black Americans about three days before the event. With two (2) weeks notice we would have made announcements to our entire church membership and would have had a much larger audience.”

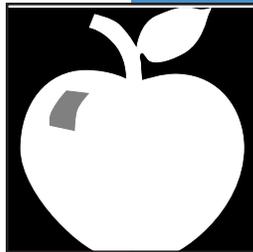
The short planning time for the Healthy People 2000 Progress Review for Black Americans also affected the

opportunity for the NIH and Howard University technical teams to rehearse, to establish effective communication among all of the key parties and for testing of the 1 (800) numbers and the quality of the video and audio transmission. However, although more testing time would have been desirable the quality of the broadcast was excellent and over 95% of the sites were able to receive the broadcast with no difficulties.

Lesson Learned from Chapter 8: UNDERSTAND THE DIGITAL DIVIDE

Chapter Nine:

**Broadening The
Healthy People
Message**



The Healthy People Message

Like the rest of the nation, there are multiple entry points to the hearts and minds of black citizens through electronic media such as television, radio, the Internet and entertainment. Increasingly among younger generations attending colleges, universities and in local communities, the Internet is becoming the medium of choice. Early in the planning for the outreach and information dissemination activities of the Healthy People 2000 Progress Review for Black Americans, it became apparent to OMH that various institutions required different technology platforms if they were to participate in the broadcast. Recognizing this, OMH expanded the satellite broadcast format by adding ISDN videoconferencing and Internet webcasting. This decision permitted fifteen (15) institutions to participate that may have otherwise been unable to receive the satellite feed due to lack of appropriate technology infrastructure. With a growing digital divide, it is particularly important that sponsoring organizations seek to use cost effective multiple platforms to reach African American constituencies

ISDN Videoconferencing

Ten (10) downlink sites interested in receiving the broadcast did not have satellite receiver dishes but, rather had ISDN videoconferencing equipment that receives transmission through the telephone lines. Through a sub-contract to a videoconferencing company that “distributed the signal,” these institutions were able to participate as downlink sites.

Webcasting

Upon advice from the NAFEO information dissemination consultants, OMH sponsored a “Internet Webcast Demonstration,” for five (5) HBCUs, and the on-line African American community. This Internet Demonstration occurred through a simulcast of the videoconference and a live chat room produced in a room adjoining the Howard University studio at WHUT-Television. The webcast was broadcast from a specially constructed website linked to the Office of Minority Health Resource Center, at www.omhrc.gov.

During the videoconference over one-hundred institutions, organizations and/or individuals visited the website. A DHHS physician and member of the Workgroup responded to the chat room questions in “real time.” Also, copies of the questions were emailed to the webcast center, downloaded into a printer and submitted to Dr. Satcher, and the expert panel for on-camera response. William Jordan a member of the team remarked, “*Shortly before the videoconference was scheduled to begin the live Internet chat room began to fill up. It was obvious that the students and faculty from HBCUs that were logging on were not watching the videoconference via satellite but, were depending on the webcast for the broadcast.*”

HBCUs were notified that the webcast was an alternative to either the satellite transmission or ISDN transmission. The “HBCU Internet Demonstration” resulted in six (6) institutions signing up for the Internet Demonstration, and five (5) of those institutions actually received

The Healthy People Message

ing the broadcast. To promote the webcast, the consultants filmed and posted 30-second video promotions with the Healthy People 2000 Progress Review for Black Americans Co-Chair, Dr. Clay Simpson, and NAFEO Head, Dr. Henry Ponder, and a copy of the audio PSA with Morgan State University's Dr. Jay Carrington Chunn. Individuals and institutions could register for "on-line" for the Internet Demonstration through a application form posted on the site. Following the videoconference OMH granted permission to the information dissemination consultants to broadcast the webcast for six (6) months on a minority-owned website—www.urbanhealthcast.com.

The Electronic Webbook

In addition to publishing the Healthy People 2000 Progress Review Book in a print version, OMH worked with the information dissemination team to publish an electronic version. Due to budget considerations, OMH was able to publish and distribute only two hundred and fifty (250) copies of the printed version of the Progress Review for Black Americans Book which did not meet the demands of the downlink community. OMH found that the traditional approach to publishing and distributing the Progress Review for Black Americans Book had a high cost per copy however, through the use of affordable electronic publishing the same 250 page Book, complete with color charts and graphics, was posted on the Internet.

