Forging Partnerships to Eliminate Tuberculosis:

A Guide and Toolkit

2007

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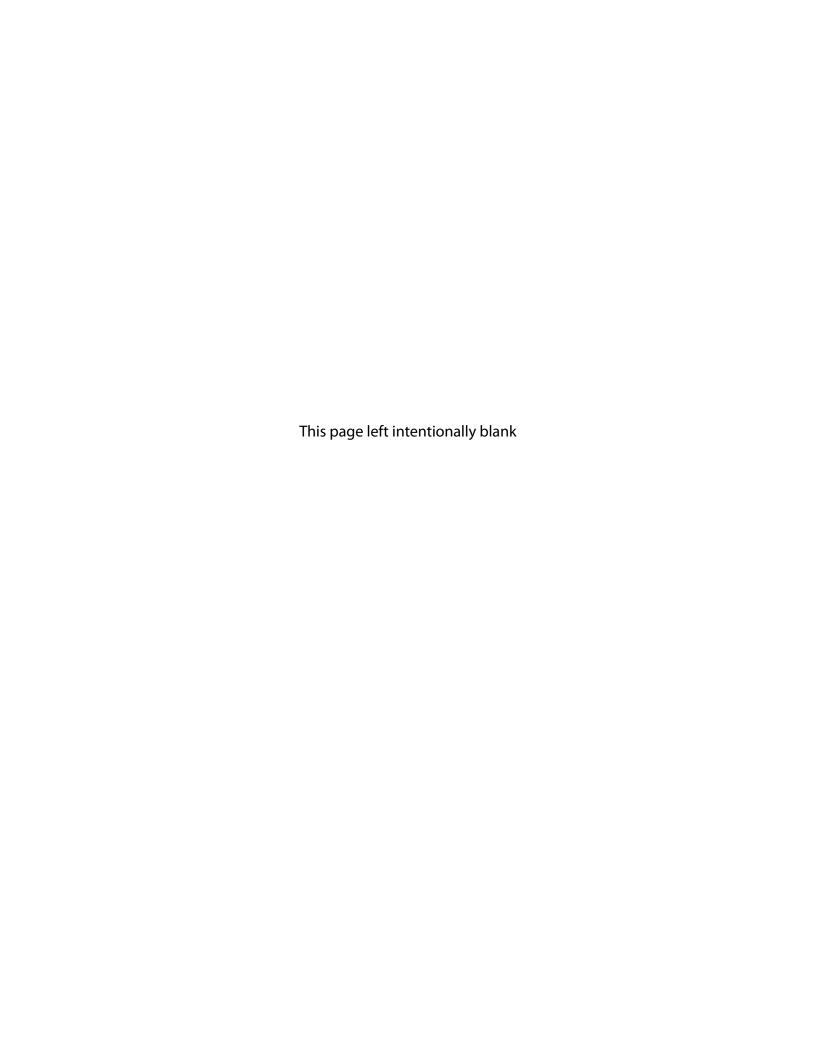
Forging Partnerships to Eliminate Tuberculosis:

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Ordering Information

Copies of the *Forging Partnerships to Eliminate Tuberculosis: A Guide and Toolkit*, are available from the Division of Tuberculosis Elimination's online ordering system at www.cdc.gov/tb. The publication number is 00-6552.

This document is also accessible via the Internet at www.cdc.gov/tb.

Acknowledgements

Dear Colleague:

Tuberculosis (TB) is one of the leading causes of death from infectious disease worldwide. An estimated 2 billion persons — one third of the world's population — are infected with the bacteria that cause TB. Each year, approximately 9 million persons become ill from TB; of these, almost 2 million die.

Yet, many people in the United States think that TB is a disease of the past —an illness that no longer threatens us today. One reason for this belief is that, in the United States, we are at an all-time low in the number of new persons diagnosed with active TB disease. However, the rate of decline has slowed in the past two years, and inequities persist in racial, ethnic, and foreign-born groups. Will this success make us vulnerable to the neglect that has historically come with declining numbers of persons suffering with TB, or will it provide us with the opportunity to accomplish our goal, the elimination of TB in this country?

Now is the time to take decisive actions, beyond our current efforts, that will ensure that we reach this attainable goal. Building and strengthening partnerships is one of those decisive actions. This country's unprecedented progress in controlling TB in recent years will not be sustainable without strengthened collaborations with local, state, national, and international partners from all sectors of our society. This kind of partnership action must be taken in order to reach those at highest risk for TB, and to identify innovative strategies to collaborate with them to improve testing and treatment among high-risk populations.

There is a great deal of work that remains to be done:

- Despite the decreased case rate among foreign-born persons, more than half of the TB cases in the United States in 2005 occurred in this population, and the case rate was almost nine times greater in this population than among U.S.-born persons.

- For substance abusers, the homeless, and others at risk who are often hard to reach, community-based organizations, neighborhood health centers, and private providers need to be enlisted to help identify undetected TB cases and latent TB infection as well as encourage treatment.

- TB rates among people born in the United States differ remarkably by race. In 2005, rates among non-Hispanic blacks remained more than eight times higher than rates

among non-Hispanic whites. Non-Hispanic blacks and foreign-born individuals accounted for three-fourths of TB cases in 2005. Narrowing this gap in TB rates is a critical factor in achieving TB elimination.

- Low-incidence areas in the United States need continued support to ensure that they maintain the capacity and expertise to respond to TB outbreaks when they occur.

The Centers for Disease Control and Prevention (CDC) and the Advisory Council for the Elimination of Tuberculosis (ACET), an external advisory group to the Secretary of Health and Human Services and the Director of the CDC, have long recognized the moral obligation as well as the public health benefit of eliminating TB in this country. Supported by the conclusions in the Institute of Medicine (IOM) report *Ending Neglect: The Elimination of Tuberculosis in the United States*, ACET and CDC believe eliminating TB in the United States is a realistic goal and have a plan by which to do so. Both groups are committed to this goal and recognize that success will require collaborating with others.

We hope this document, *Forging Partnerships to Eliminate Tuberculosis: A Guide and Toolkit*, will foster the kinds of collaborations needed to make TB elimination a reality.

Sincerely,

Kenneth G. Castro, M.D.
Assistant Surgeon General
Director
Division of Tuberculosis Elimination
National Center for HIV/AIDS, Viral Hepatitis, STD,
    and TB Prevention

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1 About the Guide and Toolkit

The purpose of the *guide* is to provide TB controllers and state and local TB programs with the basic information they need to create and sustain productive TB partnerships. The purpose of the *toolkit* is to make it easier to implement the tips and strategies provided in the guide.

The guide and toolkit emphasize reaching and involving nontraditional partners in TB prevention and control efforts. The guide and toolkit are designed to be used with partners to facilitate the planning of new intervention strategies and the strengthening of existing ones. No single solution or plan will meet the needs of every TB program— creativity, perseverance, and productive partners are needed to make TB prevention and control efforts successful.

What's Inside the Guide

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Chapter 2: *What Your Colleagues Say About TB Partnerships*	■ TB colleagues and partners provide tips and insights
Chapter 3: *What Successful Health-Related Community Partnerships Have in Common*	■ Nine practices partnerships use to ensure productivity
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Chapter 6: *Creating a Sense of Ownership*	■ Three proven strategies for achieving the buy-in and commitment needed to accomplish your purpose
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Chapter	Contents
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Chapter 16: Toolkit	■ Checklists and worksheets for assessing local assets and barriers to TB prevention and control ■ Planning tools for developing effective strategies and implementing SMART objectives ■ Sample materials easily adapted for local use

Making the Guide and Toolkit Work for You

Although each chapter builds on concepts presented in the chapters before it, each chapter has also been designed to stand on its own, so that you may pull out and use those chapters that are most relevant to you in the partnership process at any given time.

This guide and accompanying toolkit are offered in print and CD ROM formats. The sample tools are in Microsoft Word and can be easily edited to suit your partnership needs.

The following text-formatting conventions are used in the guide:

Text Format	Used to Identify:
Bold	Names of sections of chapters
Underline	■ Terms defined in the glossary
	■ E-mail addresses
Italics	■ Titles of publications, chapters, and tools
	■ Scientific names, such as *M. tuberculosis*

2 What Your Colleagues Say about TB Partnerships

Discussions held with TB controllers and program staff while developing this guide revealed the following:

- TB controllers and program staff working in productive partnerships felt strongly about having the opportunity to share their enthusiasm and lessons learned.

- TB controllers and program staff wanted to learn about partnering through the perspectives and experiences of their colleagues working in TB partnerships.

As a result, this chapter was created to provide TB controllers and program staff, as well as their partners, with the opportunity to speak to you in their own words.

TB Partnership Benefits

- "Just as TB knows few boundaries, we must not be constrained in reaching across organizational, cultural, and other boundaries to work with others who are affected by TB. All partners are valuable partners, no matter how small their contributions, because it is only the accumulation of many efforts in many places that will end this ancient scourge." (*Director, national advocacy organization for the homeless*)

- "The best thing is when you see partners owning the issues. Instead of looking to you for support, they are developing the programs and getting the grants." (*TB program staff, sparsely populated low-incidence Midwestern state*)

- "Initially, I joined the TB partnership because I was tired of the big cities getting all the resources. I really wanted

Putting Words into Action

What they said "We have to look at our systems. We need to learn to embrace new paradigms and get out of the 'tuberculosis silo' and the stand-alone care systems."

What they did "We had a population of injection drug users suspected to be at very high risk for Hepatitis C, HIV, and TB. We joined forces. One group made their outreach workers available; another contributed 500 HIV tests, another Hepatitis C tests and TB skin tests. We got legislation passed and the funding we needed to focus on prevention of all three diseases." (*TB controller, low-incidence Southwestern state*)

TB Partnership Benefits

"We were always too busy to do much about TB. The state convinced us a partnership would help. First, we tackled how to work more efficiently so we could have more time. Training physicians to complete more of the initial screening process was the key. That led to successfully competing for a private foundation grant to fund education and targeted testing in our highest-risk population." (*Rural public health nurse, sparsely populated low-incidence Western state*)

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to protect my program. I still do, but I think the people are good and I have learned a lot. I do not feel so isolated. I get a chance to work with a lot of other TB people facing the same problems." (*Rural public health nurse, sparsely populated low-incidence Western state*)

- "Partnerships offer access to resources. We have found that a lot of what we need, we can get in-kind from each other. Some people have access to printing, others can share outreach workers, and others provide technical assistance." (*TB controller, sparsely populated low-incidence Southwestern state*)

Things to Keep in Mind

- "Show your partners all of the data so they know what you know. Make sure your goals are data-driven and appropriate. Then, stay focused on your goals over time." (*TB controller, sparsely populated Midwestern low-incidence state*)

> **Things to Keep In Mind**
>
> "We needed to build awareness among providers in our town. I started with my personal physician and the nurses I knew. Letters don't cut it in our area. You have to show up on their doorsteps. Make an appointment and go see them. Talk with them. You have to listen and you have to make your case." (*Rural public health nurse in sparsely populated low-incidence state with rapidly increasing at-risk population*)

- "People can be very passionate about TB, but not everyone feels comfortable being a leader or speaking up in a group, so you have to build an environment where people feel comfortable sharing their views." (*TB controller, sparsely populated Midwestern low-incidence state*)

- "The key is making it easy for people to participate. Make it clear what you are asking of them and then enable them to participate. If you want community leaders from your at-risk groups involved, you cannot meet during their work hours. You have to be willing to meet when they can." (*TB program staff, sparsely populated low-incidence state*)

Relationship Building: Lessons Learned

- "We have to get over the fear factor and develop the skills and confidence to get engaged with new partners. We have to identify the leaders in high-risk populations that are not associated with 501(c)(3) organizations. We have to work with faith-based organizations in every community. We have to get out there and be creative and be inclusive." (*TB controller, Southern state*)

- "The key for us was creating working groups that are very project oriented. We were successful because we were moving ahead and building on our successes over time. We solved problems without being too formal about it." (*TB controller, low-incidence Southwestern state*)

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- "Trust the process. Do not try to control everything and do not think that you know all the answers in advance. Instead, try to create guiding principles and shared values. Have a general sense of where you need to go and realize that you too will learn along the way." *(TB controller, sparsely populated low-incidence Southwestern state)*

> **Lessons Learned**
>
> "Looking back, I would do a lot of things differently next time. We did not prepare like we should have, but we had the right people on board, the folks from our target audience. We listened to what they had to say. So, we ended up with a really good product, a video that is well received by our target audience." *(TB program staff, high-incidence Eastern state)*

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3 What Successful Health-Related Community Partnerships Have in Common

Findings from comprehensive studies of health-related community partnerships confirm that partnerships play a significant role in improving public health.[1] Although every partnership is unique, research reveals that high-performance health-related community partnerships appear to have specific strategies and practices in common, while low-performance partnerships are deficient in one or more of these same strategies and practices.[2] These findings are applicable to TB partnerships.

Use a Mutual Selection Process when Recruiting Partners

> **Nine Practices Common in High-Performance Partnerships**
>
> - Use a mutual selection process when recruiting partners
> - Encourage size and value diversity
> - Recruit partners who are leaders within stakeholder communities
> - Understand and address partner motivations
> - Establish ground rules (codes of conduct)
> - Embrace a common vision
> - Develop commitment through leadership
> - Create decisionmaking protocols
> - Anticipate and manage conflict

Early on, high-performance partnerships employ practices designed to ensure they get the right people on board. This initial investment of time and resources can be characterized as a mutual selection process.[3] The process begins when respected and influential community leaders and organizations from key stakeholder groups have been identified. Partnership recruiters then contact these individuals and organizations.

The success of the process is founded on establishing trust with potential partners through an open and honest exchange of information. The partnership recruiter communicates an interest in, and respect for, the health priorities and concerns of the potential partner. In addition, the partnership recruiter clearly describes the

- Purpose of the partnership
- Resources available to the partnership to carry out its work
- Rights and obligations of partners

Through this process, potential partners understand that the partnership is a working group where partners are expected to make a commitment of time, financial, or physical

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[1]Shortell SM, Zukoski AP, Alexander A, et al. 2002. Evaluating partnerships for community health improvement: Tracking the footprints. Journal of Health Politics, Policy, and Law 1: 49–91.
[2]Ibid.
[3]Weiner BJ, Alexander JA. 1998. The challenge of governing public-private community health partnerships. Health Care Management Review 23, no. 2:39–55.

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resources. Through dialogue and information sharing, recruiters and potential partners openly and honestly explore whether the partnership is a good fit. According to those who use the mutual selection process, the end result is a partnership with committed team players that "free riders" and those not willing to "check their turf issues at the door" choose not to join.[4]

Additional information on recruiting is provided in Chapter 5: *Determining Your Purpose and Choosing Partners*.

Encourage Size and Value Diversity

High-performance health-related partnership members represent a wide range of partners, and such partnerships tend to have multiple participants from key stakeholder groups, including target and consumer populations. They seek out and obtain political support at state and local levels, and use a variety of methods to ensure both input and accountability. Thus, the partnership is seen as both credible and relevant.[5]

High-performance partnerships value diversity.[6] Cultural competence is a precursor to working effectively with partners from diverse cultures. Partnership cultural competence can be defined as a set of consistent behaviors, attitudes, and policies that enable diverse members to work effectively in multicultural settings. For health programs to achieve cultural competence, they must ensure that consumer populations play an active role in the partnership's assessment of the population's needs, as well as in program development, implementation, and evaluation. In addition, culturally competent agencies and staff facilitate ongoing co-learning among care providers and community members.[7]

Additional information addressing partnership size and diversity is provided in the following chapters:

Chapter 4. *How Well Do You Know Your Environment?*
Chapter 5. *Determining Your Purpose and Choosing Partners*
Chapter 6. *Creating a Sense of Ownership*
Chapter 7. *Making Progress and Making Decisions: Structure and Decisionmaking Issues*

Recruit Partners Who Are Leaders within Stakeholder Populations

High-performance partnership recruiters understand the difference between being a key community leader and being the representative of a respected community-based or

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[4]Ibid.
[5]Shortell et al.
[6]Ibid.
[7]Health Resources Services Administration. 2001. *Cultural competence works*.

sector-based service organization. High-performance partnerships addressing community health have both key community leaders as partners and supporters, as well as representatives of community-based service organizations as partners.

The key leaders recruited by high-performance partnerships are respected by their communities or population sectors, have credibility and visibility, are well integrated into their communities, and have substantial influence in them.[8] Research suggests that partnerships are more productive when they recruit respected leaders who understand the different perspectives that exist within their community or population sector, and who use this understanding to ensure the partnership acts in ways that minimize, rather than exacerbate, these differences.[9]

High-performance partnerships use recruiting sessions to learn from and gain the support of respected and influential community leaders. In these sessions, recruiters:

- Elicit and value the health priorities and perspectives of community leaders
- Provide epidemiological data and anecdotes that show the leaders why their participation is vital to the success of the partnership
- Discuss how the partnership will benefit the leaders' communities

Additional information on leadership issues is provided in Chapter 4: *How Well Do You Know Your Environment?* and Chapter 5: *Determining Your Purpose and Choosing Partners.*

Understand and Address the Motivational Issues of Potential Partners

Leaders of high-performance partnerships recognize that dual attention must be given to building, nurturing, and maintaining the partnership, and to engaging in task-oriented behaviors that realize the partnership's goals and objectives.[10] Leaders employ a variety of ongoing strategies to build trust, while motivating partners to increase their commitment to and alignment with partnership interests over time. They recognize that partners, whether viewed as organizations or as individuals, have a variety of motivations, and they effectively address these motivations.[11] Motivations can be categorized into three broad areas:

- A desire to help others (altruism)

- A desire to be instrumental in increasing the individual's or organization's ability to achieve their goals

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[8]Israel, BA, Schultz AJ, Parker EA, et al. 1998. Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health* 19:176-202, 187
[9]Weiner and Alexander, 17.
[10]Shortell et al., 6.
[11]Ibid.

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- A desire to increase the individual or organization's legitimacy or credibility[12]

Understanding and nurturing motivations associated with altruism and legitimacy are essential to sustaining a long-term commitment from partners.[13]

Establish Ground Rules (Codes of Conduct)

High-performance partnerships operate in ways that promote understanding while demonstrating sensitivity and competence in working with diverse cultures. The partnerships consistently operate in ways that promote listening, openness, caring, inclusiveness, agreement to disagree, an opportunity for all to participate, and mutual respect.[14] The process for establishing these ground rules, including how the partnership makes decisions, must be consistent with the rules themselves. These ground rules or codes of conduct are most effective when developed by the members. The extent to which these rules are formal or informal arrangements is best decided by each individual partnership. The level of formality by which these rules are established does not influence partnership productivity.[15]

Additional information on establishing ground rules is available in Chapter 6: *Creating a Sense of Ownership*.

Embrace a Common Vision

An initial investment of time and resources by prospective partners is usually required to establish the trust that leads to a common vision and shared commitment to that vision.[16] Extensive sharing of information aimed at creating a common and comprehensive understanding of the external and internal environment helps to build trust and is a precursor to forming a common vision and creating strong group commitment to it.[17] Early in their development, high-performance, multisector, health-related partnerships successfully work together to create a shared vision that incorporates all four of the following guiding principles:

- A focus on community health, not just the health or treatment of individual patients;

- Implementation mechanisms that facilitate and coordinate service delivery to the most appropriate recipients, at the most appropriate times, and in the most appropriate settings;

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[12]Shortell et al., 6.
[13]Ibid., 7.
[14]Israel et al., 185.
[15]Jack M, Phillips R. 1993. Public-private partnerships in health care: Cooperative strategies and models. *Hospitals and Health Services Administration* 38, no. 3:186.
[16]Ibid.
[17]Ibid., 7.

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- Effective use of limited resources by providing the most efficient services possible; and

- Active involvement of multiple and diverse stakeholders in the identification, prioritization, and implementation of partnership goals, objectives, and activities.[18]

Minimizing the importance of any one of these four guiding principles significantly diminishes partnership performance.[19] Partnerships without a shared vision find it very difficult to manage member input or effectively focus members toward collective actions.[20] Additional information about creating a common vision is provided in Chapter 6: *Creating a Sense of Ownership.*

Once a common vision is established, high-performance partnership leaders incorporate the partnership's vision and values into the mutual selection recruiting processes. Potential partners and new recruits are provided information and orientation sessions that help them to understand how the vision and values have shaped the partnership's history, culture, activities, composition, and structure, including communication and decisionmaking channels and practices.[21]

Develop Commitment through Leadership

Three aspects of leadership differentiate the multisector health-related partnerships making the most progress from those making the least: committed core leadership, an organizational driver, and leadership delegation.[22]

Committed Core Leadership

High-performance partnerships tend to have a dedicated and respected long-term leader who fulfills the role of executive director. In addition, these partnerships tend to develop a committed core leadership that helps to create and consistently reinforce the group's vision, guiding principles, and operating norms, as well as meaningful objectives, tasks, projects, and programs.

Core leaders help to create an accurate and shared sense of where the partnership is, as well as the skills, abilities, resources, and commitments that are needed to realize the group's vision and goals.[23] Effective core leadership ensures the partnership uses ongoing reflective processes to monitor significant environmental changes and trends, and that it expands or repositions assets, competencies, and resources to effectively

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[18]Shortell et al., 3.; Israel et al., 186.
[19]Ibid.
[20]Ibid., 14.
[21]Weiner and Alexander, 6.
[22]Shortell et al., 15.
[23]Israel et al., 163; Shortell et al., 16, 21–22.

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address these changes. Core leaders do so without losing commitment and focus on the partnership's vision and purpose. They successfully lead the partnership in the acquisition of new funds, the blending of existing resources to better meet partnership priorities, the improving of initiatives through corrective or adaptive actions, and the effective use of resources.[24]

Organizational Driver

High-performance partnerships tend to have a respected lead or facilitating organization, called an organizational driver. The organizational driver enhances partnership stability over time by providing staff support and by covering operational expenses. The organizational driver provides this support while maintaining a low profile, which allows the partnership to establish and develop a sense of collective identity and influence.[25]

Leadership Delegation

High-performance partnerships are adept at recognizing when and where different members need to take the lead on different issues, and when new leaders and members need to be recruited to supplement the skills and abilities of the existing partners. These partnerships delegate to those members closest to a given problem the authority and resources to deal with the problem.[26] High-performance partnerships also serve as "incubators" for ideas, which are then spun off to specific members for implementation. [27]

Additional information addressing leadership issues is provided in the following chapters:

Chapter 4.   *How Well Do You Know Your Environment?*
Chapter 5.   *Determining Your Purpose and Choosing Partners*
Chapter 6.   *Creating a Sense of Ownership*
Chapter 7.   *Making Progress and Making Decisions: Structure and Decisionmaking Issues*
Chapter 8.   *Sustaining Longer-Term Partnerships*

Create Decisionmaking Protocols

High-performance partnerships recognize there is no one best way to make decisions. They realize that each partnership is unique and must develop the decisionmaking practices that best meet its needs. These practices are likely to include formal, informal, consensual, and majority vote processes. In addition, high-performance partnerships

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[24]Shortell et al., 23.
[25]Ibid., 15.
[26]Ibid., 15-18.
[27]Ibid., 23.

evaluate and take into consideration possible unintended consequences of their actions when making decisions. The key to successful decisionmaking is to create and use processes that are perceived by all as fair and open.[28] Additional information on how to create effective structure protocols is provided in Chapter 7: *Making Decisions and Making Progress: Structure and Decisionmaking Issues.*

Multisector health-related partnerships tend to be voluntary. As such, they lack formal authority and administrative power over members. High-performance partnerships consistently use four strategies to exert influence.[29]

Social Control

In high-performance partnerships, partners believe that failure to fulfill partnership agreements will result in a loss of reputation and social status.[30] Through extensive community involvement, high-performance partnerships are able to develop a shared sense of responsibility for partnership outcomes among stakeholders, as well as accountability to the communities they seek to serve. Influence is achieved through an "outside-in" approach to planning and decisionmaking that incorporates community input on needs, problems, and priorities.[31]

Project Selection

High-performance partnerships initially develop trust and cooperation among members by intentionally identifying and choosing projects in which all partners have an interest, but that none has as a core service.[32] These projects often include issues associated with service gaps that all members are experiencing. Buy-in to these choices depends on the extent to which members participate in priority setting and resource allocation decisions associated with them.[33] High-performance partnerships use these initial projects to build a working context within which members build the trusting and respectful relationships that will allow them to address and successfully manage issues in which there is less initial agreement.[34]

Credible Commitment

High-performance partnerships require members to make commitments of time, in-kind, or financial resources that result in mutually beneficial relationships that lead to interdependencies among partners.[35]

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[28]Weiner et al., 21.
[29]Weiner et al., 6.
[30]Ibid., 7.
[31]Ibid., 11.
[32]Ibid., 6.
[33]Ibid., 11.
[34]Ibid., 18–20.
[35]Ibid., 7.

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Building Ownership

High-performance partnerships employ three interrelated strategies that contribute to increased commitment by members and stakeholders to partnership goals and objectives.[36] These strategies are

- Working in and through existing stakeholder structures, both formal and informal, in the populations and sectors the partnership seeks to impact.

- Creating multiple opportunities for stakeholders and partners to exchange information. These opportunities may be formal or informal.

- Creating a sense of community ownership by having members share responsibility for planning and facilitating meetings.

Additional information on strategies and practices that help to increase partners' commitment and productivity are provided in the following chapters:

Chapter 4. *How Well Do You Know Your Environment?*
Chapter 5. *Determining Your Purpose and Choosing Partners*
Chapter 6. *Creating a Sense of Ownership*
Chapter 7. *Making Progress and Making Decisions: Structure and Decisionmaking Issues*
Chapter 8. *Sustaining Longer-Term Partnerships*

Anticipate and Manage Conflict

High-performance partnerships recognize that conflict is a natural part of partnering with diverse groups, and are able to anticipate and use conflict constructively.[37] They recognize that relying heavily on conflict-avoidance behaviors is not effective. High-performance partnerships employ the following strategies to minimize the negative aspects of conflict: [38]

- Create a sense of interdependency among partnership members.

- Create a sense among partners of being well informed by regularly providing updated information to them.

- Work continuously to maintain a high degree of trust among partners.[39]

- Create a process of decisionmaking that is perceived by all as fair and open.

When interpersonal trust is lacking among members, research reveals that partnerships tend to rely on accommodation to resolve conflict, a conflict-resolution style that is likely to attain short-term harmony at the expense of longer-term goals and objectives.[40]

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[36]Ibid., 15-16.
[37]Shortell et al., 20.
[38]Ibid.
[39]Ibid.
[40]Ibid.

Additional information on managing differences is provided in Chapter 6: *Creating a Sense of Ownership* and Chapter 7: *Making Progress and Making Decisions: Structure and Decisionmaking Issues*.

Conclusion

High-performance, multisector, health-related partnerships value the relationships that members have with each other and that the partnership and its members have with the stakeholders and communities they seek to serve. These partnerships employ strategies that allow them to recruit and retain diverse, talented, and influential members who are willing to create a shared vision of improved health and to undertake the tasks required to make that vision a reality.

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4 How Well Do You Know Your Environment?

Understanding your program area's environment will help you to anticipate and minimize potential challenges to TB prevention and control. It will also help you to identify new sources of support.

Demographic Information on Your Program Area

Demographic information refers to the vital statistics of your program area's population. These statistics include birth rates, death rates, country of origin, ethnicity, and age. Monitoring your program area's demographic trends allows you to identify and prepare for population changes that are likely to impact your TB program.

Demographic information is often easily obtained from specific county and state agencies tasked with monitoring demographics, school districts, and refugee and immigration programs. Information can also be obtained from the United States Census Bureau. The U.S. Census Bureau Website contains information by state and county and can be accessed electronically at www.census.gov.

> **Six Categories of Effective TB Environmental Monitoring and Analysis**
>
> - Demographic information on your program area
> - TB epidemiological profile of your program area
> - Information on your program area's at-risk populations
> - Understanding primary care providers in your program area
> - Comparing your data to your TB program
> - Identifying and understanding additional stakeholders

Epidemiological Profile of Your Program Area

Using your surveillance data to create a comprehensive epidemiological profile of your program area is an essential first step toward effectively addressing TB. Your epidemiological profile tells you how TB is manifesting itself in your program area by categorizing TB disease trends by

- Age
- Ethnicity
- Country of origin
- Length of time in the United States
- Geographic location
- Treatment completion rates

- Drug resistance
- DNA fingerprinting
- Latent TB infection rates of at-risk populations

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In low-caseload, low-incidence states, analyses of annual trends can be inconclusive. These states may find it helpful to review changes over 5-year spans and undertake the ongoing systematic review of TB cases with the following features: <15 years of age; drug-resistant *M. tuberculosis* isolates; extensive or advanced TB disease, which is suggestive of delays in diagnosis; or deaths before patients complete treatment.[41]

What an Epidemiological Profile Revealed: **Immigrants & Refugees**		
Subject	African Immigrants and Refugees, Based on Active Disease Data Collected from 1998 through 2001	
Location Seattle-King County	**Source**	*MMWR* October 4, 2002.
Significant Findings		
The overall rate of TB in Seattle-King County was 8 cases per 100,000 population during the period studied. The annual rate of TB for African immigrants in Seattle-King County was 262 per 100,000, a figure matching the WHO estimates for the African nations involved. TB cases among African immigrants and refugees rose annually, with this population accounting for 20% of TB cases in Seattle by 2001. The majority of TB cases (85%) were among individuals from the African Horn countries of Eritrea, Ethiopia, and Somalia. Of known TB cases in Seattle among persons from Africa, 45% occurred within the first year of arrival in the United States, and 65% within the first 5 years, a much higher figure than for other at-risk immigrant populations. The median age of African immigrants with TB was 27 years; 53% had extrapulmonary disease. Characteristics of patients and of TB disease were similar for all immigrants from Africa.		
Response		
Programs Implemented	Worked with primary health care providers and civil surgeons to raise awareness of the high TB rates among African immigrants, especially within the first 5 years of arrival, and of the severe extrapulmonary forms of TB present in the population	
	In 1999, a flexible community-based approach to TB prevention and control was implemented. It includes partnerships with immigrant service systems, engages groups of immigrants in an exchange of TB information, and employs immigrants to serve as outreach workers in their communities. The outreach workers visit patients undergoing treatment for both LTBI and TB disease, serve as mediators between patients and their health-care providers, and assist with resettlement issues such as education, housing, and overall health care.	
Program Outcomes	TB treatment acceptance among targeted refugees increased from 51% to 86% within 2 years. TB treatment completion rates increased from 50% to 87% within 2 years.	

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[41]CDC. Progressing toward tuberculosis elimination in low-incidence areas of the United States: recommendations of the Advisory Council for the Elimination of Tuberculosis. *MMWR* 2002; 51 (No. RR-5:10).

What an Epidemiological Profile Revealed:
Multidrug-Resistant Tuberculosis

Subject	MDR TB		
Location	St. Louis, MO	**Source**	*TB Notes* No. 2, 2001

Significant Findings

From 1998 to 2001, nine cases of <u>MDR TB</u> were found in St. Louis. The Missouri Department of Health invited the CDC to assist with identifying the MDR TB Cluster. Significant findings included:

The CDC investigators were able to link six cases in the cluster. Seven of the cases were part of the same social network. Prior to the arrival of the CDC, only three cases had been linked.

An index case was identified with risk factors that included homelessness, alcohol dependence, and other drug use.

The <u>contact</u> and social networking investigations directly linked this index case to five secondary cases. Two contacts to one of the secondary cases also developed active TB.

Four cases were quite advanced when identified and appeared to have had extended periods of illness.

Two of the patients in this outbreak made multiple visits to physicians before their TB was accurately diagnosed.

Response

Programs Implemented	CDC staff participated in Grand Rounds of key St. Louis area hospitals to educate physicians and emergency room staff.
	All of the MDR patients were housed at the Missouri Rehabilitation Center for at least part of their treatment. Some patients were under court order to remain at the facility for the duration of treatment.
	The New Jersey Medical School and the National Jewish Medical and Research Center provided consultation to the Missouri Rehabilitation Center staff, most of whom had limited TB experience.
Program Outcomes	Housing MDR patients at the Missouri Rehabilitation Center eliminated the risk of nonadherence to isolation and treatment.
	The medical staff at the Missouri Rehabilitation Center gained expertise and experience with state-of-the-art TB treatment and are now a statewide resource for MDR TB cases.
	To date, no reactivation of disease has occurred in these patients.
	Additional MDR cases linked to this outbreak are likely to occur due to the delay in diagnosis of several of these cases and the transient population with whom they had contact.

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Information on Your Program Area's At-Risk Populations

Better understanding the at-risk populations in your program area will help you to address <u>stigma</u>, as well as the language and cultural issues impacting your program area's TB prevention and control efforts. In addition, these at-risk populations are a source of valuable insights, leadership, and support.

What Information about an At-Risk Population Revealed: Cultural Differences Interfere with TB Prevention and Control	
Subject	Knowledge, Attitudes, Beliefs and Behaviors: Selected TB Information Associated with Patients from Somalia
Country of Origin	Somalia **Source** www.ethnoMed.org
Significant Findings	
The extreme social isolation and stigma associated with TB in Somalia are at least as severe as those associated with AIDS in the United States.	
Diagnosis of TB has traditionally led to a lifetime of social isolation, stigma, and illness.	
Patients may deny sharing housing or may fail to provide names of contacts when they believe their TB diagnosis will be revealed to these contacts.	
Persons with severe symptoms may fail to seek medical care and deny their illness to themselves and others.	
Response	
Recommendations to Providers	Treat the diagnosis of TB with sensitivity and maintain strict confidentiality, similar to that of HIV diagnoses.
	Educate your patient about the curable nature of TB.
	Take time to discuss the social ramifications of the disease with the patient.

At-risk population information can be divided into two parts: General background information, and information specific to your program area.

General Background Information

General background information can increase your awareness of and sensitivity to cultural issues. At the same time, be careful not to stereotype and assume that every individual will exhibit all characteristics of the larger group norms.

General background information includes

* Values and culture
* Health care priorities

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- Factors influencing when and where medical attention is sought

- Knowledge, attitudes, beliefs, and behaviors associated with TB, illness, and medical treatment

- Fears and beliefs associated with receiving public health services and interacting with government agencies

Gathering this information is a critical first step toward partnering effectively with at-risk populations and those that serve them, and gathering it is much easier than it seems. Much of it can be obtained through an initial one-hour investment of your time on the Internet. Information that can be found on the Internet includes

- Social stigma associated with TB
- Common misconceptions associated with TB disease, skin-testing, and treatment
- Common acculturation issues faced by the population
- General etiquette
- Norms associated with touch and personal space
- Gender roles
- Family and kinship structure
- Religious beliefs and practices
- Community structure
- Traditional medical practices
- How the culture views and deals with illness
- How medical decisions are made and by whom
- How medical news is managed

> **At-Risk Population Findings**
>
> In Los Angeles County, information gathered from patients with active TB revealed that unemployment and not knowing where to obtain care were more closely associated with delays of treatment in excess of 60 days, than was severity of TB disease symptoms (*TB Notes* No. 2, 2001).

Among the sites on which information like this can be found is www.ethnomed.org. This site makes specific recommendations to health care providers and provides information about cultural beliefs and health-related issues.

Information Specific to Your Program Area

The following information will help you to access and work with your at-risk populations:

- Local population structures such as faith-based, cultural, and community organizations that are respected and have influence

- Gathering places, cultural events, and festivals

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- Common sources of employment

- Respected influential leaders

- Primary care providers serving the population

- Respected <u>community-based organizations</u> serving the population

- Trusted communication channels, such as community newspapers, media outlets, organizational newsletters, and word of mouth

Leaders Provided Effective Strategy for Reaching At-Risk Populations

Stigma associated with TB and misinformation about the BCG vaccine kept Filipino-born patients from requesting TB services from their primary care physicians. Filipino leaders revealed that stigma made public forums, such as community meetings, a poor first choice for reaching this population. Instead, they recommended that newspaper articles providing TB information and encouraging individuals to seek services from their providers be placed in Filipino community newspapers. The leaders offered key messages addressing TB that were included in the articles.

To ensure your information is comprehensive and accurate, it is important to identify and speak directly with respected influential individuals from at-risk populations in your program area, not just those providing services to the population. Meeting with these leaders

- Helps you develop a deeper understanding of current assets, stigma, and issues that will impact your TB work;

- Creates an opportunity to develop trust and honest dialogue about effective strategies to address these issues and priorities; and

Working One on One

Some program areas have experienced positive results by working directly with individual clinics, hospitals, universities, and private practice physicians to provide them with epidemiological information and clinical training. Sample slide set presentations and training materials are available through the CDC at www.cdc.gov/tb.

- Establishes a communications link with a respected and influential member of your high-risk population.

One way to identify respected influential leaders is to ask people you know for suggestions, and then ask each suggested person for additional recommendations. If this sort of contact is not possible, a cold call (e.g., a contact—phone call, e-mail, or visit—made without prior introduction or interaction) to a religious organization or a service agency working with the population is likely to provide you with names to pursue.

In addition to meeting with leaders of at-risk populations, you may find that conducting one or more focus groups or discussion groups with members of at-risk communities will yield valuable information about the populations at risk in your program area.

The *At-Risk Population Information Worksheet* and information provided in Chapter 5: *Determining Your Purpose and Choosing Partners*, will help you to gather the information you need and to recruit effective partners from at-risk populations.

Understanding Primary Care Providers in Your Program Area

A comprehensive understanding of your TB environment includes information about the primary care providers (PCPs) serving your at-risk populations. Identify the emergency and non-emergency health care providers attending the majority of at-risk population members. Understand them by

- Evaluating their understanding of TB epidemiology and patient risk factors in your program area, as well as of screening and treatment protocols

- Assessing their willingness to work cooperatively with public health agencies

- Evaluating their cultural competency levels

- Identifying their perceived barriers to early diagnosis of TB and treatment completion

> **Associations of Health Care Professionals**
>
> Organizations of health care professionals are potential partners in reinforcing TB awareness by including TB on their agendas for specialty training and certification, and in conferences for continuing medical education.
>
> Many of your colleagues have identified and developed relationships with associations and networks of primary care providers, including regional or state hospital associations, medical societies, HMOs, associations of emergency department physicians, associations of infectious disease practitioners, and health clinic networks.
>
> The following organizations have been active in TB control on a national level and may have affiliates in your program area:
>
> - American Academy of Pediatrics
> - American College of Chest Physicians
> - American College of Physicians-American of Family Medicine
> - Migrant Clinicians' Network
> - Infectious Diseases Society of America
> - American Academy of Family Physicians
> - National Health Care for the Homeless Society Council
> - American Thoracic Society

- Identifying individuals and organizations they respect

Research indicates that as TB cases decline, PCPs become less aware of who their high-risk patients are and thus are less likely to consider TB in their differential diagnosis of at-risk patients. Meeting with PCPs to better understand their perceptions of TB is a first step toward raising TB awareness. These meetings can lead to

- Increased cooperation with, and support for, your TB program

- Sponsorship of TB education and training programs

- Consistent and ongoing information sharing about changing epidemiological trends

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The *Associations of Primary Care Providers and Professional Associations Worksheet* can help you gather the information you need.

What a Survey of Health Care Providers Revealed: Addressing Primary Care Providers' Cultural Competencies in TB Control	
Subject	Identification of cross-cultural competency levels among outreach workers, public health nurses, and clinicians in Minnesota.
Location Minnesota	**Source** *TB Notes* No.3, 2002
Key Findings from a Statewide Survey	
The cultural competency needs expressed by health-care professionals in urban and suburban areas differed significantly from those in rural areas.	
All providers wanted to improve their skills, knowledge, and expertise in communicating with culturally diverse patients and involving them in their own health-care decisions.	
Rural areas were more likely to work exclusively with Hispanic and Latino populations, while urban areas worked more with African and Southeast Asian TB clients.	
Response	
Programs Implemented	Collaborated with the Minnesota-based Center for Cross-Cultural Health to present two half-day workshops titled "Cross-Cultural Issues in TB Prevention and Control in Minnesota." One workshop was designed to meet the needs of urban and suburban professionals. The other was designed to serve rural professionals and was simultaneously broadcast live to 11 videoconference sites around the state. The conference was videotaped and free copies are available.
Program Outcomes	Physicians, public health nurses, and outreach workers, as well as nurses from businesses employing large numbers of immigrants, attended both workshops. Additional collaboration opportunities are being explored with the Center for Cross-Cultural Health, including the possibility of including members of high-risk populations in future forums to share cultural information aimed at identifying and implementing mutually acceptable TB prevention and control strategies.

Comparing Your Data to Your Area's TB Program

Part of understanding your environment includes analyzing how closely your TB program goals, objectives, and resources are aligned with your epidemiological profile and your environment.

Your TB program analysis will help you to:
- Obtain data on program inputs (e.g., funding and equipment) and outputs (e.g., the percentage of patients completing therapy), and review your program goals and objectives.

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- Analyze the TB program's current results, comparing them with existing program goals and objectives and taking into consideration changing environmental trends.

- Recognize and delineate successes, as well as problem areas and gaps in services.

- Determine possible strategies for improving performance by building on strengths and competencies and by addressing problem areas.

- Estimate the additional resources and competencies needed to help implement those strategies and meet new program objectives.

Identifying and Understanding Additional Stakeholders

> **Formation of the Kansas TB Control Coalition**
>
> The Kansas TB Control Program created a statewide TB coalition that includes public health entities, private providers, government entities, nonprofits, associations of medical professionals, religious groups serving at-risk populations, schools, the department of corrections, and a university. One of the many benefits was the Kansas Association for the Medically Underserved asking the TB Control Program to join forces with them to reach providers with TB education and information. (*TB Notes* No. 3, 2000)

For the purposes of this guide, a TB stakeholder is any group or individual impacted by TB; thus, TB stakeholders have a stake in preventing and controlling the disease. In reality, everyone in society is a potential TB stakeholder. Our challenge is to awaken an interest in, and commitment to, TB prevention and control among more and more stakeholders. You can use the specific needs, opportunities, and issues identified in your epidemiological profile and your information on primary care providers, at-risk populations, and your program to prioritize your identification and recruitment of new TB stakeholders as partners (see Chapter 5: *Determining Your Purpose and Choosing Partners*). Information you will want to know about new stakeholders includes:

- The mission, vision, and values of the stakeholder group

- Membership characteristics, including geographic distribution of members

- Key organizational contacts

- Organizational structure and decisionmaking procedures

- Respected members and leaders

- Communications channels, such as newsletters, broadcast e-mail lists, and websites

- Current activities, including volunteer or service efforts

- Regional or annual gatherings

Much of this information is easily obtained from the stakeholder organization's website. Additional information can be gathered through a phone conversation with staff, organizational brochures, and annual reports.