As a result, OMH was able to meet the demands of health professionals who

wanted copies of the Book. By using the Internet persons and institutions interested in the Progress Review Book could download it into PCs thereby expanding access to the important health status information about Black American health. Roy J. Myers, member of the information dissemination consulting team remarks "*We suggested the webbook as an affordable option for OMH to consider that would make copies of the Healthy People Progress Review for Black Americans Book available to a wider audience.*"

Links to Other Websites

The special Progress Review for Black Americans webpage was linked to other minority and minority health websites. These websites were to post announcements to the the African American on-line community. Announcements on other websites included:

- Announcement of date, and time of the videoconference
- Listing of RHMCs by state including names and phone numbers
- Announcement of webbook
- Links to the Office of Minority Health Resource Center Website, Center for Substance Abuse Administration, Centers for Disease Control, and other relevant sites
- Archived broadcast of videoconference

The Healthy People Message

Affordable Technology Alternatives

By using technology OMH found that there are cost effective alternatives to the expensive mediums of television and radio—alternatives such as webcasting. Government agencies can follow the example of OMH and use health promotion events like the Progress Review for Black Americans to “push” national organizations, HBCUs, CBOs and other institutions in the black community to learn to use these alternatives. The Progress Review for Black Americans demonstrated that technology can be used effectively in different ways to

communicate minority health information to different groups using different formats. Listed in Table 10 are suggested alternatives to television and radio.

OMH found that it is often necessary for government to assist institutions through subsidies, information and training so that they can learn and use the various types of technology formats that are available in the marketplace. OMH found that through modern technology and a modest investment it was able to provide a wide range of its constituents with the latest and most accurate information about Black American health available in the world.

TABLE 10:

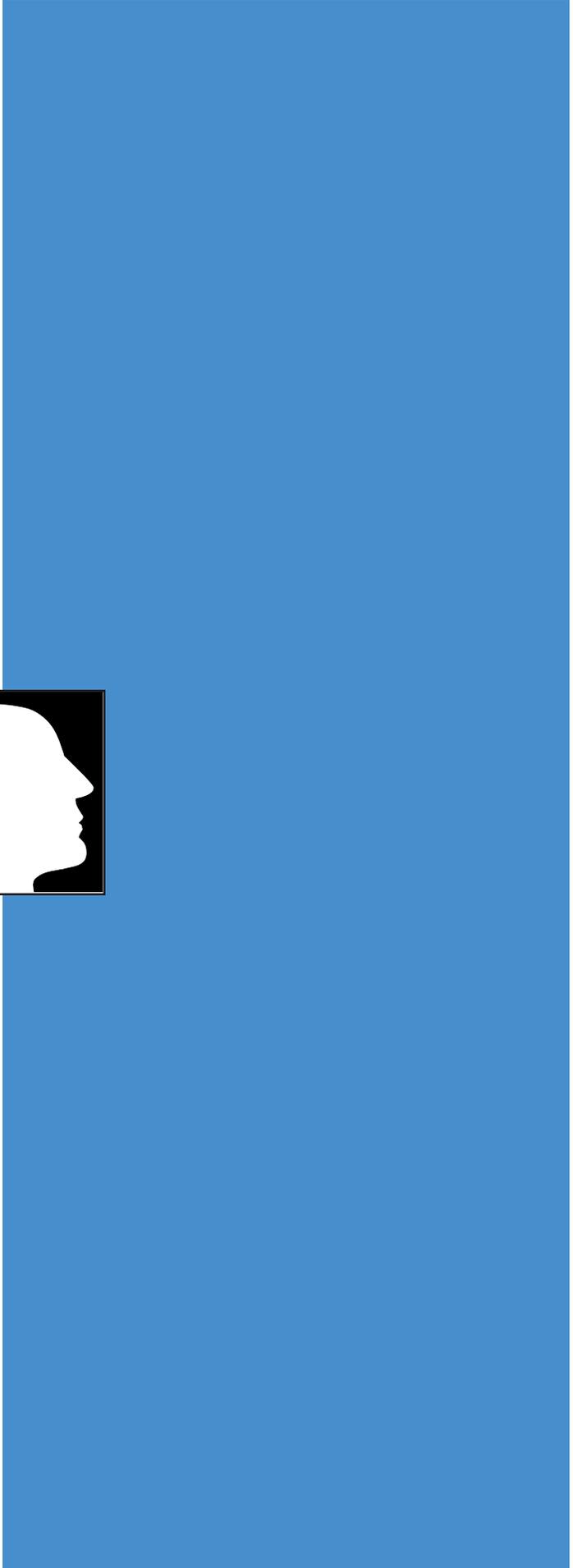
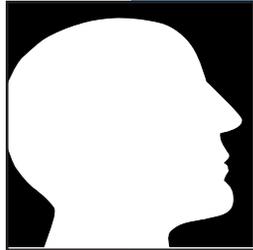
TECHNOLOGY ALTERNATIVES TO TV AND RADIO