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Following is a partial listing of TB stakeholder groups that are partnering with TB prevention and control programs around the nation:

- Cultural and ethnic organizations
- Refugee and immigration organizations
- Native American Nations and organizations
- Citizens or residents associations
- Business and trade associations
- Financial institutions
- Employers
- Public and private schools
- Media
- Clinics and HMOs
- Private health care providers
- Correctional facilities and probation officers advocacy groups
- Long-term residential facilities
- Substance abuse programs
- Shelters and low-income housing programs
- Professional societies
- Lung associations and other voluntary groups
- Schools of medicine, nursing, and public health
- HIV/AIDS service organizations
- Government health care providers, such as Indian Health Services and the Department of Veterans Affairs
- Immigration and border officials
- Faith-based organizations

To locate possible stakeholders groups in your program area, visit the CDC National Prevention Information Network (NPIN) Website (www.cdcnpin.org) and select "Search for: Organizations." You will find descriptions of more than 19,000 national, state, and local organizations that provide resources and services related to HIV/AIDS, STDs, and TB. Services include case management, counseling and testing, prevention, education and outreach, health care, support services, housing assistance, and treatment.

Related Resources

Cultural and Linguistic Competence Tools and Resources

- *The Bureau of Primary Health Care (BPHC) of the Health Resources and Services Administration (HRSA)*
  BPHC offers tools and resources addressing cultural competence that can be accessed at www.bphc.hrsa.gov/quality/Cultural.htm.

- *Center for Immigrant Health*
  The mission of the Center for Immigrant Health is to facilitate the delivery of linguistically, culturally, and epidemiologically sensitive health care services to newcomer populations. Access their website at www.med.nyu.edu/cih/.

- *Cultural Competency Resource List*
  This resource list was developed and is maintained by the Cultural Competency Subcommittee of the TB Education and Training Network (TB ETN). The list

contains names, contact information, and descriptions of over 75 organizations worldwide. A copy of the *Cultural Competency Resource List* is available by sending an e-mail to tbetn@cdc.gov or by visiting the TB Education and Training Resources Website at www.findtbresources.org.

- *Linguistic and cultural aspects of tuberculosis screening and management for refugees and immigrants*
  This transcript of a talk presented at the International Union Against Tuberculosis and Lung Disease Conference in March 1996 discusses some strategies for managing TB treatment and prevention in a multicultural, multilingual setting. It reviews management strategies and frequent areas of miscommunication that require special attention, explores why translation and patient education is a complicated process, and describes a system for negotiating cultural differences. Access this talk at www.ethnomed.org/ethnomed/clin_topics/tb/tb.html

- *The National Center for Cultural Competence of the Georgetown University Center for Child and Human Development*
  The center offers tools and resources associated with cultural and linguistic competence, including self-assessment checklists. The center can be accessed by calling 1-800-788-2066 or at www.georgetown.edu/research/gucdc/nccc/index.html.

TB Program Assessment and Training Resources

- *The Public Health Training Network (PHTN) of the Centers for Disease Control and Prevention*
  PHTN is a distance learning system that takes training to the learner. The network uses a variety of instructional media, ranging from print-based to videotape and multimedia, to meet the training needs of the public health workforce nationwide. PHTN can be accessed at www2.cdc.gov/phtn.

- *The TB Education and Training Network (TB ETN) of the Centers for Disease Control and Prevention*
  TB ETN was formed to bring TB professionals together to network, share resources, and build education and training skills. Currently, membership includes representatives from TB programs, correctional facilities, hospitals, nursing homes, federal agencies, universities, American Lung Associations, Regional Training and Medical Consultation Centers, and other U.S. and international organizations interested in TB education and training issues. Additional information about TB ETN can be accessed at www.cdc.gov/tb/TBETN.

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Additional Publications

- TB-Related News and Journal Items Weekly Update (TB-Update). A compilation of TB-related articles published for the benefit and information of people interested in TB. To subscribe to the list, or to change your subscription options, visit: www.cdcnpin.org/scripts/subscribe.asp#journal.

- CDC. Progressing toward tuberculosis elimination in low-incidence areas of the United States: recommendations of the Advisory Council for the Elimination of Tuberculosis. *MMWR* 2002; 51 (No. RR-5). www.cdc.gov/mmwr/preview/mmwrhtml/rr5105a1.htm

- CDC. Recommendations for prevention and control of tuberculosis among foreign-born persons: report of the Working Group on Tuberculosis Among Foreign-Born Persons. *MMWR* 1998; 47 (No. RR-16). www.cdc.gov/mmwr/preview/mmwrhtml/00054855.htm

- CDC. The role of the BCG vaccine in the prevention and control of tuberculosis in the United States: a joint statement by the Advisory Council for the Elimination of Tuberculosis and the Advisory Committee on Immunization Practices. *MMWR* 1996; 45 (No. RR-4). www.cdc.gov/mmwr/preview/mmwrhtml/00041047.htm

- CDC. Division of Tuberculosis Elimination. *TB Elimination, Now Is the Time*. Atlanta, GA. www.cdc.gov/tb/pubs/nowisthetime/.

- CDC. Division of Tuberculosis Elimination. TB Facts for Health Care Workers. www.cdc.gov/tb/pubs/TBfacts_HealthWorkers/default.htm

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5 Determining Your Purpose and Choosing Partners

Once you have identified problem areas and gaps in your TB program's services and set priorities (see Chapter 4: *How Well Do You Know Your Environment?*), it is important to clarify six elements associated with partnership formation.

Your Partnership's Overall Purpose

Your partnership's overall purpose needs to:

- Clarify the geographic area the partnership will cover
- Clearly identify the scope of work your partnership will undertake
- Be broad enough for partners to jointly determine the most effective ways to accomplish the purpose

> **Six Elements Associated with Partnership Formation**
>
> - Your partnership's overall purpose
> - Types of partnerships you will use
> - Level of support within your agency for partnering
> - Resources you can dedicate to your partnering efforts
> - Characteristics of effective partners
> - Recruitment of effective partners

> **Some Purposes Undertaken by TB Partnerships around the Country**
>
> - Develop and help to implement a comprehensive statewide TB elimination plan
> - Review and recommend revisions to state TB rules and regulations
> - Analyze and address TB outbreaks occurring in homeless populations
> - Develop and implement programs and services for high-risk populations born outside the United States
> - Create and implement a strategic plan for screening and appropriately treating at-risk incarcerated populations

Some partnerships' overall purposes have addressed a variety of health issues encountered by high-risk populations, while others have addressed TB-specific issues. Both types of partnerships have been formed at the local, state, regional, national, and international levels.

When accomplished, your partnership's purpose will have significant impact on TB prevention and control efforts in your area, allowing you and your partners to feel that your time was well spent.

Types of Partnerships You Will Use

Once you have determined your partnership's purpose, you are ready to choose the type of partnership that will best meet your needs. Many types of partnerships have been successful in strengthening TB prevention and control efforts. The partnership models most commonly

> The TB Education and Training Network (TB ETN) is an example of a formal network whose members are TB professionals representing a variety of stakeholder organizations. Additional information about TB ETN can be accessed at www.cdc.gov/tb/TBETN.

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used in public health include <u>networks</u>, <u>task forces</u>, <u>advisory committees</u>, <u>coalitions</u>, and <u>collaborations</u>. Partnerships may begin as one type, and evolve over time to become more consistent with another type or combination of types.

The following descriptions are provided to help you decide which partnership type or combination of types would best fit your circumstances. They are presented in ascending order of both complexity of purpose and complexity of linkages among members.

TB Networks: Information-sharing partnerships	The primary purpose of a TB network is to promote the exchange of information and ideas. Network membership can be formal or informal. Networks do not usually demand significant time or effort from their members; instead, they assist members in carrying out their individual work.
TB Task Forces: Partnerships for short-term problem resolution	A TB task force is often used to coordinate an intense, short-term effort that requires input from many diverse groups. Partners agree to complete a specific and well-defined task within a specified period of time. Task forces are most often formed to resolve a specific problem or crisis. Examples include TB transmission in correctional facilities and high rates of drug resistance in specific populations. Problem resolution is often given in the form of recommendations or a report written jointly by task force members. Once the well-defined task has been completed, the task force may dissolve, or it may choose to become a more comprehensive partnership addressing broader concerns.
TB Advisory committees: Joint planning and strategizing partnerships	The purpose of a TB advisory committee is to provide valuable input and constructive criticism that will improve TB service delivery and program outputs. Members usually have diverse areas of expertise and come from a variety of TB stakeholder groups. They use their combined knowledge and skills to review, plan, and evaluate a specific agency's TB strategies, activities, and impact.

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TB Coalitions: Joint planning and coordinated action	The purpose of TB coalitions is to provide a forum where organizations addressing TB who might normally compete and duplicate efforts can work together cooperatively. Members undertake joint planning and coordinated action. Building a coalition requires sustained effort and the forging of long-term commitment among its members. Coalition goals often include raising awareness, implementing specific campaigns or projects, and improving services. Often, a TB coalition works on several activities at once through various subcommittees or task forces. The TB coalition serves as an umbrella organization to set agendas, solicit funding, handle marketing and publicity, and evaluate the progress of its subcommittees or task forces. Additional aspects that appear common to most coalitions include: • Communication channels are formally established with partners' interactions occurring in structured settings such as meetings. • Authority and accountability for conducting coordinated actions usually falls on individual organizations. • Members pool their talents and resources. • Members develop and demonstrate widespread public support for their issues and actions.
TB Collaborations: Joint planning for collaborative action	The purpose of TB collaborations is to bring together diverse stakeholder groups to address problems that no one member can resolve in isolation. Partners develop common goals and strategies, as well as a shared responsibility for creating the structures needed to implement them. It is a complex partnership consisting of well-defined, mutually beneficial relationships. Partners tend to have the full backing of their individual organizations. Resources are pooled or jointly secured for longer-term efforts. Collaborations are similar to coalitions, but with the following distinctions: • Coalitions tend to bring together organizations with pre-existing common goals. Collaborations bring together organizations to create common goals. • In coalitions, member organizations tend to maintain their pre-existing visions and approaches to their work. In collaborations, member organizations tend to align their visions and approaches with those developed by the collaboration. • In coalitions, interaction tends to take place in structured settings, such as coalition meetings. In collaborations, communication and interaction among partners also frequently occurs informally between meetings.

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Level of Support for Partnering within Your Agency

Whether you have decided to join an existing partnership or create a new one, it is essential to have the support of your agency's key decision makers for your partnership efforts.

Tips and Strategies

The following are approaches that your colleagues have used to obtain ongoing support for their partnership efforts:

- Assess your agency's current level of commitment to TB partnerships. Use the assessment as a guide for creating strategies to gain the support of your agency's key decisionmakers. The assessment will also help you to anticipate and address issues associated with how the partnership will interact with your agency. (See Chapter 16: *Toolkit*, "*Assessing Your Agency's Commitment Worksheet*.")

- Demonstrate how the partnership will help to access missing resources that are essential to TB prevention and control efforts in your area.

- Show the likely cost, in terms of dollars, political fallout, and human suffering if the partnership is not undertaken.

- Provide a monetary value for the in-kind expertise and services that will be provided through the partnership.

- Show the value to your agency of intangibles, such as trust and goodwill, that will be generated by the partnership.

Things to Keep in Mind

It is easy to forget how important it is to sell the value of your partnerships to your own agency. You may find it helpful to enlist the support of a trusted colleague agency to assist you with this effort.

Resources You Can Dedicate to Your Partnering Efforts

Resources are limited. Accurately assessing the resources you can dedicate to partnering is important. Sharing this information when recruiting new partners ensures they enter the partnership with an accurate understanding of your capabilities. This understanding will minimize partners' unmet expectations and future frustrations.

Tips and Strategies

Exploring the following areas may help you identify resources that could be dedicated to partnering:

- Consider how current staff responsibilities might be adjusted to incorporate partnering activities.

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- Consider how volunteers and interns might assist with your partnering efforts.

Characteristics of Effective Partners

A partnership is as good as the people who participate in it. Therefore, recruiting is one of the single most important partnership activities you will undertake. Good partners are the foundation upon which your partnership's future accomplishments are built.

What Is a Good Partner?

A good partner is someone who will work cooperatively, effectively, and efficiently with you and other partners. Characteristics associated with good partners include:

- They see themselves as TB stakeholders and understand that eliminating TB is a group effort. As such, they want to find and implement solutions, rather than see you as solely responsible for improving things. They are team players who want the partnership to succeed.

- They are committed to developing culturally appropriate prevention and control programs. They recognize the importance of diverse perspectives and strive to understand others' perceptions. They work respectfully with all partners, especially when addressing differences.

- They see the big picture. They tend to be both optimistic and pragmatic, believing that progress can be made even in the toughest of times. They arrive at conclusions and make decisions by analyzing data and gathering facts. They respond to rational arguments and do not etch their points of view in stone. They are willing to learn and grow as they go, and they tend to be patient when people make mistakes.

- They tend to enjoy working for the greater good. They find making a positive contribution intrinsically satisfying. They value productivity and efficiency more than they value personal recognition and rewards.

You may be asking yourself, "Do such people really exist?" The answer is "Yes," and they are involved in TB partnerships around the nation. The secret to finding good partners is investing sufficient time in your recruiting process. This usually requires a brief individual meeting with potential partners to pitch the partnership and explore their interests and concerns. This meeting will let you and your potential partner know whether your partnership is likely to be a good fit for them. (See **Mutual Selection Process** in Chapter 3: *What Successful Health-Related Community Partnerships Have in Common*.)

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Things to Keep in Mind

Most partnerships include a few individuals who may not score very high on the characteristics associated with good partners. With dedicated leadership, you can develop operating norms and structure protocols that encourage all partners to work well together. (See **Operating Norms and Decisionmaking Protocols** in Chapter 3: *What Successful Health-Related Community Partnerships Have in Common*, as well as Chapter 6: *Creating a Sense of Ownership,* and Chapter 7: *Making Progress and Making Decisions: Structure and Decisionmaking Issues*.)

Recruitment of Effective Partners

When forming your partnership, it is often helpful to start by recruiting one or more partners who can help you to recruit others. It is essential that those doing your recruiting score high on the characteristics associated with a good partner. Using the information provided in Chapter 3: *What Successful Health-Related Community Partnerships Have in Common*, as well as your epidemiological profile and TB stakeholder information (see Chapter 4: *How Well Do you Know Your Environment?*) may assist you in this process. Your initial partners can work with you to

- **Identify the skills and abilities that your partnership needs to succeed**
  The *Partnership Skills and Abilities Inventory* checklist, included in the Toolkit, can help you to recruit effective partners.

> The top row of the worksheet lists several skills and abilities that your partnership may need its partners to possess if it is to accomplish its goals. (You may wish to add other skills and abilities.)

Partnership Skills and Abilities Inventory

☑ *Checklist*

> The left column of the worksheet lists several TB stakeholder groups from which you can recruit partners. (You may wish to add other stakeholder groups.)

> Place a checkmark in the boxes to indicate which skills and abilities the partnership needs from each stakeholder group.

Stakeholder Groups	TB medical expertise	Cultural competency	Respected by peers	Influence with TB stakeholders	Decision maker in their organization	Stakeholder access	Potential partners access	Health program development expertise	Financial resources or fundraising ability	Influence with high-level policy makers	Knowledge of TB programs & services	Knowledge of TB rules and regulations	Social marketing media expertise	Meeting facilitation	Leadership skills
TB Program Staff															
Leader of At-Risk Populations															
Professional Organizations															
Community-Based Organizations															
Advocacy Groups															
Nonprofit Agencies															
Employer of At-Risk Populations															
Health Care Providers															
Managed Care Providers															
Academic Institutions															
Residential Facilities															
Media															
Policy Makers															
Foundations															
Third-Party Payers															
General Public															

General definitions for some of the skills and abilities listed across the top of the worksheet (e.g., cultural competency, social marketing, and leadership skills) are included in the glossary. However, the specific knowledge and skills associated with each category on the checklist are determined by your partnership's purpose and goals. For example, a partnership focusing exclusively on TB in children may require TB medical expertise that differs from that of a partnership focusing on adults. Thus, it may be helpful for you to discuss and document your own detailed definitions for some of the skills and abilities categories.

Reviewing the completed *Partnership Skills and Abilities Inventory* checklist with initial partners will provide you with a fairly complete picture of their skills and abilities. More importantly, it will help you identify the missing skills and abilities your partnership needs to succeed.

- **Identify potential partners with these skills and abilities**
  Use the *Partnership Skills and Abilities Inventory* checklist to begin identifying people you know who fit the descriptions. When you draw a blank, identify people who can make recommendations. Looking at the list of TB stakeholder groups you developed in Chapter 4: *How Well Do You Know Your Environment?* may help.

- **Recruit the best partners**
  Whenever possible, it is helpful to have a face-to-face meeting to recruit potential partners. Be prepared to answer questions. Common questions include how much of their time is required and for how long.

  When meeting with leaders of high-risk populations, the following approach may be helpful:
  - Talk with the leader to get a better understanding of the population and its primary health care concerns.

  - Explain how TB is impacting the population, including the problems families may encounter if active TB disease is not quickly identified and treated.

  - Understand the leader's perspective on the main barriers to addressing TB in the population.

  - Discuss whether the leader would be willing to work with you to address these barriers, including working with the partnership.

  - Explain why the leader's participation is important.

Things to Keep in Mind
- Be sure your recruiting efforts are consistent with the culture of those you are trying to reach. In communities where communication is more formal, consider

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sending a letter to potential partners before calling to ask for a meeting (see Toolkit, *Sample Letter to an At-Risk Community Leader*).

- Essential partners, such as respected leaders of high-risk populations, may not be able to meet during your normal business hours. If you want them to participate, be flexible about when partnership meetings are held.

- Recruiting is an ongoing process, not a one-time occurrence. Always be on the lookout for good partners.

- Do not be too formal about partners' terms. Do you really want a valuable member to rotate off after a year if he or she is willing to stay and contribute?

- Some partners will be formally representing organizations that may wish to decide the length of terms their representatives should serve.

- People can support the partnership without being members. Seek creative ways to involve people.

> **Perspectives from a rural public health nurse who launched a tri-county TB partnership:**
>
> "My advice is just pick a date and invite the people you think need to be there. Distance is a big deal to us, so we chose something equidistant. Schedules were too hard to coordinate for the first meeting so we made it a 7:00am breakfast and promised not to go over two hours.
>
> "I didn't spend a lot of time agonizing about it. We didn't have an agenda. I just called people and basically said three things: We have some of the same clients, I am concerned about TB, and I would like to hear what you think about it.
>
> "I was amazed by how many people came. We had physicians, nurses, community groups, and a person that I thought might volunteer. Some of us didn't know each other very well so we spent some time on that. Then, we talked and decided we really needed to start with some physician education.
>
> "We didn't make it too difficult; we all did a little and the volunteer really helped. We knew our communities so we knew what would work.
>
> "Then we decided to work with the high-risk, which is pretty much one group in our area. We have been doing that for about two years and just got a grant for targeted testing. Occasionally we hit some snags, but we get through them."

If potential partners continually tell you what you need to do about TB rather than exploring what you might do together, they probably are not a good fit with your partnership at this time.

Related Resources

- CDC. *CDC's Response to Ending Neglect: The Elimination of Tuberculosis in the United States.* Atlanta, GA: US Department of Health and Human Services, CDC; 2002. www.cdc.gov/tb/pubs/iom/iomresponse/

  This 61-page document presents a TB elimination plan organized around six goals that frame TB elimination efforts in the context of recommendations made by the Institute of Medicine.

- *The Centers for Disease Control National Prevention Information Network Website* www.cdcnpin.org

  This website can help you locate possible TB stakeholders groups in your area. Visit the website and select "Search for: Organizations." You will find descriptions of more than 19,000 national, state, and local organizations that provide resources and services related to HIV/AIDS, STDs, and TB. For additional TB tools and resources, visit the CDCNPIN Website and select "Tuberculosis."

- CDC. Progressing toward tuberculosis elimination in low-incidence areas of the United States: recommendations of the Advisory Council for the Elimination of Tuberculosis. *MMWR* 2002; 51 (No. RR-5). www.cdc.gov/mmwr/preview/mmwrhtml/rr5105a1.htm

- CDC. Recommendations for prevention and control of tuberculosis among foreign-born persons: report of the Working Group on Tuberculosis Among Foreign-Born Persons. *MMWR* 1998; 47 (No. RR-16). www.cdc.gov/mmwr/preview/mmwrhtml/00054855.htm

- CDC. Division of Tuberculosis Elimination. *TB Elimination, Now Is the Time*. Atlanta, GA.

  This CDC pamphlet can serve as a call to action with partners. It provides background information on TB that laypeople can understand. The most current version of this pamphlet is available at www.cdc.gov/tb/pubs/nowisthetime/.

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6 Creating a Sense of Ownership

Creating a sense of ownership is essential to building and sustaining productive TB partnerships. This chapter describes three steps that can help you create a sense of ownership among partners; these steps also help you ensure that the partnership is productive and enjoyable.

> **Three Steps for Creating Partner Ownership**
>
> 1. Creating your partnership's culture
> 2. Consistently sharing information
> 3. Creating a common vision

Step 1: Create Your Partnership's Culture

You can create a culture of trust and respect that all partners work to maintain.

Research Suggests

Partnerships are more successful when partners create a culture that encourages open communication, mutual respect, and concern for the interests of others. The ability to develop this culture appears dependent upon partners establishing standards of conduct. These standards help partners to:

- Openly share information
- Surface and explore diverse perspectives
- Develop trust and cooperation
- Work through differences
- Increase perceptions that the partnership is enjoyable and productive

Examples of standards of conduct include:

- Open and honest communication and information sharing
- Valuing the views and perspectives of others
- Understanding and respecting cultural differences
- Seeking win-win solutions when differences arise
- Using open and fair decisionmaking processes

> **Establishing Standards of Conduct— The Process is Key**
>
> The process for identifying standards of conduct (ground rules) is as important as the standards themselves.
> - Introduce the concept at a meeting by discussing the potential benefits to partners and the work of the group.
> - Inform partners well in advance of the proposed discussion date. Prior notice increases comfort level, allows partners time to develop proposals, and permits them to gather suggestions from others in their organizations and/or communities.
> - Consider the adage "people support what they help to create." Have members brainstorm and generate their own list of ideas. After brainstorming, the group can review the standards of conduct and determine which ones to adopt.

Tips and Strategies

- When partnerships include diverse members, it is important to understand and honor cultural differences associated with identifying and implementing standards of conduct. For instance, in some cultures respectful communication requires expressing differences directly in a one-on-one setting, rather than in a group setting.

- Existing partnerships may have informally established their ground rules or standards of conduct over time. In these instances, identifying and formalizing these standards can help to ensure they are incorporated into your partnership recruiting process.

- Have partners establish ground rules or standards of conduct early in the partnership.

- When partners do not have a history of trust and positive working relationships, it is helpful to make "Establishing Ground Rules" an agenda item at your first partnership meeting. When all partners participate in creating and adopting these principles, they are more likely to own them throughout the life of the partnership. This sense of ownership ensures that when differences arise in the partnership, they are handled in ways that do not damage the spirit or the work of the partnership.

- When recruiting new partners, include a discussion of the partnership's culture and ground rules in the orientation process.

- It is often helpful to review the standards of conduct at least annually to ensure they are being honored and to amend them as appropriate.

Step 2: Consistently Share Information

After you have established a commitment to openness and respect, the partnership can begin to create a common understanding of the TB issues they are charged with addressing.

Research Suggests

High-performance partnerships conduct extensive, honest, and ongoing information sharing. Leaders use information sharing as a tool to develop a common understanding of the complex health-related issues the partnership is charged with addressing, as well as to identify the assets and barriers that can impact their efforts. This common understanding is a significant precursor to multisector partnerships working effectively.

Some of the benefits of extensive and ongoing information sharing can be categorized as follows:

- Reduction in conflicts and disagreements caused by unrealistic expectations, inaccurate information, and lack of trust

- Increased ability to focus on issues and actions that will significantly improve TB prevention and control outcomes

Tips and Strategies

It is important to acknowledge your TB program's current limitations and service gaps. When you share the challenges your TB program faces, partners are more likely to take responsibility for working with you to solve these problems.

The TB information that seems to be the most important for all partners to understand can be categorized as follows:

Transmission and pathogenesis of TB

- Epidemiology of TB in your program area

- Stigma, language, and cultural issues that impact TB prevention and control

- State rules and regulations governing TB prevention and control efforts and how they were established

- Comparison of your TB program objectives and outcomes to national TB objectives and priorities

- Current TB prevention and control strategies and practices, as well as how and why they were chosen

- Resources currently designated for TB prevention and control in your area

- Potential impact of strengthened TB prevention and control activities on TB stakeholders

Things to Keep in Mind

- Having a common understanding is not the same as agreeing on individual issues; instead, it is a shared awareness of the variety of perspectives, concerns, and factors impacting the situation.

- If partners make critical comments about your TB program or its past efforts, try not to take the comments personally. Instead, you might respond with a comment that TB programs and services need to improve and that it will take the commitment of all partners to make this happen.

- Before tackling difficult issues, set a cooperative tone by acknowledging the:
    - Partnership's ground rules or standards of conduct
    - Complexity of the issue(s) being addressed
    - Importance of every partner to the success of the partnership

Two Approaches to Information Sharing in Partnerships

Tell and Sell

Description   This communication style emphasizes a perceived expert sharing a limited set of predetermined messages on a given topic or issue, followed by selling listeners on the importance of the information and perspectives presented. Little time is allotted for dialogue or feedback.

Risks   This style has limited success in partnerships with diverse members. Partners may feel that their views and perspectives are not valued, which may lead to cynicism and a decline in their commitment to the partnership. In turn, partners may fail to believe or value the information presented.

Benefits   The *Tell and Sell* approach can be useful when addressing issues of minimal importance to all partners and thus do not merit an in depth discussion.

Source: Clampitt, P. G., R. J. DeKoch, and T. A. Cashman. 2000. A strategy for communicating about uncertainty. *Academy of Management Executives* 14:4.

Communicate and Explore

Description   This communication style emphasizes participation. Partners provide feedback on the type and scope of information they would like to receive on a given topic or issue. Partners' expertise on various aspects of the topic is identified. At the following partnership meeting, several partners provide information on the topic to the group. Presenters agree in advance to share information as objectively as possible, without expressing their opinions. A facilitator then encourages discussion that explores and clarifies the varying perspectives and perceptions, placing special emphasis on differences that are likely to impact the partnership's future work. These perspectives are categorized into common themes and partners determine whether additional information and exploration is appropriate.

     The goal of this communication style is to surface, respectfully explore, and more fully understand the factors impacting complex TB problems. This style is particularly helpful when TB partners are from diverse sectors and cultures.

Risks   For this communication style to be effective, partners must communicate openly and without defensiveness. In the absence of a qualified facilitator, this may not be possible. In addition, poor facilitation may cause information to be inaccurately summarized and opportunities to create a common understanding of complex issues may be missed. This approach has limited success when partners with valuable insights are not comfortable expressing themselves in a group setting. Thus, it is important to speak individually with partners to assess their comfort level and to design additional information-sharing channels as needed. Creating these channels may be as simple as developing trust with these partners and contacting them personally to gain their insights and perspectives. These partners can then work with you to determine how best to incorporate their perspectives into the group discussion. Conducting anonymous surveys of partners and exploring the resulting information at a meeting have also proven useful.

Benefits   The *Communicate and Explore* approach promotes the sharing of a wide variety of ideas and perspectives in a short period of time. This approach allows partners to develop a more thorough understanding of complex issues.

Step 3: Create a Common Vision

Information sharing helps partners create a common understanding of "where we are right now." The process of creating a common vision helps partners commit to a common understanding of "where we would like to be." This shared vision of a desired future will help partners to stay focused, productive, and inspired, even in the toughest of times.

Research Suggests

A compelling, shared vision serves as a unifying force when partners recruit and orient new members, speak in public, undertake short- and long-term planning processes, make decisions, and address differences that arise among partners. A compelling vision is not the same as a mission statement, which describes the purpose of the partnership. Rather, it is a vivid and inspiring description of a desired future.

A compelling vision

- Is easy to understand and remember
- Is tangible and executable, yet stretches far beyond what is currently being done
- Has a time limit, usually 5 to 10 years into the future

A compelling vision will help

- Illuminate the most direct path from where your TB prevention and control efforts are today to where you would like them to be

- Inspire partners to focus on activities that cause the greatest strides in TB prevention and control

- Serve as a catalyst for team spirit, inspiring enthusiasm and commitment among members

- Enhance partners' desire to solve problems associated with realizing the vision

- Minimize the conflicts that arise among partners

> **Reflections from a TB Partner**
>
> "When I joined, people were sharing what they were doing, but there was no real coordination amongst the partners. We needed to define a common vision-- the reason we were all inspired and willing to expend our time, energy and resources. Not everyone was excited about this. We took a novel approach to get energized by watching a short video, 'The Deep Dive' from an ABC Nightline segment. It demonstrated what can be accomplished when people from diverse backgrounds bring their skills and perspectives to the table. The video is all about how to create truly novel solutions and integrate the best ones into a final extraordinary product.
>
> "We used this approach to develop our own vision to eliminate tuberculosis. Our vision has given us a sense of ownership and unity of purpose. Now we are all moving in the same direction, but with different people working on different components. Once we had the vision, we had a whole lot more commitment and excitement. People didn't feel like they were floundering."

In addition (see Chapter 3: *What Successful Health-Related Community Partnerships Have in Common*), effective partnership visions encompass all four of the following principles:

- Active involvement of multiple and diverse stakeholders in the identification, prioritization, and implementation of partnership goals, objectives, and activities;

- A focus on community health, not just the treatment of individual patients;

- Implementation mechanisms that facilitate and coordinate service delivery to the most appropriate recipients, at the most appropriate times, and in the most appropriate settings; and

- Effective use of limited resources by providing the most efficient services possible.

Not observing these four principles will severely limit partnership productivity. [42]

Tips and Strategies

- The visioning process is most beneficial to partnerships when all partners participate.

- Your visioning process needs to acknowledge and address the stigma, language, and cultural issues impacting TB prevention and control.

- Use a clearly defined process to develop the vision, such as the one below:

Creating a common vision among partners—a sample approach
1. Review the purpose of the partnership and remind all partners that their perspectives and input are essential for this purpose to be achieved.
2. Have partners <u>brainstorm</u> about the limitations and barriers that exist to realizing this purpose.
3. With the group, categorize the barriers into three to five common themes or areas, such as: - Screening, diagnosis, and treatment   - Patient care   - Education and outreach   - Funding and resources
4. Review the themes to determine whether any significant categories or barriers have been omitted.
5. Brainstorm what you would like each category to look like in 5 to 10 years, being as specific as possible.
6. Write a summary of the resulting vision for review and adoption by the group.

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[42]Shortell et al., 3.; Israel et al., 186.

The Vision: A Guide for Effective Action

A shared vision tends to inspire partners to focus on identifying the goals, strategies, objectives, projects, and activities most likely to accomplish their vision.

A number of organizational theorists believe that it is important for action planning processes to build upon current successes and available resources.[43] Following is one such approach for moving from vision to effective action.[44]

For each category identified in Step 3 of the sample process above, ask the following questions, encouraging input, discussion, and feedback from all partners as you go:

- What specifically are we already doing well that is moving us toward our vision? What specifically makes it work? Skills? Resources? Attitudes? Structures? Approaches?

- How and where can we do more of this? What added skills and resources could help us accomplish more? Where and how can we access them?

- What can we do better or differently? What skills and resources do we have to accomplish this? What added skills and resources do we need? Where and how can we access them?

> **Moving from Overall Goals to Effective Action**
>
> **Goals** describe the overall mission of the partnership. They are broad, general statements that clearly portray general improvements you wish to make.
>
> > *Sample Goal:* Increase TB awareness among physicians treating high-risk populations.
>
> **Strategies** are the approaches you will use to accomplish your goals.
>
> > *Sample Strategy:* Work with associations of physicians (such as hospital emergency department physicians), medical directors of communities serving high-risk populations, and respected leaders of these same populations to develop a TB training session.
>
> **Objectives** state the expected result. They are the specific, measurable, attainable, realistic, and time-framed (SMART) outcomes that are partial accomplishments of the goal. (See the *Planning With Partners Worksheet* in the Toolkit).
>
> > *Sample of a SMART Objective:* Upon completion of the 2-hour training session, participants will be able to identify three TB stigmas common to their high-risk populations and three strategies for minimizing these stigmas.
>
> **Activities** are specific actions or procedures that are expected to occur in order to meet the objectives.
>
> > *Sample Activity:* Leaders of high-risk populations will be identified to attend the training session.

Answering each of the above questions helps the partnership identify the work that needs to be done. At this stage, it is helpful for the partnership to:

- Review the answers to the above questions to identify potential partnership goals, strategies, objectives, projects, and activities.

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[43]Oakley E, Krug D. 1991. *Enlightened leadership: Getting to the Heart of Change,* 96–121. New York: Simon and Schuster.
[44]Ibid.

- Discuss, write, and prioritize the goals, strategies, objectives, and activities that are likely to have the most impact on your vision. (See Chapter 16: *Toolkit, "How to Write SMART Objectives Checklist"* to help you in writing SMART objectives.)

- Explore partnership structures and decisionmaking styles that will help you determine next steps, which partners are willing to work on these steps, when the steps will be undertaken, and how information will be shared with the group. (See Chapter 7: *Making Progress and Making Decisions*.)

Things to Keep in Mind

- The vision is not merely a document; it is the guiding force that partnership leaders consistently use to motivate, unify, and inspire partners throughout the life of the partnership.

- Effective leaders ensure partners discuss priorities, possible projects, and decisions in terms of their impact on the vision.

- When brainstorming, make sure you put all ideas on the table, especially the untried, unique, and novel ones.

- Be alert to partnership discussions or disagreements that become "either/or" focused. See if a "both/and" approach might solve the problem. For instance, if half the group wants to work on one project and the other half on another, perhaps partners can commit to undertaking both projects.

By following the steps outlined in this chapter, partnership leaders can create an environment that fosters cooperation and productivity.

Related Resources

- TB-Educate

  This is an e-mail listserv through which hundreds of health professionals from across the country and around the world exchange information, share experiences, and ask TB education and training questions. Subscribe to the listserv at www.cdcnpin.org/scripts/subscribe.asp#tb.

- *TB Notes Newsletter*

  This CDC quarterly newsletter contains news about the CDC's Division of Tuberculosis Elimination activities and highlights from state and local TB programs across the country. It also contains a calendar of events describing meetings, conferences, and other educational activities of potential interest to those working in TB. Access the newsletter at www.cdc.gov/tb/notes/notes.htm.

7 Making Progress and Making Decisions: Structure and Decisionmaking Issues

This chapter focuses on the role that TB prevention and control program staff and partnership leaders can play to ensure that TB partnerships identify and use appropriate structures and decisionmaking styles—ones that create a sense of commitment while significantly improving TB prevention and control outcomes.

Partnership Structure: An Overview

Research Suggests

A TB prevention and control program should offer guidance and technical advice to those with whom it is partnering. However, partnerships

Elements of Making Progress and Making Decisions
• Partnership structure
• Creating partnership structures that fit your needs
• Creating decisionmaking processes that fit your needs
• Anticipating and managing differences

addressing complex issues must be able to operate autonomously if they are to succeed. Each partnership is different and must develop the structures and decisionmaking styles that best fit its unique circumstances. There is no one best way to forge partnerships. However, the following conditions appear critical to developing effective partnership structures and processes for joint decisionmaking among diverse stakeholders:[45]

- Stakeholders see themselves as interdependent, believing that their goals cannot be reached by any one group or partner working alone.

- Stakeholders assume collective responsibility for the direction of the partnership.

- Decisions emerge by dealing constructively with differences.

- Joint ownership of decisions exists.

- Partnering is viewed as an emergent process.

Effective leadership is key to creating these conditions. Whether acting through formal or informal partnership structures, effective leadership exhibits the following competencies when working with TB stakeholders:

- Communication, including respect for, engagement with, and mutual influence among people of different ethnic, racial, and economic backgrounds

- The ability to effectively frame and communicate the vision and mission of a partnership to a broad range of stakeholders[46]

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[45]Lewicki,R J, ed. 1999. *Negotiation: Readings, exercises, and eases*, 117. 2nd ed. Irwin McGraw-Hill; Roussos ST, Fawcett SB. 2000. A review of collaborative partnerships as a strategy for improving community health. *Annual Review of Public Health* 21, 370.
[46]Ibid., 385.

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- The ability to listen actively to partners and then repeat, in the listener=s own words, what he or she thinks the partner has said

- Encouragement of a team building process by which the partnership clarifies its goals, identifies barriers to achieving the goals, and develops strategies to remove the identified barriers

- The ability to resolve conflict and manage differences in a way that views conflict and differences as opportunities to expand the partnership's common vision

- Flexibility as changes in the partnership's needs and composition occur

Things to Keep in Mind

- Do not underestimate the leadership skills and abilities of TB partners and key stakeholders. It is important to accurately assess their leadership skills and abilities, as well as your own, and to encourage all partners to effectively use their leadership capabilities.

- Partnering is an emergent process, which means that partnerships are not static; they grow and develop over time. At their best, TB partnerships are co-learning experiences where all participants learn and grow.

- The skills and talents required for partnerships to operate effectively may change over time. Productive partnerships accurately evaluate and monitor their competencies, talents, skills, and limitations. They build on their strengths and seek new recruits and/or training to overcome their limitations.

Creating Partnership Structures That Fit Your Needs

Some partners will prefer establishing traditional formal structures, such as standing committees and elected officers; others will prefer allowing structures and leadership to emerge over time. As noted in Chapter 3: *What Successful Health-Related Community Partnerships Have in Common*, what leaders do is more important than how they are designated. (Specific leadership competencies and actions associated with high performance partnerships are addressed in that chapter.)

However, when diverse partners do not have a history of positive working relationships, it is often better not to choose formal leadership through majority vote early in the partnership's development. Instead, a good facilitator can work with the partnership and help it to adopt operating principles, share information, develop a vision, and develop governing processes over time.

Several structural approaches that partnerships might wish to consider:

- **Project approach**—The partnership decides to undertake clearly defined projects that are consistent with the vision. Those most involved with implementing the projects

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have decisionmaking responsibility for them. They regularly share their progress at partnership meetings, seeking others' feedback and guidance.

- **Stakeholder approach**—Partners from specific stakeholder groups provide leadership to the group on how to effectively develop TB prevention and control efforts within their communities that are consistent with the vision. Partners jointly identify the steps they will take to accomplish this.

- **Area of responsibility approach**—The partnership is organized by committees associated with ongoing areas of responsibility, such as overall partnership recruitment, media relations, community outreach, fundraising, and program evaluation. Partners join one or more committees charged with carrying out their areas of responsibility in accordance with the vision. The work of the committees may be coordinated through a steering committee.

These structural approaches are not mutually exclusive. TB partnerships addressing complex issues may find that a combination of structural approaches works best for them.

Creating Decisionmaking Processes that Fit Your Needs

A variety of decisionmaking styles is available to partnerships. Some partners may be accustomed to making decisions on individual issues using either majority vote or consensus frameworks. However, both of these decisionmaking styles will present problems for multicultural partnerships dealing with complex issues if partners try to use these decisionmaking styles to adopt "one size fits all" approaches that fail to consider cultural differences.

Partnerships need to create decisionmaking processes and styles that allow partners to customize projects, decisions, and activities to achieve maximum fit and productivity for the diverse groups they are trying to serve. A collaborative decisionmaking style can help to achieve these goals. With collaborative decisionmaking

- Partners maintain concern for their own interests as well as those of others

- Open sharing of partners' needs, interests, and objectives is encouraged

- Partners seek win-win options agreeable to all partners[47]

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[47]Ibid., 89.

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A Step-by-Step Approach for Collaborative Decisionmaking[48]

- **Step One:** Identify and define the issue.

  Identifying an issue may not be as straightforward as it seems. Diverse partners may have very distinct perceptions of the issue being addressed. Their perceptions may be rooted in strongly held preconceived views on the best way to address the issue. However, at this stage of the decisionmaking process, it is inappropriate to discuss solutions. For collaborative decisionmaking to occur, partners must first be able to create a mutually agreed-upon definition of the issue. A facilitator helps identify objective language that all partners find agreeable. Ideally, the issue or problem can be framed as a goal that partners will work toward, with any barriers that might need to be overcome clearly identified.

  > **Collaborative Decisionmaking**
  > 1. Identify and define the issue
  > 2. Identify and understand concerns
  > 3. Create options
  > 4. Evaluate alternatives and select an approach

- **Step Two:** Identify and understand concerns.

  Collaborative decisionmaking is more successful when partners understand the interests, uncertainties, worries, concerns, and suspicions that partners may associate with the issue being discussed.[49] Partners can then use this understanding to craft decisions that minimize concerns, while maximizing progress toward the group's common vision.

  Some partners will prefer to discuss concerns one-on-one with a trusted partnership leader, rather than in a group setting. It is important for them to have this option. As trust among partners increases, suspicions and worries will tend to decrease.

  Concerns your TB partnership may encounter:

  - Material concerns involve tangible issues, such as protecting one's job or the way in which a budget is distributed.

  - Process concerns refer to how decisions are made. A partner may believe that because he or she has more knowledge about a situation than others do, his or her perspective must be given more weight.

  - Relational concerns come into play when partners believe that powerful partners may retaliate against them, or they are concerned about damaging a valued relationship.

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[48]Ibid., 18–52, 111–126.
[49]Ibid.

- Matters of principle occur when a partner feels strongly that there is only one right way to proceed, which cannot be compromised. When differences are framed as matters of principle, they are almost impossible to resolve.

- **Step Three:** Create options.

  One or more of the following approaches may be helpful when creating options:

  - When partners can agree that the main barrier to coming to agreement is a lack of resources, deciding to look for additional resources may be a simple way to move partners forward.

  - When an issue is complex, it is often helpful to identify and subdivide the issue into its component parts. Partners can then discuss which parts matter most to them and why. This process often results in partners being able to craft an option that encompasses the outcomes of greatest importance to each partner, while minimizing concerns associated with the issue.

  - A trade-off approach may be helpful when trying to decide between two valuable options that cannot be completed at once. An agreement may be made to complete them sequentially, establishing timelines and assigning responsibilities for each.

- **Step Four:** Evaluate alternatives and select an approach.

  At this stage, all options are weighed against the vision and the partners discuss the potential benefits of each option, as well as possible pitfalls. Options that are not strongly supported are removed from consideration. The approaches used to create options can be used to help with final selection.

Anticipating and Managing Differences

Differences that result in conflict are a natural part of diverse groups partnering to address complex issues. Rather than seeing differences as a problem, it is helpful to view them as opportunities to expand the partnership's common vision and understanding of TB prevention and control. When partners are unable to view differences in this way, their differences can escalate into conflict. Unfortunately, perceiving differences as a problem appears to be a common occurrence in multisector partnerships addressing complex issues. Partners often try to avoid conflict by ignoring it or employ conflict resolution methods that are not helpful.

Conflicts are accompanied by tension. Consequently, recognizing the early signs of tension (body language, mild verbal expressions of frustration) and being prepared to address them before they escalate is a valuable skill. However, even the most contentious discussions can be effectively managed.

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What follows are descriptions of common conflict resolution methods and the circumstances under which they are most helpful:[50]

Conflict Resolution Methods

Compromise

High level of concern for other party

| | Compliance | Collaboration |

Compromise

| | Avoidance | Competition |

Low level of concern for other party

Low level of concern for self → *High level of concern for self*

Adapted from *Essentials of Negotiation* (2nd ed.) by Lewicki, Saunders, and Minton.