MEDIA DELIVERY METHOD	ADVANTAGES TO USER
Satellite Videoconferencing	Expensive, but cost-effective for national outreach. Reaches many of remote locations easily. Provides excellent television-like quality.
ISDN Videoconferencing	Less expensive, television-like quality and permits interaction among speakers and audience.
Internet Webcasting	Very affordable. Quality still evolving but, has capacity for worldwide reach to anyone with PC capacity.
Websites	Excellent for printed information, reference material, hosting locations for webcasts.
Electronic Book Publishing	Excellent and inexpensive way to distribute information. Can be downloaded into any PC printer.
Internet PSAs	Inexpensive. Provides opportunity to promote events, and information over the Internet

Lesson Learned from Chapter 9: USE TECHNOLOGY TO BROADEN THE MESSAGE

Chapter Ten:

**Expanding The
Ways To Reach
African American
Communities
With Health
Messages**



Ways to Reach the Community

Experienced program planners know that a single strategy or outreach philosophy will not work for the entire African American community. Planners also know that there are effective strategies that yield positive results of individual and group behavioral change. The primary strategy for the Progress Review for Black Americans was use of the media through videoconferencing and webcasting. These video and audio approaches work because they appeal to the “TV” generation at the HBCU campuses, and in the community-at-large. The Progress Review for Black Americans videoconference strategy was also sound from a cost/benefit perspective in that it reached over 3,500 participants for an overall cost of approximately \$125,000, or a cost per person of about \$36.00.

In this Handbook, OMH has reviewed some of the approaches used during the Progress Review for Black Americans in the hope that program planners can apply them to future health promotion and outreach projects targeted at segments of the African American and other minority communities. As always, the overall goal of health promotion should always be to help change behavior in individuals or groups.

In the Progress Review for Black Americans, OMH used elements of the “target audience driven” approach commonly used in social marketing. This was reflected in how OMH listened to its target audience and where possible involved them in the implementation of the Healthy People 2000 Progress Review for Black Americans. Since OMH’s ultimate goal was to reach the

African American target audience with facts about the health status of black America with the hope of “changing behavior” and producing new outcomes, the “target-audience driven” approaches were effective.

Conclusion and Recommendations

1. Use Social Marketing or Target Audience Driven” Approaches

Social marketing as defined by Georgetown University Marketing Professor, Alan Andreason is “*The application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society.*” (Andreason, 1997). In other words, social marketing uses commercial marketplace techniques to change behavior in subgroups within a population, in order to achieve a socially responsible outcome. OMH found this philosophy useful as it used direct mail, radio spots, marketing materials, the Internet and satellite broadcasting to reach its target audience.

Significant use of social marketing approaches holds great promise for the African American community because social marketing methods emphasize a “target audience driven” approach. This approach seeks to learn the needs, wants and desires of target audiences, and to find ways to obtain their input and participation into the design of outreach initiatives. Providing minority communities, as well as majority communities,

with the rare opportunity to give input into the health promotions and outreach campaigns designed to reach them should enhance the effectiveness of such campaigns. Listed in Table 11 are examples of how OMH incorporated social marketing techniques into the Healthy People 2000 Progress Review for Black Americans.

2. Give Audiences a Voice

OMH demonstrated through the Progress Review for Black Americans that when given an opportunity to speak up—African American audiences will take advantage of that opportunity. The target audience used the outlets made available during the Healthy People 2000 Progress Review for Black Americans such as the opportunity to make 1 (800) number telephone calls and email the Surgeon General. Students, faculty and community participants at remote locations posed questions to the experts, and this gave the experts an opportunity to hear the concerns expressed by the audience.

Dr. Matthew Guidry, Co-Chair of the Healthy People 2000 Progress Review for Black Americans Workgroup and Senior Prevention Program Advisor, Office Disease Prevention and Health Promotion, U.S. Department of Health and Human Services comments, *“The Progress Review provided a unique opportunity for people to call-in with specific questions to experts on the panel and they were able to get valid responses to those questions from the experts. It also provided an opportunity for interac-*

tive exchange, to clarify what was being presented, to learn about what the audience was hearing, and to hear from the audience about issues that were critical to minority health.”

3. Plan Follow-Up In the Beginning

If one of the goals of health outreach initiatives is to bring about behavioral change in a target population, it is important for program planners to acknowledge that there must be repeated contact and sustained programming with the target audiences. “One time only” outreach initiatives can create confusion on the part of participants. Negative reactions can also result if participants feel they were used as “extras” in health promotion productions sponsored by organizations with no sincere interest in establishing trust, and fostering behavioral change.

Earlier in this Handbook we discussed building relationships with collaborative institutions, building synergy, and creating interest. However, the flip side of that equation is that program planners should consider seriously their part in the trust relationship by honestly assessing their organization’s commitment to sustained interaction with target audiences. It may be helpful to recognize that one of the potential benefits of sustained interaction with a target audience is that over time program planners may gain access to information about emerging issues from minority and African American communities. This will permit health entities to be “ahead of the curve” rather than having to react to situations.

Ways to Reach the Community

**TABLE II:
KEY ELEMENTS OF SOCIAL MARKETING USED IN
HEALTH PEOPLE 2000 PROGRESS REVIEW FOR BLACK AMERICANS**

CONCEPT	DEFINITION	APPLICATION	PROGRESS REVIEW FOR BLACK AMERICANS: APPLICATION
Consumer orientation	Intervention research, planning, implementation, and evaluation are based on the consumers* perspective.	Use research methods to understand consumer perspective; pretest materials with members of the target group.	Needs Assessment "Media Outlet Study;" used to understand HBCU target audience (consumer perspective).
Audience segmentation	Differentiation of large groups of people into smaller, more homogeneous subgroups.	Determine behavioral, motivational, cultural and other variables that may affect the communication strategy. Create specific target groups who share the same characteristics and are distinct from other subgroups.	Progress Review for Black Americans reached segments of the African American community in subgroups. Examples: HBCUs, Community Based Organizations, and National Organizations.
Channel analysis	Determination of the appropriate methods to reach target audience members where and when they are most likely to attend to and respond to the message.	Determine those places, times and states of mind when the target audience will most like be thinking about the subject.	In consultation with downlink site coordinators best methods to reach target audience were identified including satellite, ISDN videoconferencing, Internet, radio, etc.
Strategy	Set of approaches that focuses the program on meeting stated objectives,	After determining the objective(s) select broad approaches that can be refined to include specific activities for reaching the target audience.	Broad approach included video-conference outreach with 1-800# call-ins and Internet chat room to promote reaching target audience, and audience feedback.
Process tracking	Mechanisms established to monitor program implementation.	Evaluate to determine if program is implemented as planned. Use results to redirect, refine, or revise implementation.	RMHCs and state minority health consultants monitored field activity at downlink sites. OMH monitored overall implementation.

Source: Modified Table: Marketing Strategies for Physical Activity; Social Marketing—A Fresh Approach Centers for Disease Control, Website, 5/25/99

4. Guard Against Overwhelming Target Audiences

Many federal, state, local agencies, non-profits and private sector institutions simultaneously conduct health outreach and health promotion projects that aim to reach minority communities, including African American communities. Program planners often find themselves competing with each other as they market various projects, which may have the unintended effect of overwhelming target audiences. For example, consider non-profit entities affiliated with faith-based institutions. In a former time there was reluctance to cross “church and state” barriers. However, presently with the proliferation of religious affiliated non-profit entities, faith-based institutions have become important constituencies for health, and other outreach activities—particularly in the African American community. This increased attention can overwhelm local faith based institutions and make it difficult for them to interest their members in responding to supporting all of the projects knocking at the door. If government agencies better coordinate their health outreach initiatives, target audiences will benefit from the capacity of institutions to respond more effectively.