- **Avoidance**—Avoiding or ignoring conflict appears to be the most common approach used by partnerships. However, its effectiveness is very limited. It may be popular because partners are uncomfortable or unskilled in dealing with conflict, or because they feel intimidated by another partner.

  When the issue being avoided is important to one or more partners, it cannot really be avoided—only postponed. Often, postponement allows a difference to fester and become a full-blown conflict that threatens the partnerships ability to function. Avoiding conflict is only appropriate when the issue at the center of the conflict is of minimal importance to all partners. However, a partnership might choose to temporarily postpone addressing a conflict when partners need time to calm down. When this occurs, it is important to set a specific time when the issue will be addressed.

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[50]Ibid.

- **Compromise**—This is one of the more common conflict resolution styles used by health related partnerships. In fact, the term compromise is often viewed as synonymous with conflict resolution. However, this conflict resolution approach has limitations. It often results in mediocre solutions that are unsatisfying to the parties in conflict. The root of its limited effectiveness with partnerships may lie in an emphasis on seeking solutions before a conflict is fully understood

- **Compliance**—Partners more interested in helping the other party to arrive at a satisfactory outcome than in pursuing their own goals adopt this <u>strategy</u>. This approach is suitable when:
  - The issue is much more important to other partners than it is to you.
  - You could be wrong about the consequences or outcomes associated with your position.
  - The relationship with partners holding a distinct view is more important to the vision.

- **Collaboration**—As noted earlier in this section, partners using a collaborative approach maintain a high concern for their own interests as well as those of other partners. This approach is appropriate when the issue is important to the parties involved and input is required from multiple partners to solve a shared problem.

- **Competition**—By definition, partners who compete are most concerned with their own outcomes. This is a contentious approach to conflict management and may involve intimidating other partners. It is the conflict resolution strategy most often used when a win-lose outcome is desired or expected. It tends to be counterproductive in partnerships seeking to establish trusting relationships.

Tips and Strategies

Sometimes conflict escalates to the point where partners or stakeholders have become angry and unshakable in their differing perceptions of a situation. This can happen when partners or stakeholders:

- Fail to deal with the conflict in a timely fashion
- Have incompatible conflict resolution styles
- Communicate ineffectively and use accusatory language
- Lack confidence and respect for each other

> **When Differences Escalate into Conflict**
> - Diffuse tension and hostility
> - Find similarities
> - Divide the conflict into manageable parts

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However, even the most contentious partnership differences can be managed effectively. The following are some approaches that may help[51]:

- **Diffuse tension and hostility**—Active listening can help to diffuse strong feelings. This type of listening requires acknowledging how the partners feel and sincerely showing that you empathize with them. By paraphrasing what the partner is saying, you communicate your understanding of the partner's points of view without expressing agreement with them. Depersonalize the conflict by helping partners separate the issues from the parties who hold them. Frame the conflict to make it clear that the issues are at stake, not the relationships.

- **Find similarities**—Parties in conflict may fail to remember they have anything in common. Acknowledging commonalties can help to de-escalate a conflict. The following approaches may help:
  - Mention goals and viewpoints that the partners share, including the partnership vision.
  - Have partners work with you to identify a conflict resolution process that is mutually agreeable and is in keeping with the partnership's operating principles.

- **Divide the conflict into manageable parts**—Addressing complex conflicts involving a number of issues can be cumbersome and frustrating. The following suggestions may help:
  - Acknowledge that the problem is complex and may not be able to be resolved in one meeting.
  - Have partners agree on a time limit for the discussions.
  - Work with partners to separate the problem into its component parts and discuss each separately. Start with the parts that seem to be the least contentious.
  - Help partners to frame differences in ways that minimize perceived matters of principle. When an issue is framed as a matter of principle, it is extremely difficult to resolve.
  - If partners fear that a solution will set an unacceptable precedent, help partners clarify whether they are willing to view the solution as an isolated agreement, rather than as a matter of precedent.

When you effectively manage the differences that exist within your partnership, you allow partners to develop higher levels of trust, commitment, and productivity.

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[51]Ibid.

Related Resources

- *National Public Health Leadership Development Network*

  The CDC, with the Association of Schools of Public Health and Saint Louis University, created this network. It provides a variety of resources and information designed to develop state and regional health care leadership dedicated to meeting local grassroots needs. The network's goals are accomplished by developing and enhancing individual and organizational leadership and management. Additional information on the network can be obtained from www.heartlandcenters.slu.edu/nln.

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8 Sustaining Longer-Term Partnerships

Creating a sense of interdependence is key to sustaining longer-term partnerships. Partnerships that bring diverse individuals and organizations together to find new and creative ways to address shared problems are the ones most likely to achieve interdependence. The tools and strategies discussed throughout the chapters of this *guide* will help you and your partners to achieve this interdependence:

> **Strategies for Sustaining Longer-Term Partnerships**
> - Recognize and reward partners
> - Combine planning with action
> - Create a learning partnership

Chapter 3. *What Successful Health-Related Community Partnerships Have in Common*
Chapter 4. *How Well Do You Know Your Environment?*
Chapter 5. *Determining Your Purpose and Choosing Partners*
Chapter 6. *Creating a Sense of Ownership*
Chapter 7. *Making Decisions and Making Progress: Structure and Decisionmaking Issues*
Chapter 11. *Evaluating and Measuring Success*
Chapter 12. *Selling Your Success to Others: Getting Support*

Recognize and Reward Partners

Showing sincere appreciation to partners is important. Here are a few simple ways partners can be acknowledged:

- As partners arrive for a meeting, personally thank them for attending.

- When partners have made a valuable contribution during a meeting, send them an e-mail or handwritten note that reinforces how important they are to the partnership.

- At meetings, regularly acknowledge the value of work done since the previous meeting and thank those involved.

At least once a year, take the time to formally celebrate the partnership's achievements and to recognize the partners making outstanding contributions. When formally acknowledging partners, certificates of appreciation and plaques are often meaningful. Encourage partners to share any cultural distinctions that may exist associated with recognition and acknowledgement, then plan your activities accordingly. Inviting colleagues and family members to attend a recognition event should also be explored. Including family and friends may make the recognition more meaningful to recipients, while spreading the word about the partnership and its accomplishments.

Things to Keep in Mind

- When you clearly share throughout the year what is being done and by whom, partners know who is doing the most work. Giving the outstanding contributors special recognition tends to encourage all partners to increase their level of commitment. Failure to do so can demoralize your hardest working partners.

- Let people know in advance that you are planning to acknowledge them. Determine whether there are any issues that need to be addressed with individual recipients. For example, some religions prohibit women from shaking hands with men.

- Some recipients may be shy, and issues associated with anxiety may need to be addressed. Explaining that acknowledging the partner is likely to encourage others to follow the recipient's outstanding example may help to ease his or her anxiety.

- Decide whether you want recipients to say a few words when they are acknowledged. If so, let them know well in advance so they have time to prepare.

Combine Planning with Action

Discussions held with colleagues in TB partnerships while developing this guide revealed two common sources of frustration:

- Partners expressed frustration when they felt their level of participation was confined to implementing predetermined plans.

- Partners expressed frustration when they felt that too much time was spent on planning, and not enough was spent on effective actions.

Thus, it is important to strike a good balance between planning and action. One way to approach this is to divide the time on partnership meeting agendas to include both planning and action-related items. Agenda items aimed at identifying and then reporting on work that partners can carry out between meetings can help. Activities should be consistent with the partnership vision and purpose. An evaluation of the effectiveness of these activities should be included when reporting. This approach allows partners to make and measure progress while grappling with longer-term planning processes.

Things to Keep in Mind

When partners are involved in longer-term partnerships, it is important for them to identify significant milestones that will be reached and celebrated along the way. Milestones can be applied to both planning and implementation activities.

Create a Learning Partnership

A learning partnership is one in which partners frequently and consistently analyze and improve their performance. A number of organizational theorists use two categories of learning that can be useful to those trying to create learning partnerships:[52]

- <u>Single-loop learning</u> occurs when organizations, such as partnerships, focus exclusively on fine-tuning their existing operating systems, policies, and practices. [53]

- <u>Double-loop learning</u> occurs when organizations question the validity of their current operating systems, policies, procedures, and objectives. Assumptions underlying current practices are identified and questioned. The consistency between what the organization says it does and what it actually does is publicly tested. The goal of this learning process is to improve outcomes by fully accepting and exploring successes and mistakes.[54]

Learning partnerships carry out both single-loop and double-loop learning. In learning partnerships, members:

- Explore and seek to fully understand the underlying assumptions, approaches, and structures guiding their current systems, plans, and actions

- Monitor their environments in order to anticipate and understand significant changes

- Evaluate and question the appropriateness of their current assumptions, operating systems, policies, and practices

- Allow new assumptions, approaches, operating systems, and actions to emerge that better respond to their environmental circumstances and their ability to realize their common vision

Related Resources

Those wishing more information about organizational learning may wish to read:

- Argyris C. 2003. Double loop learning. www.infed.org/thinkers/argyris.htm

- Argyris C. 1994. Good communication that blocks learning. *Harvard Business Review* (July-August).

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[52]Argyris C. 1994. Good communication that blocks learning. *Harvard Business Review* (July–August).
[53]Ibid.
[54]Argyris C. 2003. *Double loop learning.* www.infed.org/thinkers/argyris.htm.

9 Sharing the Message: Working with the Media and TB Stakeholders

The media are highly influential. They can use their influence to enhance your public image while building support for your TB prevention and control efforts. The media can also be sensationalistic, circulate inaccurate and incomplete information, and use their influence in ways that may damage your image and limit your outcomes. This chapter provides tips and strategies designed to help you and your partnership work productively with the media.

During the process of updating this guide, it became clear that there are conflicting views among TB controllers and program staff about the value of working with the media. Some felt that media coverage is always negative and should be avoided at all costs. This perception has caused some public health agencies to discourage or prohibit their TB programs from working with the media.

Yet, other TB controllers and programs stated that developing positive relationships with media professionals is an essential component of effective TB prevention and control efforts. These controllers and program staff noted that working effectively with the media on TB issues requires

- Most importantly, being proactive and consistently working with respected media before a crisis occurs (for recommendations on working with the media during a TB outbreak, see Chapter 10: *Preparing Your Partnership to Communicate During a TB Outbreak*)

- Recognizing that the media are very diverse, and include both good journalists and sensationalistic journalists

> **Things to Keep In Mind**
>
> Even when you have excellent relationships with your media outlets, trying to involve them as participants in your general TB partnership meetings may be counterproductive. Media presence may limit discussions of delicate issues.

- Addressing the sensitive nature of working with public media; of particular importance is promoting TB awareness without promoting backlashes and prejudice against high-risk populations

These TB controllers and program staff strongly urge their colleagues to initiate and build strong working relationships with good journalists. If your agency currently discourages or prohibits working with the media, you will need to clarify with your agency's key decision makers how this position will impact the work of your partnership. You may wish to explore with these decision makers the potential for negative

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consequences (misinformation, panic, anger, and mistrust) when media contact is limited to times of crisis.

Common Formats for Accessing the Media

This section covers several common formats for accessing the media:

- Meeting with editorial boards
- Press briefings
- Press conferences
- Media advisories
- Press releases
- Public service announcements (PSA)
- Feature stories
- Op-Ed pieces
- Letters to the editor
- Public access TV stations
- Media interviews (television, radio, and print media)

Meetings with Editorial Boards

Requesting a meeting with the editorial board of a newspaper or magazine is appropriate when you are trying to:

- Have the newspaper or magazine establish or change its position on a public policy issue, such as <u>DOT</u> (<u>directly observed therapy</u>) (see Chapter 12: *Selling Your Success to Others*)

- Have the newspaper or magazine increase or change the content of its TB coverage

Before meeting with an editorial board, it is important to do your homework:

- Review the newspaper or magazine's previous coverage of TB and its perspective on public health issues. Use this information to develop an effective approach for communicating with the board. (See **Social Marketing with TB Stakeholders** at the end of this chapter.)

- Work with partners to gather data and create a brief (15 to 20 minute) compelling argument for supporting your TB issue (see Chapter 12: *Selling Your Success to Others*). Your argument should clearly state the importance of this issue to the magazine or paper's target audience.

- Work with two to four credible, expert (e.g., medical, scientific, and at-risk populations) partners who will attend the editorial board meeting and make the presentation.

- Anticipate and prepare for questions.

Press Briefings

Press briefings can establish positive relationships with journalists while providing them with important background information on TB, such as symptoms, cost-effectiveness of prevention, and information that supports a desired policy change. Since journalists must cover a wide variety of topics, a well-run press briefing is an efficient way for them to do their TB homework. Press briefings might be organized to coincide with World TB Day, or with proposed changes in TB policies or treatment protocols.

When organizing a press briefing, it is important to

- Invite journalists, including columnists, who regularly cover health or social issues from influential print and broadcast media, including those whose target audiences are at-risk populations.

- If possible, work with a trusted media colleague who can provide guidance on the best location and time of day for the briefing, as well as how best to market the briefing to influential reporters.

- If possible, make the meeting more appealing by providing food, such as a continental breakfast.

- Work with partners to identify and prepare written materials for participating journalists, such as fact sheets on TB in your area and the history and work of the partnership.

- Prepare a 25- to 35-minute briefing made by those with appropriate areas of expertise, followed by time for questions.

- Prepare speakers in advance to anticipate questions and answers and to ensure that you speak with one voice.

- Start and end on time. Journalists have tight publication deadlines. You lose credibility when you are unable to keep to your schedule.

- Have a skilled moderator to ensure the briefing keeps on topic and on schedule, as well as to encourage questions.

- Be available immediately following the briefing for radio, TV, or print journalists who may wish to conduct brief individual interviews.

Press Conferences

Conducting a press conference is appropriate when you have national or international TB experts or celebrities visiting your area, to break important news, such as the release of your program area's annual TB statistics, or to address a TB outbreak in your area. When the press conference is used to break important news,

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do not succumb to individual journalists' requests for advance access to your news. Appearing to play favorites will damage your relationships with other journalists.

Media Advisories

Media advisories are written announcements of your press briefings, press conferences, and public events that are sent to the media you hope will attend.

Press Releases

Press releases contain breaking news that media outlets can develop into print and broadcast news stories. Many media outlets receive large quantities of press releases daily, so you are facing stiff competition for media attention. An eye-catching headline and compelling first paragraph are essential to being noticed. A trusted relationship with the media (i.e., they see you as reliable and credible) will greatly increase your chances of receiving coverage.

A good TB press release communicates objectively about breaking news and provides background information. Opinions can be expressed using quotes from credible sources. The press release also lists one or two knowledgeable contact people who are prepared to provide additional information. Make sure these contacts are easy to reach during normal business hours.

> **Press Release: Tuberculosis – New Approach to an Old Foe**
>
> On March 27, 2003, the United States Department of Health and Human Services, CDC, and the United States-Mexico Border Health Commission hosted a World TB Day Observance—No TB on *Our Borders: Now Is the Time!*—in El Paso, Texas, and Juarez, Mexico.
>
> This bilingual, bi-national event, attended by over 150 public health professionals, researchers, physicians, and government officials from the United States and Mexico, highlighted the success of two countries working together to fight TB and promote health. Forty-two U.S. and Mexican governmental and nongovernmental organizations and international organizations collaborated in the planning of this event. The event showcased the new United States-Mexico Bi-national TB Referral and Case Management Project.
>
> This project will establish a comprehensive bi-national TB referral and case management system for the United States and Mexico. The project builds upon the previous extensive bi-national referral experience of San Diego County Health and Human Services' CureTB Program, the Migrant Clinician Network's TBNet program, and other CDC-sponsored bi-national TB projects.

Public Service Announcements

A public service announcement (PSA) is an advertisement that a mass media outlet (e.g., magazine, newspaper, radio station, television station, website, and outdoor venue) prints or broadcasts free of charge. A PSA can be used to spread the word about public events, such as health fairs, or to raise awareness about a particular issue.

If your area has media outlets serving your high-risk populations, a PSA could be an effective way to communicate TB risk factors and symptoms, and the locations of service providers. Media outlets will provide you with their PSA requirements upon request.

Feature Stories

Feature stories provide in-depth information, often from a human-interest perspective. For example, you may wish to profile a specific patient (with the patient's permission). These stories are usually negotiated with a single media outlet. They can promote a positive image of your agency and the TB partnership.

Op-Ed Pieces

Opposite-Editorial (Op-Ed) pieces are opportunities to write an editorial for publication. Op-Ed pieces are usually limited to about 800 words in length. A simple phone call to a media outlet can provide you with its Op-Ed guidelines. Op-Ed pieces usually appear on the editorial pages with their own headlines and bylines. They can be effective ways to raise support and awareness of TB issues. In a setting of controversy, they can also facilitate needed policy changes by providing expert opinion based on data. Having a prominent, credible author or authors helps.

Letters to the Editor

Newspapers and magazines usually dedicate space to letters expressing readers' viewpoints about the publication's content and editorial positions. Letters to the editor are often widely read.

> **Things to Keep In Mind When Working With the Media**
>
> - It is important to clarify in advance when and how designated partners will speak on behalf of the <u>partnership</u>. This clarification should not attempt to limit individual partners from working with the media as representatives of their own organizations.
> - Monitor or track media coverage of TB and health-related issues over time. Monitoring coverage allows you to identify trends associated with quantity, prominence, slant (positive or negative), accuracy, and type of story.
> - Personal contact with reporters is important. A simple e-mail thanking a reporter for effective coverage of a health issue can open the door to a good working relationship with that reporter. Similarly, a respectful note offering additional information on a topic or pointing out an inaccuracy may cause the journalist to seek your input in the future.
> - Some areas have publications that list media outlets and their journalists, including contact information and areas of interest. One of your partners, or a media outlet, may be able to tell you whether this resource exists in your area.
> - Journalists are very busy. Always be concise in your dealings with them and be considerate of their deadlines.

They are most effective when they are brief and limited to one or two key points. It is important to note that most print media reserve the right to edit (for length) letters they publish.

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Public Access TV Stations

Some public health agencies have regularly scheduled weekly programs on their local public access television stations. These programs provide access to the general public. Videotapes of programs presented can be used as longer-term educational tools. Though access is free, ensuring your program is interesting and informative and does not create fear or distrust of high-risk populations can be challenging.

Media Interviews (Television, Radio, and Print Media)

Media interviews can occur in a variety of settings. They may involve talk-show formats, brief sound bites used by broadcast journalists, or extensive interviews for print media features. The Center for the Advancement of Health's publication, *Communicating Health Behavior Sciences in the Media: Tips for Researchers,* has excellent tips for preparing for and conducting interviews (for more information about that publication, see **Related Resources** at the end of this chapter).

Checklist for Conducting a Press Conference

Articulate a Compelling Reason for the Press Conference

Compelling reasons include:

- A newsworthy story or breaking TB information with significant impact on your program area

- The TB partnership is launching a major new program or policy initiative, or is issuing a public statement about a "controversial" issue

- Key messages and information to be imparted

Identify, Recruit, and Prepare Press Conference Speakers

> **Checklist for Conducting a Press Conference**
> - Articulate a compelling reason for the press conference
> - Identify, recruit, and prepare press conference speakers
> - Assemble the necessary materials
> - Ensure that journalists attend
> - Follow up and follow through

- Identify and gain firm commitments from articulate, credible speakers who will stick to the agreed-upon messages and the time they are allotted.

- Work with speakers to ensure that all necessary information is presented in a concise and compelling fashion with little or no repetition among speakers. It is helpful to have each speaker make and reinforce one or two key points (see the *Single Overriding Communications Objective (SOCO) Worksheet* in Chapter 16: *Toolkit*).

- Have speakers use visuals to support their presentations (e.g., slide set presentations, overheads, and handouts).

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- Work with speakers to anticipate and prepare answers to tough questions.

- Identify and gain a firm commitment from a skilled moderator who will keep time. The moderator's job also includes encouraging questions while ensuring that the press conference stays focused on your issue and messages.

- Make sure speakers avoid technical jargons and acronyms that are unfamiliar to journalists.

- Identify one or two easily reachable contact people who will be able to answer logistical questions in advance of the conference.

Assemble the Necessary Materials

- A sign-up sheet that each attending journalist is asked to sign with their name, organization, e-mail, fax, phone and address

- A press kit that includes:
  - The agenda for your press conference
  - Your press release or media advisory
  - A list of the press conference speakers and moderator, including brief biographies that emphasize their credentials
  - Fact sheets, graphs, a concise background on TB in your area, and concise information on your partnership's history, purpose and major accomplishments
  - Executive summaries and full copies of any reports issued at the press conference
  - Whenever possible, written copies of speakers' presentations or at least their key points (giving written copies to the media helps to avoid misquotes and misinformation)

- Good visuals, which include:
  - TB posters or banners
  - Displays that include pictures of the partnership and its work

Ensure Journalists Attend

- Regularly monitor TB and health coverage in your area so you know which journalists have health care or social issues as their "beat" and how they are covering it. When you cannot access this information, call media outlets directly to ask them who should be invited from their organization. Some media outlets prefer all press releases be sent to an assignment editor, who makes decisions about which journalist will cover which stories. This preference should be honored. However, even in these cases, it is still usually helpful to send individual press releases directly to reporters who have covered health issues in the past.

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- Send press releases to the journalists and assignment editors (e-mails are inexpensive and convenient) approximately 10 days prior to the press conference, unless this is a breaking news story that requires a press conference on one or two days notice to minimize misinformation and public confusion.

- Contact journalists and assignment editors to make certain they received the press release, answer any questions they may have, and get a sense of their interest in attending. It is helpful to have the partners with positive media relationships to make the follow-up contact with the individuals they know.