Another aspect of building receptivity in target audiences is for program planners to respect the fact that organizations can only respond to so many requests. If program planners widely distribute contact information about their downlink partners without proper coordination, confusion or cross communication could be the unintended result. If your downlink partners have negative

experiences with insensitive third parties resulting in expenses and/or ill will, it could close the doors to your next outreach activity. Respecting your target audiences requires some amount of discretion in handling their institutional information. Remember, your gateway institutions and contacts have responsibilities in addition to responding to requests from government agencies, and other organizations seeking to promote programs.

5. Share Lessons Learned

By creating this Handbook, OMH wished to share lessons learned during the Healthy People 2000 Progress Review for Black Americans with other agencies and private sector health program planners. We encourage other institutions to contribute to the overall national minority health community by doing likewise. In the new millennium, sharing lessons learned will be a good use of resources to prevent “reinventing the wheel” each time a program planner reaches out to minority communities. Key elements of health outreach such as needs assessments and the involvement of culturally competent personnel, should become standard tools. Organizations and institutions using these components should be applauded and recognized by national organizations and CBOs. Institutions not incorporating these principles should be encouraged to do so.

If program planners can agree that making cost-effective use of available resources to encourage behavioral change is a worthy goal, then employing tested techniques such as those used here

Ways to Reach the Community

will have demonstrated their value. In addition, it may be useful for funding agencies to recognize organizations with established ties and linkages to target audiences. The efforts of those institutions should be publically strengthened and reinforced. Target audiences should be provided the opportunity, through needs assessments, interactive events and other feedback mechanisms, to identify which outreach methods could prove effective and which may not.

6. Foster Technology Development

A significant contribution that government agencies, non-profit agencies and private institutions can make is to foster marriages between information technology and minority communities. This will enable the federal government and other institutions to reach untold populations with vital health information. By investing in minority health-oriented programming, such as videoconferences, web casting, and special radio and television programs, more minority institutions will be encouraged to develop the technological capacity to participate.

Federal, state, local government and private sector investment in telecommunications infrastructure, such as satellite dishes and video/audio computer systems, will assist African American and minority communities to become more technologically capable. These investments will pay dividends by increasing the capacity of institutions to receive health and other information that will enhance the quality of life in all of America's disadvantaged and underserved communities. Improvements in

these areas will contribute to improving the health status of the nation.

7. Build Upon Success

At the conclusion of the Healthy People 2000 Progress Review for Black Americans one question emerged from the evaluation forms submitted by the downlink coordinators and participants across the nation... "*What's next?*" This is an important question because of the investment of time, money and resources focused on stimulating interest and synergy in African American community. In view of the enthusiastic response to the Progress Review for Black Americans health it is clear that there is much work to do. If health prevention program planners build upon the groundwork laid by OMH during the Progress Review for Black Americans, there can be a real opportunity for sustained and permanent behavioral change in the health conditions of the African American community.

OMH encourages national organizations, HBCUs, non-HBCU institutions, the private sector and faith based institutions to expand upon what the Progress Review for Black Americans has begun. It also encourages program planners at the national, regional, state and local levels to integrate technology into health promotion and prevention activities and to continue to find new ways to reach expanded constituencies. With the ultimate goal being behavioral change among minority citizens regarding health, OMH recognizes that extensive follow-up is required to achieve the objectives presented in the Healthy People 2000 Progress Review for Black

Ways to Reach the Community

Americans and Healthy People 2010.

In addition to working with its most consistent partners—the state and local health departments, RMHCs, state Offices of Minority Health and national health professional organizations and institutions, OMH is committed to assisting non-health organizations and finding ways to reach underserved populations. OMH is also planning to designate specific minority communities and work with them to incorporate health objectives into their goals and objectives.

The theme of the Healthy People 2000 Progress Review for Black Americans was “*Bold Goals: Expanded Partnerships.*” OMH set bold goals and met them. As a result, there is new health awareness many communities across America, including African American communities. In the new millennium, OMH intends to work with all of its partners to implement new strategies designed to improve the quality of health for all Americans.

Lesson Learned from Chapter 10: STRIVE FOR BOLD GOALS AND EXPANDED PARTNERSHIPS!

Appendix

Glossary of Terms (Abbreviations)

CBO's	Community Based Organizations
DHHS	U.S. Department of Health and Human Services
OMH	Office of Minority Health, U.S. Department of Health and Human Services
NAFEO	National Association for Equal Opportunity in Higher Education
HBCUs	Historically Black Colleges and Universities
RMHCs	Regional Minority Health Consultants
ODPHP	Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services

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