- One or two days before the press conference, send a reminder to journalists and assignment editors of the conference date, time, and topic.

Follow Up and Follow Through

- Immediately following the press conference, review the list of journalists who attended. When an influential media outlet or a key journalist fails to attend, send them a copy of your press kit (electronically, if possible). They may use this information to cover the event.

- Monitor all media outlets and document the coverage of the event. Retain copies of print coverage and, whenever possible, copies of radio and TV coverage. Positive coverage can come in handy in the future (see Chapter 12: *Selling Your Success to Others*).

- Send a thank you letter or e-mail to reporters who provide accurate coverage of your event. People tend to complain about inaccuracies, but rarely acknowledge accurate (i.e., positive) coverage. Thus, a timely thank you is likely to have a big impact.

- If any coverage was negative or major outlets failed to cover the event, consider writing an Op-Ed piece or meeting with appropriate editorial boards or journalists to make a case for improved coverage.

Social Marketing with TB Stakeholders

Social marketing is defined as "an organization's task to determine the wants, needs, and interests of target audiences (markets), and to deliver the desired satisfactions more effectively in ways that preserve or enhance the consumer's and society's well being."[55] When we talk about reaching and involving TB stakeholders in productive partnerships, we are, in essence, talking about social marketing. Thus, much of this guide addresses social marketing issues.

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[55]Kotler P. 1975. *Marketing for Non-profit Organizations*. Englewood Cliffs, NJ: Prentice-Hall.

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Social marketing helps you to develop the right message for delivery:

- By the right messengers
- Through the most appropriate channels
- To the right audience
- At the right time

By helping you develop appropriate messages, social marketing helps you promote a desired concept or product in a way that has outcomes that are evaluated and that can improve (appropriately change) systems and practices.

Partnerships with a diverse mix of dedicated stakeholders are in a very good position to use the breadth of their combined knowledge to create and implement highly successful social marketing strategies.

Related Resources

- *American Public Health Association <u>Media Advocacy</u> Manual*

  This 14-page publication serves as a "how to" for working with the media and includes a guide to planning your message. It is available free of charge at www.apha.org/news/Media_Advocacy_Manual.pdf.

- *Communicating Health Behavior Sciences in the Media: Tips for Researchers*

  This eight-page pamphlet from the Center for the Advancement of Health (2001) provides tips for getting the media's attention, writing press releases, preparing for and conducting interviews and being effective on television. It is available free of charge at www.cfah.org/pdfs/ResearchTipsBooklet.pdf.

- *Introduction to Media Relations* (1992)

  This VHS training video is designed to teach public health officials to effectively communicate and interact with the print and electronic media. Bob Howard, Office of Public Affairs, and Carol Robinson, Office of the Director, Centers for Disease Control and Prevention, served as course developers. Running Time: 38 minutes. Target Audience: Academicians, Community Leaders, Health Officers, Program Managers, and Public Health Program Staff. Price: $30.00. This training video may be ordered online at www2.cdc.gov/PHTN/catalog/vt007.asp.

- *Making Health Communication Programs Work* (2003)

  This 250-page publication contains a chapter entitled *Assessing effectiveness and making refinements*, which addresses designing and using effective outcome evaluations. This publication is available through the National Cancer Institute's Website at www.cancer.gov/pinkbook or by calling 1-800-422-6237.

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10 Preparing Your Partnership to Communicate During a TB Outbreak

This chapter describes each of the phases and some of the key communication planning activities a partnership must perform during a TB outbreak. Your partnership is unique. Therefore, you and your partners must decide how you will go about developing a partnership communications plan that prepares you for outbreak situations. The decision will encompass who within the partnership will lead the communication planning effort, the resources you have available, the number of partners, and the diversity of the group. The steps described in the sections that follow will be coordinated or performed by the person your TB partnership decides will lead the communication planning effort.

> **Elements of Outbreak Communication Preparation**
> - Pre-event phase
> - Event phase
> - Post-event phase

Communication Planning for TB Outbreaks

Emergency risk communication is the attempt by scientists or public health professionals to provide information that allows an individual, stakeholders, or an entire community to make the best possible decisions during an emergency about their well being. Often, this communication must be done within nearly impossible time constraints and requires public acceptance of the imperfect nature of the available choices for action.

In terms of responding to a public health emergency such as a TB outbreak, a comprehensive TB outbreak communication effort can be viewed as having three phases: Pre-event (before the event occurs), event (while the event is occurring), and post-event (after the event has concluded). The first phase, which is in many ways the most important, is described here in detail. The second and third phases and their activities are summarized. Complete information about all of the phases is available in *CDCynergy: Emergency Risk Communication (ERC) Training,* listed under Related Resources at the end of this chapter.

The Pre-Event Phase

The pre-event phase offers your partnership the opportunity to plan. The pre-event phase of a crisis is, in many ways, the most important phase. Each day spent preparing is a priceless investment in successful communication when a crisis hits. Those who have survived a serious TB outbreak know that sorting out major issues of responsibility, authority, and priority is tremendously difficult under serious pressure. A thorough, flexible plan, developed cooperatively with internal and external partners, and fully

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endorsed by your TB program's leadership, will lay the groundwork for effective communication.

All of the planning and most of the work should be done during this phase, including anticipating potential events that your partnership may face. Many events could require intense public information, media, and partner communication responses. Assemble an outbreak communication planning team within your partnership to brainstorm credible event scenarios that your partnership may have to address. Any event that your partnership has to address will require

- Planning for message content development
- Identification of the target audience
- Spokesperson preparation
- Selection of effective delivery methods

Reasonable questions can be anticipated and preliminary answers sought. Initial communication can be drafted with placeholders for details that will be filled in later. Communication chains can be laid out. Spokespersons and resource mechanisms can be identified. Training can be conducted and refinements to plans and messages can be made. Alliances and partnerships can be fostered to ensure experts are speaking with one voice (i.e., delivering a consistent message).

Brainstorming about events your partnership may have to address will help you as you complete the four key activities of the pre-event phase:

- Conducting an outbreak communication needs assessment
- Developing an outbreak communication plan
- Determining the resources needed to carry out the plan
- Preparing your partnership to carry out the plan

Conducting a TB Outbreak Communication Needs Assessment — Things to Keep in Mind

A needs assessment is a checklist of the important steps you must take to be ready should an outbreak of TB occur. Before you know where you need to go and what you need to do, you must first know where you stand with respect to your TB program's preparedness. A needs assessment will help you identify the "missing pieces" and avoid under or over utilization of resources.

Tips and Strategies

The *TB Outbreak Communication Needs Assessment Checklist* in the Toolkit may help you determine your partnership's readiness to communicate during a TB outbreak. Once you have completed the needs assessment, review it carefully with other leaders

in your partnership to identify what actions you need to take to be fully prepared. As you review the checklist, ask yourself who might be a resource to help you to achieve each step. This checklist can form the basis of your outbreak communication plan (see **Developing an Outbreak Communication Plan** below) by serving as an outline of what you need to accomplish. When you are finished with it, ask yourself, "Is there anything not on this list for which we should be prepared?"

Why It Is Important

A needs assessment can be a powerful tool to identify where you are not prepared. The *TB Outbreak Communication Needs Assessment Checklist* addresses the essential parts of any outbreak communication plan:

- Planning, research, training, and evaluation
- Message content
- Target audience
- Messenger
- Message delivery method
- Personnel
- Other resources

Developing a TB Outbreak Communication Plan — Things to Keep in Mind

A TB outbreak communication plan documents how your TB program will respond to the communication needs of an outbreak. By having a communication plan, you are creating the "go to" resource for must-have information. An outbreak communication plan should include

- A signed endorsement from your leadership

- Designated partner responsibilities for public information

- Agreements on information release authorities (who releases what/when/how)

- Procedures for information verification and clearance/approval

- Regional and local media contact list (including after-hours news desks)

- Procedures to secure needed resources (e.g., space, equipment, and people) to operate the public information operation

- Procedures to coordinate with the public health agency

- Identified communication channels to the public, stakeholders, partners (e.g., e-mail listservs, broadcast fax, and press releases)

- Designated spokespersons for TB outbreaks

- Messages that have been developed carefully and tested by potential audiences

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- TB control program outbreak information

- Draft fact sheets, questions and answers, talking points, and other supplementary materials, which have been tested and cleared, for all credible scenarios

- Partner recommendations reached by consensus

- Evaluation plan to measure the effectiveness of your outbreak communication plan

Tips and Strategies

These tips will help you put your plan together:

Integrate with TB program's outbreak communication plan	An outbreak will involve a number of agencies and departments, and a good plan will reflect that coordination. Your partnership's outbreak communication plan should be integrated into the overall outbreak response plan for TB control programs at the local, state, or national level. An important benefit to this integration is the opportunity to mobilize shared resources, such as a citywide telephone number to respond to public concerns.
Collect, organize, and update important contact information	Keep media contacts current and organized in order to readily access this information when needed. Media contacts can change, and regularly reviewing and updating this information is important
Update the plan regularly	The single most important responsibility that can be assigned to someone in your partnership is the duty to keep the plan "alive." Schedule a regular review of the plan; do not wait for so many changes to occur that the plan is useless when you take it off the shelf.

Keep the plan focused and to the point	Longer is not better for your plan. Your plan does not have to spell out every single task to be accomplished. It must be the reference that will keep everyone on track and allow the tasks to be completed with a minimum of scrambling.
Get the plan endorsed	Your TB partnership should know that you have thought through the outbreak communication process, that you have coordinated your response planning, and that they have an important role in the "ownership" of this plan.
	Obtain a signed and dated endorsement letter from the directors of the organizations in your partnership. Keep the endorsement letters to a couple of simple paragraphs. Have the letters signed and dated as you update the plan; getting that endorsement will help keep everyone accountable for updating the plan.
Use the plan to "get a seat at the table" for communications	It is important to train the leaders of your partnership. Use the plan to help your partnership's leaders understand how communication planning and preparation—and successful communication—will help them manage an outbreak more effectively. Emphasize that TB outbreaks provide an excellent opportunity to educate the public about TB. Explaining the benefits of communicator involvement will help them understand a communicator's role and gain you a "seat at the planning table."

Why It Is Important

The plan is not intended to be a step-by-step guide; it is the foundation of your work. It should systematically address all of the roles, lines of responsibility, and resources you are sure to need as you provide information to the public and partners during a TB outbreak.

An effective, well-thought-out plan will save you precious time when a crisis hits. If you plan well, you will be able to focus on the quality, accuracy, and speed of your response instead of who is going to do what.

Emergencies are chaotic enough without the disorganization of a partnership in which members are working without a plan. Lines of communication and relationships with your response partners are built before the crisis, not during the crisis. Too often, the initial confusion and mixed messages that cripple an organization's or partnership's credibility with the public come from a lack of clear definition of roles, responsibilities, and lines of communication.

Determine the Resources Needed to Carry Out the Plan — Things to Keep in Mind

Think through the resources (e.g., space, people, contracts, and equipment and supplies) you will need and ensure that they are available.

Tips and Strategies

Use the list below to review what resources your partnership needs, then make a plan to access those that you do not have.

Space	You may need a place to bring media onsite to one of your TB partnership locations.
People	Trained and qualified people are needed to support and carry out the functions of the communication team and to conduct the outbreak investigation. It is especially important for spokespersons to receive media training prior to an outbreak situation.
Equipment and supplies	Equipment to support communication to media and partners must exist before the crisis. Determine what you may need to augment your regular day-to-day office equipment and what you may need if a crisis persists. (For example, in the midst of a crisis, you may not be able to wait for a contractor to show up with an extra fax machine.) As you think through the equipment and supplies needed, consider the delivery channels you plan to use and what additional equipment or supplies are needed for specific channels. For example, if you plan to use mailings, you may need to have on hand specific mailing and packaging supplies.

Finally, ask yourself what is not on this list that you should acquire in order to communicate effectively.

Preparing the Partnership to Carry Out the Plan — Things to Keep in Mind

Make sure your leadership has had input into the plan and has signed off on it, then develop and implement a strategy for promoting the plan and keeping it alive. Remember, your plan is not a document that goes on the shelf. It must be kept alive and updated. It must be promoted, rehearsed, and revised as circumstances change. When an outbreak occurs, your outbreak communication plan should be the "go to" document to help you and those who depend on you for information.

Tips and Strategies

To prepare your partners
- Involve top leadership and management of related official functions in the plan's development.

- Determine who needs to understand the plan, and develop and implement a communication/education plan to reach them. Tell your leadership the benefits of involving communicators when decisions are made as well as the risks of not doing so.

- Have your TB program's leaders provide written endorsement of the plan.

- Set up a formal review procedure for your TB program's top leadership.

- Make the plan and the endorsement known, internally and with all partners. Ask other managers—especially of key internal and external partners—to provide written endorsements.

- Train your spokespersons.

- Conduct rehearsals as needed.

Why It Is Important

No matter how comprehensive, a plan that is not reviewed and accepted by leadership (and understood by those who will use it) will be useless during an outbreak.

The Event Phase

When an outbreak occurs, the outbreak communication activities during the initial hours—and throughout the remaining life of an event—will significantly affect its outcome.

The event phase of an outbreak is often characterized by uncertainty, rapid rate of change, and intense media interest. Usually, disseminated information and facts are incomplete. It is important to recognize that information coming to you from the media and other organizations may not be accurate. That is why simplicity, credibility, verifiability, and speed count with communication from you to the media.

The event phase has two parts: activities that are critical during the initial hours after an outbreak, and activities that must be conducted during the remaining life of the event.

During the Initial Hours After an Outbreak	During the Remainder of the Outbreak
• Verify the situation by determining the credibility of the information you are receiving. • Conduct notifications. • Assess the level of crisis. • Organize and delegate assignments. • Prepare information for release. • Release information to the public.	• Monitor the event for new information. • Monitor the media coverage of the event. • Maintain your communications plan. • Keep media messages focused and to the point. • Adjust your procedures as necessary.

The procedures you will follow during the initial hours after an outbreak should be detailed in the outbreak communication plan that you outlined during the pre-event phase. Your planning efforts from the pre-event phase will be evident as you are able to turn what was a potential crisis into an opportunity.

The Post-Event Phase

The goal of the post-event phase is to improve your TB program's ability and capacity to deal with future outbreaks. You can achieve this goal by providing for the well-being and recovery of those conducting the outbreak investigation, using the opportunity to conduct public education, monitoring messages and events (media, public, partners, and stakeholders), and establishing a new state of readiness in response to outbreaks.

The post-event phase is a time of retrospection and critical assessment for agencies or

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organizations responding to an outbreak. During this stage, it is important that your partnership's leadership take the initiative in

- Expressing relief and thanks to all involved
- Settling internal and external concerns about the outbreak
- Addressing potential aftershocks
- Planning for future outbreaks
- Helping key stakeholders (e.g., employees and their families, public, media) move from the crisis situation to resolution and recovery

Research has shown that a community is usually most responsive to risk avoidance and health education immediately after a disaster has occurred. At this point, the risks associated with a crisis are recognized as real, not hypothetical.

As a crisis subsides from its most volatile peak, public inquiries and calls decrease. Moreover, although the questions are fewer in number, they are typically more complex and difficult to answer. The public wants to hear about lessons learned and the steps that will be taken to prevent the situation from recurring. People want to be reassured of their safety, and they are in search of closure. Even your own TB partnership organizations may desire to move quickly back to its routine, day-to-day operations. However, rushing into a business-as-usual mode can hinder not only your partnership's capacity to deal with future outbreaks, but also your colleagues' productivity and the public's trust in the members of your partnership.

Communications objectives for the resolution phase include:

- Improving appropriate public response in future outbreaks through education

- Honestly examining problems and mishaps and then reinforcing what worked in the recovery and response efforts

- Persuading the public to support public policy and resource allocation to the problem

- Promoting the activities and capabilities of the partnership

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Related Resources

Risk Communication Websites

- *Association of State and Territorial Health Officials (ASTHO)*

  ASTHO's mission is to formulate and influence sound national public health policy and to assist state health departments in the development and implementation of programs and policies to promote health and prevent disease, including risk communication. Visit their website at www.astho.org.

  ASTHO also offered a Web broadcast dealing specifically with risk communication and bioterrorism. More information about the Web broadcast is available at www.astho.org/docs/productions/0306riskcomm.html.

- *Center for Risk Communication*

  This website features information dealing with the development and use of advanced communication methods. Visit the site at www.centerforriskcommunication.com.

- *Current Bibliographies in Medicine: Health Risk Communication*

  The National Library of Medicine's bibliography listing for health risk communication is available online at www.nlm.nih.gov/pubs/cbm/health_risk_communication.html.

Risk Communication Training

- *CDCynergy: Emergency Risk Communication (ERC) Training*

  The CDC offers ERC training appropriate for public health workers and communicators both inside and outside the government. Information about CDCynergy ERC Training, including the curricula and tools, can be found at www.bt.cdc.gov/erc/erc.asp.

11 Evaluating and Measuring Success

Evaluation is a systematic way to improve and account for public health activities. Partnership evaluation is most effective when it is an ongoing process that is well integrated into all aspects of the partnership's work. Involving partners in all aspects of the evaluation process will help you to

- Ensure that the main partnership issues of each stakeholder group are understood and addressed in your evaluations, which will increase acceptance of evaluation findings.

- Conduct culturally competent evaluations that provide accurate and complete data and feedback.

- Ask the tough questions. (Is your chosen approach the best way to accomplish your goals? Do you need to make major changes?)

> **Getting Started with Evaluation**
>
> Program evaluation is an essential public health practice; however, it can seem overwhelming. To make it easier to integrate evaluation into your partnership's activities, start by reviewing the CDC's evaluation model, "Framework for program evaluation in public health" (1999). The model is summarized in this chapter; for details on all steps of the model and how to use them, visit the CDC's evaluation website, www.cdc.gov/eval/index.htm.

- Evaluate where your partnership stands on the nine practices associated with high-performance partnerships (see Chapter 3: *What Successful Health-Related Community Partnerships Have in Common*).

- Make major changes or minor modifications that will significantly improve your partnership's outcomes.

- Anticipate, monitor, and improve TB partners' perceptions of the partnership and its work, which will substantially increase their commitment over time.

- Verify the partnership's accomplishments and use this information to increase financial and political support for effective TB prevention and control efforts.

Good partnership evaluation systems have both formal and informal components. Calling a partner who has missed a few meetings to get his or her perspective on the partnership and its work is an informal, yet important way to conduct a mini-evaluation. Formal evaluation procedures provide a more complete view of the partnership and its effectiveness.

The CDC's Recommended Evaluation Framework

The Centers for Disease Control and Prevention (CDC) has created a practical evaluation model, *Framework for Program Evaluation in Public Health* (1999), which

can be adapted for effective use with all public health programs, including partnerships. When adapted to your partnership's individual circumstances, the framework will help you to answer the following essential evaluation questions:

- What will be evaluated? (What is the partnership? What is it trying to accomplish? In what context does it exist?)

- What aspects of the partnership will be considered when judging its performance? (Levels of trust and collaboration among diverse partners? Partners' satisfaction with partnership processes and outcomes? Amount of material resources accessed through the partnership? Levels of awareness of TB symptoms among specific segments of high-risk populations?)

- What standards (e.g., type or level of performance) must be reached for the partnership to be considered successful? (What amount of progress constitutes success?)

- What evidence will be gathered and used to indicate how the partnership has performed? (Knowledge, attitudes, or behaviors?)

- What conclusions regarding partnership performance are justified by comparing the available evidence to the selected standards?

> **Program evaluation is necessary to fulfill CDC's operating principles for public health, which include:**
>
> - Using science as a basis for decisionmaking and action
> - Expanding the quest for social equity
> - Performing effectively as a service agency
> - Making efforts outcome-oriented
> - Being accountable

What is the CDC Framework for Program Evaluation?

The CDC framework for program evaluation is a guide that public health professionals and their partners can use to develop and conduct useful, feasible, ethical, and accurate evaluations of their work. The framework:

- Summarizes the essential elements of program evaluation
- Provides a common frame of reference for conducting evaluations
- Clarifies the steps in program evaluation
- Reviews standards for effective and practical program evaluation
- Addresses misconceptions about the purposes and methods of program evaluation

The framework is composed of six steps (see diagram on the next page) that must be taken in any evaluation. These steps are starting points for tailoring an evaluation to a particular public health effort at a particular time. Because the steps are all interdependent, they might be encountered in a nonlinear sequence; however, an order exists for fulfilling each—earlier steps provide the foundation for subsequent progress. Thus, decisions regarding how to execute a step are iterative and should not be finalized until previous steps have been thoroughly addressed.

CDC Framework for Program Evaluation

Although these steps do not need to be performed linearly, any evaluation must begin with engaging stakeholders, since they will help execute the remaining steps. Stakeholders are those involved or affected; they are the primary intended users of the evaluation findings.

Describe the need that the partnership is addressing; the expected impact, activities, and resources of the partnership; the stage of the partnership's development; the context within which the partnership is conducting its activities; and the model or approach that the partnership uses to guide its efforts.

Deliberate effort is needed to ensure that the evaluation findings translate into informed decisionmaking and appropriate action.

STEPS

Engage stakeholders

Ensure use and share lessons

Standards

Utility
Feasibility
Priority
Accuracy

Describe the program

Justify conclusions

Focus the evaluation design

Gather credible evidence

Justifying conclusions on the basis of evidence includes the following five elements: Standards, analysis/synthesis, interpretation, judgment, and recommendations.

Clarify and agree on the purpose of the evaluation, questions the evaluation will be attempting to answer, and what methods will be used to conduct the evaluation.

Source: Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48 (No.RR -11)

Elements of credible evidence include specific indicators, relevant sources, and valid, significant data gathered in a way that is culturally appropriate to the source.

The second element of the CDC framework for program evaluation is a set of 30 standards for assessing the quality of your partnership's evaluation practices. The standards are organized into these four categories:

Utility—To ensure that evaluation results serve the information needs of intended users

Feasibility—To ensure that evaluation procedures are realistic, prudent, diplomatic, and economical

Propriety—To ensure that the evaluation is conducted legally, ethically, and with regard for the welfare of those involved and those affected

Accuracy—To ensure that the evaluation reveals and conveys technically accurate information

The CDC framework for program evaluation and other evaluation resources are available at www.cdc.gov/eval/index.htm.

A Collaborative Approach to Evaluation

A diverse team of engaged stakeholders has a greater probability of conducting a culturally competent evaluation (i.e., one that understands and is sensitive to the persons, conditions, and contexts associated with the program). Such a collaborative approach helps to reduce suspicion and fear, increases awareness and commitment, increases the possibility of achieving objectives, broadens knowledge base, teaches evaluation skills, increases the possibility that findings will be used, and allows for differing perspectives. All of these will serve to strengthen your partnership. A collaborative approach also provides you with access to community resources when planning and conducting the evaluation.

Partners may have varying levels of involvement in developing and implementing formal evaluations. To ensure that the process runs smoothly, it is important to designate an overall evaluation coordinator. Here are some examples of evaluation roles partners can undertake:

- Leaders of high-risk populations can engage members of their communities in the evaluation process.

- When describing the partnership, those who understand the partnership's history, purpose, operating practices, and projects are needed.

- Those with good group facilitation skills might be asked to help elicit unspoken expectations and concerns that partners may have about evaluations.

- Partnership core leadership can help focus evaluation design on questions that address specific users and uses. They can also help to set logistic parameters for the evaluation's scope, time line, and deliverables.

- Scientists, particularly social and behavioral scientists, can bring expertise to the development of evaluation questions, methods, and evidence-gathering strategies. They can also help evaluate the partnership within its organizational and community context.

- Trusted persons who have no particular stake in evaluation results can ensure that participants' values are treated fairly when applying standards, interpreting facts, and reaching justified conclusions.

- Advocates, clear communicators, creative thinkers, and members of the power structure can help ensure that lessons learned from the evaluation influence future decisionmaking regarding program strategy.

Things to Keep in Mind

- Be sure that your evaluation monitors how well your partnership conducts high-performance partnership practices (see Chapter 3: *What Successful Health-Related Community Partnerships Have in Common*).

- It is important for your partnership's core leadership to consistently support ongoing effective evaluation systems.

- When seeking foundation funds for a partnership project, be sure that appropriate evaluation procedures and their costs are included in your proposal.

- Deliberate effort is needed to ensure that lessons learned in your evaluation are used to make lasting improvements in your partnership and your overall TB prevention and control efforts.

Related Resources

- *Community Toolbox*

  The University of Kansas has created a Community Toolbox with a variety of evaluation worksheets and checklists that can be used with the CDC evaluation framework. The toolbox also includes overheads summarizing important evaluation concepts. The Community Toolbox can be accessed at http://ctb.ku.edu/index.jsp.

- *Making Health Communication Programs Work*

  This 250-page publication contains a chapter entitled *Assessing effectiveness and making refinements*, which addresses designing and using effective outcome evaluations. This publication is available through the National Cancer Institute's Website at www.cancer.gov/pinkbook or by calling 1-800-422-6237.

- *Practical Evaluation of Public Health Programs (Course # VC0017)*

This is a 5-hour distance-learning course that uses the CDC framework. Developed through the CDC's Public Health Training Network (PHTN), the course consists of two videotapes and a workbook that can be used by individuals for self-study or by partnerships. Continuing education credit is available for this course. Additional information about the video is available at www.phppo.cdc.gov/phtn/default.asp. Course materials can be purchased from the Public Health Foundation by calling, toll-free, 877-252-1200, or using the online order form at http://bookstore.phf.org/prod41.htm. For informational purposes, the workbook can be viewed over the Internet at www.cdc.gov/eval/workbook.pdf.

- *Partnership Assessment Tool 2.0*

    This easy-to-use, web-based Tool gives a partnership a way to assess how well its collaborative process is working and to identify specific areas of focus in order to make the partnership process work better. The Tool is being provided at no charge by the Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine with funding from the W. K. Kellogg Foundation. www.cacsh.org/psat.html.

12 Selling Your Success to Others: Getting Support

Obtaining Resources

Since the mid-1980s, funders have demonstrated a growing preference for supporting partnerships rather than individual organizations. This is especially true when the partnership has significant, direct participation of the populations it is intending to serve.

Elements of Getting Support

- Obtaining resources
- Preparation
- Finding funders
- Gaining support for public policy initiatives

One reason that funders prefer partnerships is their ability to leverage the existing resources of their partners. These resources include areas of expertise, as well as in-kind material support. Thus, it is important to document your partnership's areas of expertise and in-kind support.

In addition to approaching funders that address health issues (e.g., health promotion, disease prevention, and health service delivery), a partnership allows you to consider funders emphasizing community empowerment and volunteerism.

Preparation

When your partnership has agreed upon one or more projects to pursue (see Chapter 6: *Creating a Sense of Ownership* and Chapter 7: *Making Progress and Making Decisions*), it is important to be able to concisely describe the following aspects of each project before soliciting funding:

- The problems a project will address
- The consequences (in social, financial, and political terms) of failing to address these problems
- Immediate and long-range project goals and expected outcomes
- Who will carry out the project, along with a compelling argument for their ability to succeed
- How accomplishments will be measured and evaluated
- How long the project will take
- How much it will cost
- How the project can be adapted for use in other areas (e.g., serve as a pilot project)

Finding Funders

Common funding sources for partnership activities include government funds, foundations, and company-sponsored foundations and corporate giving.

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Government Funds

Government funds may be sought at the federal, state, or local level. The *Catalog of Federal Domestic Assistance* at www.cfda.gov/ gives you access to all federal programs available to state and local governments (including the District of Columbia); federally-recognized Indian tribal governments; territories (and possessions) of the United States; domestic public, quasi-public, and private profit and nonprofit organizations and institutions; specialized groups; and individuals. You can search the catalog's database to find the assistance programs that meet your requirements and for which you are eligible. You can then contact the office that administers the program and find out how to apply.

Should you decide to seek state funds for your TB partnership, it is important to know your state's specific legislative budget decisionmaking procedures and timelines, including state budgeting periods (e.g., fiscal years), and the deadline for submission of the governor's budget to the legislature. It also helps to know the amount of time the legislature or the appropriations committee has to consider the budget.

When seeking state funds, it is important to identify and recruit a key elected official who is interested in, and supportive of, the TB partnership. Such persons can help you gain the support of other legislators and your governor. People who work for elected officials and legislative committees may also be approached to help you reach influential, but very busy, officials.

Your chances for success are greater when your partnership includes members who are known and respected by the legislators and elected officials you are trying to reach and are their constituents. It may be appropriate for your partnership to create a subcommittee or a task force to develop the strategies and actions needed to gain the state funding you seek. The subcommittee or task force may wish to

- Obtain endorsements and support from individuals and organizations that are not currently involved in your partnership

- Develop the partnership's capacity to activate action networks that will effectively communicate widespread support for your proposed policy changes to key decision makers as needed

The partnership should ensure that all of its supporters who interact with legislators are educated about the TB problem, the partnership and its goals, and the specific objectives for the funding sought, as well as the financial and political costs associated with failing to fund your proposal. The information you used to enlist the initial support of your agency and potential partners (see Chapter 5: *Determining Your Purpose and Choosing Partners*) may be adapted for use with your legislators. Since

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legislators are very busy, it is important for communication with them to be clear and concise. The more highly respected and influential supporters you have disseminating the message, the better.

The approaches described for seeking state funds are also applicable when seeking funds from local government entities, such as city or town councils or county boards of supervisors.

Foundations

To determine which foundations best match with your partnership, it is important to know

- Their areas of interest and geographic focus
- The types of activities they normally fund
- Their grant restrictions and financial capacity
- Specific projects they have recently funded
- Their funding cycles

The Foundation Center's Website, www.fdncenter.org is a good starting point for finding this information. The site has over 2,000 annotated links to grantmaker websites. The links are categorized as follows: Private Foundations, Grantmaking Public Charities, Corporate Grantmakers, and Community Foundations.

Since the Foundation Center's mission is to help grantseekers succeed, it also provides a variety of tools and training programs that may be of interest. Their *Prospect Worksheet (*available online) will help you organize the information you gather on foundations.

In addition to the Foundation Center's resources, your state may have a publication or central website with information on smaller foundations serving your program area. A reference librarian or a local bookstore may be enlisted to help you obtain this information. It is generally a good idea to start your search with foundations close to home, as they tend to have a greater interest in your area than do larger foundations principally concerned with programs of national significance. Creating a good track record with local foundations can increase your likelihood of success should you later approach these larger national foundations.

State and local grantmakers in your program area may have a formal network or association. Should this be the case, you may wish to explore providing them with information about TB at one of their regularly scheduled meetings.

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On a national level, the Robert Wood Johnson Foundation is an example of a private foundation that has become an invaluable source of funds for TB prevention and control programs; awards have gone to fund innovative projects to promote local partnerships and information sharing.

Company Sponsored Foundations and Corporate Giving

The Foundation Center website includes a directory of corporate giving. Companies tend to support activities that take place in areas where they do business and that enhance their corporate image. Companies and local businesses can be approached for in-kind contributions, including materials, facilities, and employees to serve as volunteers, as well as for financial support.

Companies usually provide financial support in one of two ways:

- A company-sponsored or corporate foundation: Though they often maintain close ties to the parent company, these foundations function as independent organizations with their own decision makers

- Corporate giving programs: These grantmaking programs are established and administered from within the company's organizational structure

Some companies have both a corporate giving program and a company-sponsored foundation.

Things to Keep in Mind

- Funding agencies usually have a designated staff member who can answer questions and provide initial feedback about project proposals. Before you write a grant proposal, call the staff person to briefly describe your project and why you think it is a good fit with that funder's mission and goals. Then, ask for feedback and suggestions.

- It is helpful to know the names of those who will make the final decisions about funding your project. You or your partners may know some of these individuals, which may increase your likelihood of success.

- Graduate schools of public health often have courses in grant writing. It may be possible to have a class or an individual work with your partnership to write the funding proposals you need.

- Getting projects funded takes patience and perseverance. You may need to submit proposals to several funders before you succeed.

- When clear lines of responsibility and accountability are not established in advance, an influx of funding can be a source of tension among partners.

Sufficient advance planning and a clear partnership vision will reduce the likelihood of such problems. Thus, it is important for funding proposals to have the tasks and those responsible for completing them clearly defined. Partners should agree in advance as to where, when, and how funds will be distributed.

Gaining Support for Public Policy Initiatives

Your partnership may decide to focus on changing public policies or regulations associated with TB prevention and control. This focus might include making DOT (directly observed therapy) a legal requirement within your program area. It is recommended that those partnerships addressing public policy issues undertake efforts to:

- Educate policy makers and TB stakeholders on the problems caused by TB in your area.

- Present scientific data and broad-based TB stakeholder support for the policy changes you propose.

- Demonstrate the cost-effectiveness of your approach and the political, social, and economic consequences of failure to enact your recommended policy changes.

- Work effectively with the media and stakeholder groups to build support for the changes you propose (see Chapter 9: *Sharing the Message: Working with the Media and TB Stakeholders*), as well as with those who will be making the final decision about your proposed policy change.

The steps described earlier in this chapter for seeking government funds are also applicable when seeking changes in legislation associated with TB regulations and public policy.

Things to Keep in Mind

- Some TB programs and their staffs are prohibited from lobbying to change public policies or state regulations. Should this be the case in your area, you may wish to ask a trusted colleague agency with lobbying experience, such as a physicians' association or a lung association, to consider undertaking the effort.

- Consider asking a trusted and experienced individual or partner to provide a partnership training session on conducting effective advocacy, which includes identifying effective approaches for meeting your specific policy objectives.

- Changing public policy requires patience and perseverance. It may take a few tries before the policy changes you seek are made.

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Related Resources

- *Developing and Writing Grant Proposals*

  This 6-page guide provided by the Catalog of Federal Domestic Assistance covers developing and writing a federal grant proposal. Many of its tips are also applicable when developing and writing proposals for corporations or foundations. This guide is available online at http://12.46.245.173/pls/portal30/CATALOG.GRANT_PROPOSAL_DYN.show.

- *The Centers for Disease Control and Prevention National Prevention Information Network Website* www.cdcnpin.org

  This website can help you locate possible funding opportunities. Visit the website and select "Search for: Funding." You will find private and government funding opportunities for community-based and HIV/AIDS, STD, and TB service organizations. Included are details about eligibility requirements, application processes, and deadlines.

- *TB Education and Training Resources Website* www.findtbresources.org.

  This website is a service of the Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination (DTBE). You can use this site to locate funding opportunities, search for TB education and training materials, sign up for TB-related listservs and digests, and locate TB-related Web links.

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13 Glossary

Term	Definition
Active TB disease (also known as tuberculosis)	An illness, caused by bacteria called *Mycobacterium tuberculosis*, in which tuberculosis (TB) bacteria are multiplying and attacking parts of the body, most commonly the lungs. A person with active TB disease is capable of spreading the disease to others if the TB bacteria are active in the lungs or throat. The symptoms of active TB disease include weakness, weight loss, fever, no appetite, chills, and sweating at night. Other symptoms of TB disease depend on where in the body the bacteria are growing. If TB disease is in the lungs (pulmonary TB), the symptoms may include a bad cough, pain in the chest, and coughing up blood.
Advisory committee	A type of partnership that brings together a group of experts to advise a specific organization. Members usually have diverse areas of expertise and come from a variety of TB stakeholder groups. They use their combined knowledge and skills to review, plan, and evaluate a specific agency's TB strategies, activities, and impact.
Attitude	An individual's predispositions toward an issue, person, or group, which influence his or her response to be positive or negative, favorable or unfavorable.
BCG	A vaccine for TB named after the French scientists Calmette and Guérin. BCG is not widely used in the United States, but it is often given to infants and small children in other countries where TB is common.
Brainstorm	An idea-gathering group process in which a facilitator writes each one-word or one-phrase idea offered by a group member on a flip chart. Each member has one, or several, orderly opportunities to contribute. No ideas are discussed, evaluated, or excluded.
Cavity	A hole in the lung where TB bacteria have eaten away the surrounding tissue. If a cavity shows up on your chest x-ray, you are more likely to cough up bacteria and be infectious.
CBO	See *Community-based organization*
Chest x-ray	A picture of the inside of your chest. A chest x-ray is made by exposing a film to x-rays that pass through your chest. A doctor can look at this film to see whether TB bacteria have damaged your lungs.

Term	Definition
Coalition	A type of partnership that brings together organizations that might normally compete and duplicate efforts. Partners undertake joint planning and coordinated action. Building a coalition requires sustained effort and the forging of long-term commitment among its members. Coalition goals often include raising awareness, implementing specific campaigns or projects, and improving services. Often, a TB coalition works on several activities at once through various subcommittees or task forces. The TB coalition usually serves as an umbrella organization to set agendas, solicit funding, handle marketing and publicity, and evaluate the progress of its subcommittees or task forces. Additional aspects that appear common to most coalitions include: Communication channels are formally established with partners' interactions occurring in structured settings such as meetings. Authority and accountability for conducting coordinated actions usually falls on individual organizations.
Collaboration	A type of partnership that brings together diverse stakeholder groups to define and address problems that no one member can resolve in isolation. Partners develop common goals and strategies, as well as a shared responsibility for creating the structures needed to implement them. It is a complex partnership consisting of well-defined, mutually beneficial relationships. Partners tend to have the full backing of their individual organizations. Resources are pooled or jointly secured for longer-term efforts. Collaborations are similar to coalitions, but with the following distinctions: Coalitions tend to bring together organizations with pre-existing common goals. Collaborations bring together organizations to create common goals. In coalitions, member organizations tend to maintain their pre-existing visions and approaches to their work. In collaborations, member organizations tend to align their visions and approaches with those developed by the collaboration. In coalitions, interaction tends to take place in structured settings, such as coalition meetings. In collaborations, communication and interaction among partners also frequently occurs informally between meetings.
Community	A system of people with common values and institutions who identify themselves as part of that common system.
Community-based organization (CBO)	An organization that is located in a specific community and provides services to, and is managed and directed by, members of that community.

Term	Definition
Community leader	A person who is formally or informally recognized as influential by a system of people with common values and institutions that identify themselves as part of that common system.
Contact	A person who has spent time with a person with infectious TB.
Culture	1. Integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 2. A test to see whether there are TB bacteria in phlegm or other body fluids. This test can take 2 to 4 weeks in most laboratories.
Cultural competence	Having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities
Directly observed therapy (DOT)	A way of helping patients take their medicine for TB. A patient getting DOT will meet with a health care worker every day or several times a week at a place on which both agree. This can be the TB clinic, home or work, or any other convenient location. The patient will take the medicine at this place.
Double-loop learning	Occurs when organizations question the validity of their current operating systems, policies, procedures, and objectives. Assumptions underlying current perceptions are identified and questioned. The consistency between what the organization says it does and what it actually does is publicly tested. The goal of this learning process is to improve outcomes by fully accepting and exploring successes and mistakes.
Drug-resistant TB bacteria	TB bacteria that can no longer be killed by a certain drug.
Extrapulmonary TB	TB disease in any part of the body other than the lungs (for example, the kidney or lymph nodes).
Goal	Goals describe the overall mission of the partnership. They are broad, general statements that clearly portray general improvements you wish to make.
High-risk populations	Populations at high risk of being exposed to and infected with *M. tuberculosis* (e.g., close contacts; persons from high-prevalence nations; the elderly; medically underserved, low-income populations; migrant farm workers; homeless persons; residents of long-term facilities; persons who inject drugs) or who are at a particularly high risk for the development of TB disease once infected (e.g., persons with HIV infection and persons recently infected with *M. tuberculosis)*.
HIV infection	Infection with the human immunodeficiency virus, the virus that causes AIDS (acquired immunodeficiency syndrome). A person with both latent TB infection and HIV infection is at very high risk for TB disease.

Term	Definition
Infectious TB	TB disease of the lungs or throat, which can be spread to other people.
Infectious person	A person who can spread TB to others because he or she is expelling TB bacteria into the air.
Isoniazid (INH)	A drug used to prevent TB disease in people who have latent TB infection. INH is also one of the five drugs often used to treat TB disease.
Latent TB infection (LTBI)	A condition in which TB bacteria are alive but inactive in the body. People with latent TB infection have no symptoms, do not feel sick, cannot spread TB to others, and usually have a positive skin-test reaction. People with latent TB infection may develop active TB disease later in life if they do not receive treatment for latent TB infection. Treatment for people with latent TB infection prevents them from developing TB disease.
Leadership	Effective leadership usually consists of an overall coordinator, an organizational driver, and committed partners who consistently support the partnership's ground rules, vision, and projects.
Media advocacy	The strategic use of mass media to reframe issues, shape public discussion, or build support for a policy, point of view, or environmental change.
Miliary TB	TB disease that has spread to the whole body through the bloodstream.
Multidrug-resistant TB (MDR TB)	TB disease caused by TB bacteria resistant to at least rifampin and isoniazid, the two most potent first-line drugs used to treat TB.
Multisector partnership	A partnership that includes more than one segment (sector) of a society or community (e.g., health care professionals, at-risk populations, government entities, businesses or commercial ventures, health care institutions, and institutions of higher learning)
Mycobacterium tuberculosis	Bacteria that cause latent TB infection and TB disease.
Network	A partnership whose primary purpose is to promote the exchange of information and ideas. Network membership can be formal or informal. Networks do not usually demand significant time or effort from their members; instead, they assist members in carrying out their individual work.
Objectives (see also SMART objectives)	Objectives state the expected result. They are the specific, measurable, attainable, realistic and time-framed (SMART) outcomes that are partial accomplishments of the goal.
Partnership	For the purposes of this document, a partnership is defined as the bringing together of diverse stakeholders to increase the ability of all members to share, understand, and value their diverse viewpoints and to improve TB prevention and control outcomes through cooperative work and respectful relationships.

Term	Definition
Public relations	Marketing activities designed to raise the public's awareness about a product, service, individual, or issue; management of an organization's public image that helps the public understand the organization and its products.
Pulmonary TB	TB disease that occurs in the lungs, usually producing a cough that lasts longer than 2 weeks. Most TB disease is pulmonary.
Resistant bacteria	Bacteria that can no longer be killed by a certain drug.
Single-loop learning	Occurs when organizations, such as partnerships, focus exclusively on fine-tuning their existing operating systems, policies, and practices.
Social marketing	The application and adaptation of commercial marketing concepts to the planning, development, implementation, and evaluation of programs that are designed to bring about behavior change to improve the welfare of individuals or their society. Social marketing emphasizes thorough market research to identify and understand the intended audience and what is preventing them from adopting a certain health behavior, and to then develop, monitor, and constantly adjust a program to stimulate appropriate behavior change. Social marketing programs can address any or all of the traditional marketing mix variables— product, price, place, or promotion.
SMART objectives	Program outcomes that are specific, measurable, attainable, realistic, and time-framed (SMART). See the *Planning With Partners Worksheet* in the Toolkit.
Smear	A process used to see whether there are TB bacteria in phlegm. To do this process, lab workers smear the phlegm on a glass slide, stain the slide with a special stain, and look for any TB bacteria on the slide. This test usually takes 1 day.
Sputum	Phlegm coughed up from deep inside the lungs. Sputum is examined for TB bacteria using a smear; part of the sputum can also be used to do a culture.
Stakeholder	See *TB stakeholder*
Stigma	A situation or circumstance that is seen as detracting from a person's character or reputation.
Strategy	The overall approaches a program takes.
Task force	A type of partnership that is often used to coordinate an intense, short-term effort that requires input from many diverse groups. Partners agree to complete a specific and well-defined task within a specified period of time. Task forces are most often formed to resolve a specific problem or crisis.

Term	Definition
TB skin test	A test that is often used to detect latent TB infection. A liquid called tuberculin is injected under the skin on the lower part of the arm. If a person has a positive reaction to this test, they probably have latent TB infection. ***TB skin test, negative,*** usually refers to a skin test result. If a person has a negative TB skin test reaction, they probably do *not* have latent TB infection. ***TB skin test, positive,*** usually refers to a skin test result. If a person has a positive TB skin test reaction, they probably *have* latent TB infection.
TB stakeholder	Any group or individual impacted by TB; thus, they have a stake in preventing and controlling the disease.
Tuberculin	A liquid that is injected under the skin on the lower part of the arm during a TB skin test. If a person has latent TB infection, they will probably have a positive reaction to the tuberculin.
Tuberculosis (TB)	See also "Active TB disease" and "Latent TB infection"

*Some definitions contained in this glossary were obtained from the Centers for Disease Control and Prevention Division of Tuberculosis Education, the Department of Health and Human Services Office of Minority Health, and the publication *Making Health Communication Programs Work* (National Cancer Institute, 2002)

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15Key CDC Resources

Chapter 4: How Well Do You Know Your Environment?

- *TB Education and Training Resources Website* www.findtbresources.org

  You can use this site to search for TB education and training materials, submit TB materials for inclusion in the database, find out how to order TB materials, locate funding opportunities, get information about TB organizations, find out about upcoming events, sign up for TB-related listservs and digests, and locate TB-related Web links. This website is intended for use by TB and other health care professionals, patients, and the general public.

- *TB-Related News and Journal Items Weekly Update*

  A compilation of TB-related articles published for the benefit and information of people interested in TB. To subscribe to the list, or to change your subscription options, please visit: www.cdcnpin.org/subscribe.asp#journal.

- *The TB Education and Training Network (TB ETN)*

  TB ETN was formed to bring TB professionals together to network, share resources, and build education and training skills. Currently, membership includes representatives from TB programs, correctional facilities, hospitals, nursing homes, federal agencies, universities, American Lung Associations, Regional Training and Medical Consultation Centers, and other U.S. and international organizations interested in TB education and training issues. Additional information about TB ETN can be accessed at www.cdc.gov/tb/TBETN.

- *Cultural Competency Resource List*

  This resource list was developed and is maintained by the Cultural Competency Subcommittee of the TB Education and Training Network (TB ETN). The list contains names, contact information, and descriptions of over 75 organizations worldwide. A copy of the *Cultural Competency Resource List* is available by sending an e-mail to tbetn@cdc.gov or by visiting the TB Education and Training Resources Website at www.findtbresources.org.

- *The Public Health Training Network (PHTN) of the Centers for Disease Control*

  PHTN is a distance learning system that takes training to the learner. The network uses a variety of instructional media ranging from print-based to videotape

and multimedia to meet the training needs of the public health workforce nationwide. PHTN can be accessed at www2.cdc.gov/phtn.

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- CDC. Division of Tuberculosis Elimination. *TB Elimination, Now Is the Time.* Atlanta, GA.

  This CDC pamphlet can serve as a call to action with partners. It provides background information on TB that lay persons can understand. The most current version of this pamphlet is available at www.cdc.gov/tb/pubs/nowisthetime/

- CDC. Division of Tuberculosis Elimination. *TB Facts for Health Care Workers.* www.cdc.gov/tb/pubs/tb facts_healthworkers/default.htm

Chapter 5: Determining Your Purpose and Choosing Partners

- CDC. *CDC's Response to Ending Neglect: The Elimination of Tuberculosis in the United States.* Atlanta, GA: US Department of Health and Human Services, CDC; 2002. www.cdc.gov/tb/pubs/iom/iomresponse/

  This 61-page document presents a TB elimination plan organized around six goals that frame TB elimination efforts in the context of recommendations made by the Institute of Medicine.

- *The Centers for Disease Control National Prevention Information Network Website.*

  This website can help you locate possible TB stakeholders groups in your area. Visit the website and select "Organizations" under "Specific Searches." You will find descriptions of more than 19,000 national, state, and local organizations that provide resources and services related to HIV/AIDS, STDs, and TB. For additional

TB tools and resources, visit the CDCNPIN Website and select "Tuberculosis." www.cdcnpin.org

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- CDC. Division of Tuberculosis Elimination. *TB Elimination, Now Is the Time*. Atlanta, GA. www.cdc.gov/tb/pubs/nowisthetime/

Chapter 6: Creating a Sense of Ownership

- TB-Educate

  This is an e-mail listserv through which hundreds of health professionals from across the country and around the world exchange information, share experiences, and ask TB education and training questions. Subscribe to the listserv at www.cdcnpin.org/scripts/subscribe.asp#tb.

- *TB Notes Newsletter*

  This CDC quarterly newsletter contains news about the CDC's Division of Tuberculosis Elimination activities and highlights from state and local TB programs across the country. It also contains a calendar of events describing meetings, conferences, and other educational activities of potential interest to those working in TB. Access the newsletter at www.cdc.gov/tb/notes/notes.htm.

Chapter 7: Making Progress and Making Decisions

- *National Public Health Leadership Development Network*

  The CDC, with the Association of Schools of Public Health and Saint Louis University, created this network. It provides a variety of resources and information designed to develop state and regional health care leadership dedicated to meeting local grassroots needs. The network's goals are accomplished by developing and enhancing individual and organizational leadership and management. Additional information on the network can be obtained from www.heartlandcenters.slu.edu/nln/.

Chapter 9: Sharing the Message

- *Introduction to Media Relations* (1992)

  This VHS training video is designed to teach public health officials to effectively communicate and interact with the print and electronic media. Bob Howard, Office of Public Affairs, and Carol Robinson, Office of the Director, Centers for Disease Control and Prevention, served as course developers. Running Time: 38 minutes. Target Audience: Academicians, Community Leaders, Health Officers, Program Managers, and Public Health Program Staff. Price: $30.00. This training video may be ordered online at www2.cdc.gov/PHTN/catalog/vt007.asp.

Chapter 10: Preparing for Outbreaks

- *Emergency Risk Communication CDCynergy:* www.bt.cdc.gov/erc/erc.asp.

  The purpose of this tool is to introduce the user to communication principles and tools as they relate to emergency risk communication.

- *CDCynergy: Emergency Risk Communication (ERC) Training*

  The CDC offers ERC training appropriate for public health workers and communicators both inside and outside of the government. Information about CDCynergy ERC Training, including the curricula and tools, can be found at www.bt.cdc.gov/erc/erc.asp.

- CDC. Framework for program evaluation in public health. *MMWR* 1999; 48, (No. RR-11). www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm

  Effective program evaluation is a systematic way to improve and account for public health actions that involves procedures that are useful, feasible, ethical, and accurate. This framework guides public health professionals in their use of program evaluation. It is a practical, nonprescriptive tool, designed to summarize and organize essential elements of program evaluation. Information about the framework and evaluation resources, including step-by-step manuals, can be found at www.cdc.gov/eval/index.htm.

Chapter 12: Selling Your Success to Others: Getting Support

- *The Centers for Disease Control and Prevention National Prevention Information Network Website* www.cdcnpin.org

  This website can help you locate possible funding opportunities. Visit the website and select "Funding" under "Specific Searches". You will find private and government funding opportunities for community-based and HIV/AIDS, STD, and TB service organizations. Included are details about eligibility requirements, application processes, and deadlines.

16 Toolkit

The purpose of the *Forging Partnerships to Eliminate Tuberculosis Toolkit* is to make it easier for you to implement the tips and strategies provided in the *Forging Partnerships to Eliminate Tuberculosis* guide. The *Toolkit* contains checklists and worksheets designed to help you assess existing assets and barriers to effective partnering, and to use that information to develop and implement more effective TB prevention and control programs. In addition, the *Toolkit* contains sample materials that you can easily adapt for local use. The documents are available in the following formats:

Forging Partners Documents	Printed Manual	CD Rom	Web
Guide	✓	PDF	PDF
Toolkit	✓	PDF	PDF
		Fillable PDF Forms (of each tool)	—
		Word document (of each tool)	Word document (of each tool)

The guide and *Toolkit* are available on the internet at www.cdc.gov/tb/pubs/forge/default.htm.

Toolkit Contents

Tool	Purpose	For more information, see
1. *At-Risk Population Information Worksheet*	To gather, organize, and store information that will help partners gain a deeper understanding of community leaders' perspectives on barriers to TB prevention and control. The tool also helps partners to identify community assets that could help to overcome these barriers.	**Chapter 4, page 22**
2. *Associations of Primary Care Providers and Professional Associations Worksheet*	To organize and store information provided by individuals who provide primary care to at-risk populations and their professional associations. You can use this information to - Assess knowledge levels of TB risk factors and diagnosis and treatment protocols, as well as the cultural issues that impact TB prevention and control efforts. - Identify and recruit new partners. - Understand and address training needs.	**Chapter 4, page 25**
3. *Developing Linguistic Competence within Primary Health Care Organizations Checklist*	To help primary health care organizations assess their linguistic competence. The checklist covers policies, structures, practices, and procedures.	**Chapter 4, page 28**
4. *Sample Partnership Description*	To provide new or potential partners with consistent written background and contact information about your partnership. You can also include the description with press releases or other partnership correspondence.	**Chapter 5, page 31**
5. *Sample Letter to an At-Risk Community Leader*	To introduce your partnership and its issues to leaders of local at-risk communities.	**Chapter 5, page 37**
6. *Partnership Skills and Abilities Inventory Checklist*	To help the partnership identify the skills and abilities of current partners, as well as to develop a common understanding of skills and abilities gaps that need to be addressed.	**Chapter 5, page 36**
7. *Assessing Your Agency's Commitment Worksheet*	To help you to accurately understand your agency's view of partnerships. The worksheet can also help you to identify and address concerns or limitations your agency has with its participation in partnership activities.	**Chapter 5, page 34**

Tool	Purpose	For more information, see
8. *Planning with Partners: Moving from Goals to Effective Action Checklist*	To help you focus on identifying the goals, strategies, objectives, projects, and activities most likely to accomplish the partnership's vision.	**Chapter 6, page 48**
9. *How to Write SMART Objectives Checklist*	To help you write objectives that are the specific, measurable, attainable, realistic and time-framed (SMART) outcomes you are seeking.	**Chapter 6, page 48**
10. *Planning with Partners Worksheet*	To guide partners through a cooperative planning process that produces realistic and appropriate objectives that partners are committed to achieving. In addition, worksheet information can help to clarify any additional skills, abilities, volunteers, or material resources the partnership may need to achieve its objectives.	**Chapter 6, page 48**
11. *Conducting a Press Conference Checklist*	To help partners develop a common understanding of the steps involved with conducting a successful press conference, as well as the time and resources needed to complete these steps.	**Chapter 9, page 70**
12. *Single Overriding Communications Objective (SOCO) Worksheet and*	To provide an example of how to develop key messages around a particular TB topic.	**Chapter 9, page 70**
13. *Sample Single Overriding Communications Objective (SOCO) Worksheet*	To provide an example of how to develop key messages around a particular TB topic.	**Chapter 9, page 70**
14. *Sample TB Article for Use with a High-Risk Population*	To show the type of article that a community leader might adapt and use to educate the local constituency about TB issues.	**Chapter 9, page 72**
15. *TB Outbreak Communication Needs Assessment Checklist*	To help partners determine where they stand with respect to their partnership's preparedness to communicate about a TB outbreak or other TB-related crises to each other and the public.	**Chapter 10, page 76**
16. *Show Me the Money*	To show how to use the CDC NPIN Website to locate funding opportunities.	**Chapter 12, page 91**

At-Risk Population Information

Population	

Contact Information			
Name		**Organization**	
Address		**Phone**	
		FAX	
		E-mail	

About the population

Geographic distribution, common religions, languages, employers, length of time in the United States

What are your community's main health concerns?

How does the population view TB?	

What do you see as the principle barriers to TB prevention and control?	

At-Risk Population Information

About the community structure	
What are the principle organizations to which community members belong?	
Who are the main primary care providers for the population?	
How does the community share information (e.g., newsletters, community forums, and events)?	
About your organization	
The organization's age, mission, and primary activities	
The organization's structure, leaders, and decision making processes	

Associations of Primary Care Providers and Professional Associations

Worksheet

Contact Information

Name		**Organization**	
Address		**Phone**	
		FAX	
		E-mail	
		Website	

About your practice and patients

What is your awareness of/ involvement with TB and at-risk populations?	
What are the stigmas, language, and cultural issues impacting your ability to serve your at-risk patients?	
What would help you to address these stigmas, language, and cultural issues?	
How do your at-risk patients view TB?	

About your organization

What is its mission and primary activities?	
What is your leadership structure? (How are decisions made, are there regional working groups, etc.)	

Associations of Primary Care Providers and Professional Associations

About your meetings			
Type/purpose		Type/purpose	
Who attends		Who attends	
How often		How often	
Location		Location	
Time		Time	
Type/purpose		Type/purpose	
Who attends		Who attends	
How often		How often	
Location		Location	
Time		Time	

Communicating with your organization's members	
Do you publish a newsletter?	
Do you use any electronic channels (for example, e-mail or website)?	

Developing Linguistic Competence within Primary Health Care Organizations

☑*Checklist*

Use this checklist to help primary health care organizations develop policies, structures, practices, and procedures that support linguistic competence.

Does the primary health care organization or program have:

❑ A mission statement that articulates its principles, rationale, and values for providing linguistically and culturally competent health care services?

❑ Policies and procedures that support staff recruitment, hiring, and retention to achieve the goal of a diverse and linguistically competent staff?

> The terms *interpretation* and *translation* are often used interchangeably. The National Center for Cultural Competence makes a distinction between the two terms and has provided the following definitions:
>
> **Translation** typically refers to the written conversion of written materials from one language to another.
>
> **Interpretation** is the oral restating in one language of what has been said in another language.

❑ Position description and personnel performance measures that include skill sets related to linguistic competence?

❑ Policies and resources to support ongoing professional development and in-service training (at all levels) related to linguistic competence?

❑ Policies, procedures, and fiscal planning to ensure the provision of translation and interpretation services?

❑ Policies and procedures regarding the translation of patient consent forms, educational materials, and other information in formats that meet the literacy needs of patients?

❑ Policies and procedures to evaluate the quality and appropriateness of interpretation and translation services?

❑ Policies and procedures to periodically evaluate consumer and personnel satisfaction with interpretation and translation services that are provided?

❑ Policies and resources that support community outreach initiatives to persons with limited English proficiency?

❑ Policies and procedures to periodically review the current and emergent demographic trends for the geographic area served in order to determine interpretation and translation services?

Sample Partnership Description

<The Name of Your TB Program>

The <name of your TB program> has responsibility for controlling tuberculosis (TB) in our area. The program coordinates its efforts with over <number> agencies, including <name the agencies or stakeholder groups>.

Concern

Unfortunately, TB is not yet a disease of the past. In <name of your state or program area>, people who are <name your area's high-risk populations, including the specific countries or world regions for those born outside of the United States> are among those most affected by the disease. We are particularly concerned that <describe specific problems and resulting human suffering associated with TB in your area that the partnership will be addressing, such as treatment-completion rates and the resulting risk of drug-resistant TB that could be passed on to loved ones, or lack of awareness among at-risk populations of symptoms and risk factors>.

Response

<If your partnership is already established, you may wish to provide a brief history of the partnership, along with its significant accomplishments and participating stakeholder groups.>

We are seeking partners who are willing to work with us to develop and implement programs that will reduce the suffering caused by TB in <your state or program area>. With the support of partners who are recognized experts in the field of TB elimination, respected leaders of at-risk populations, health care providers, and <name additional TB stakeholder groups you wish to include, such as elected officials, faith-based organizations, universities, schools of public health, professional associations, and business or community-based organizations>,we can make a difference.

Partnership Participation

As partners, we bring a variety of skills, experiences, and perspectives to the table. We value each other's perceptions, and we are committed to working cooperatively to <describe the overall purpose of your partnership>. We regularly evaluate our efforts and our outcomes. We agree to meet at least <name the desired frequency of meetings, such as monthly>. We create and serve on working groups as needed to accomplish our goals and objectives. <Briefly describe any current partnership projects or working groups.>

For More Information

Contact <person or persons> at <e-mail addresses> or <phone numbers>.

Sample Letter to an At-Risk Community Leader

<Date>

Esteemed <Dr., Mr. or Ms.> <Recipient's Name>
<Title>
<Street Address>
<City, ST ZIP>

Dear <Recipient's Name>:

I respectfully request your help addressing a health problem that is disproportionately impacting people from <name the area> living in our <state, county, city, community>. As a respected community leader, your perspectives on how we might work together to address this problem are crucial to our ability to better serve <name of at-risk community>.

The health problem I am referring to is tuberculosis (TB). TB is both curable and preventable. However, left untreated, TB can be easily transmitted to loved ones and can be fatal.

I am seeking participation by you, a respected community leader, in a TB partnership we are forming to <describe the overall purpose or need you are trying to address>. In addition to community leaders, we are seeking participation from <list participating stakeholder groups>.

As a first step in exploring partnering, would you be willing to meet with <name and title> from my office so that we can learn more about the <name> community in our state? <He/she> will be calling you later in the week to see whether a meeting is possible and to answer any questions you may have about TB or our agency and its work. Should you wish to contact me directly, I can be reached at <phone number> or <e-mail address>.

Thank you for your time and consideration.

Sincerely,

<Name>
<Title>
<Organization>
<It is often helpful to have the letter come from the state TB controller, since it shows community leaders that there is a high level of organizational support for the partnership.>

Partnership Skills and Abilities Inventory

☑ Checklist

Stakeholder Groups	TB medical expertise	Cultural competency	Respected by peers	Influence with TB stakeholders	Decision maker in their organization	Stakeholder access	Potential partners access	Health program development expertise	Financial resources or fundraising ability	Influence with high-level policy makers	Knowledge of TB programs & services	Knowledge of TB rules and regulations	Social marketing media expertise	Meeting facilitation	Leadership skills
TB Program Staff															
Leader of At-Risk Populations															
Professional Organizations															
Community-Based Organizations															
Advocacy Groups															
Nonprofit Agencies															
Employer of At-Risk Populations															
Health Care Providers															
Managed Care Providers															
Academic Institutions															
Residential Facilities															
Media															
Policy Makers															
Foundations															
Third-Party Payers															
General Public															

Assessing Your Agency's Commitment

1. Determine who has ultimate authority and responsibility for what aspects of your TB prevention and control program and its budget.

2. Determine the level of influence your partnership needs to have with your TB program and your agency to accomplish its purpose.

3. Clarify the extent to which partnership suggestions and input will be able to influence and shape your TB program. In other words, determine who within your agency has final say and clarify how open they are to outside input.

4. Determine how your agency's formal and informal communication channels can be used to build and maintain support for your partnering efforts.

5. Identify the issues that are most important to your agency's key decision makers. Clarify how your TB partnership will address these issues.

6. Identify any fears and concerns your agency's key decision makers have about partnering. Identify ways to minimize these fears and concerns.

7. Anticipate the impact your agency's rules and regulations, such as prohibitions on working with the media or lobbying elected officials, are likely to have on the partnership. Clarify how you will respond should partners wish to proceed in these areas.

Planning With Partners: Moving from Goals to Effective Action

☑ *Checklist*

1. Establish the planning context

❑ State the overall purpose of the partnership

❑ Summarize the partnership's vision

❑ Review significant environmental trends affecting TB in your area

❑ Summarize the partnership's successes and lessons learned to date

Use these steps to focus the planning process on options and actions that will have the most impact on TB prevention and control.

2. Brainstorm options

❑ Write one word or a one-phrase idea offered by each partner on a flip chart. Each partner has one, or several, orderly opportunities to contribute.

❑ No ideas are discussed, evaluated, or excluded.

Brainstorming encourages partners to generate a wide variety of options and to build on each other's ideas.

3. Narrow the field

❑ Each partner identifies two or three options he or she sees as having the biggest impact on the vision.

❑ Each partner describes the impact he or she believes each chosen option will have on the vision.

❑ Together, partners make a final selection of the options they think the partnership should pursue at this time.

These steps help focus the discussion on fully understanding and comparing the relative merit of all options that might impact the vision.

4. Summarize the remaining options

❑ Partners work together to create a one or two sentence description or definition of the options selected above.

This step helps the group solidify the choices it made above.

5. Identify the SMART (specific, measurable, attainable, realistic, and time-framed) objectives needed to implement each option

❑ Identify one or more SMART objectives to implement each remaining option.

When all partners responsible for implementing an option help to create its SMART objectives, the objectives are more likely to be appropriate and realistic.

6. Identify the steps needed to achieve the SMART objectives

❑ Identify the data, procedures, and steps you will use to evaluate your outcomes.

❑ Use the Planning with Partners Worksheet to clarify the tasks needed to implement your SMART objectives.

Identifying the needed steps alerts partners to SMART objectives that may be overly ambitious or difficult to achieve, allowing partners to modify such objectives before problems occur.

How to Write SMART Objectives

Objectives are the specific, measurable, attainable, realistic and time-framed (SMART) outcomes you are seeking. Use this checklist to ensure your objectives are SMART.

❑ **Specific**
Describe the specific behavior or outcome you wish to achieve. This outcome should be related to a number, rate, percentage or frequency.

❑ **Measurable**
Determine the system by which you plan to measure your progress towards the achievement of the objective. This data may come from your TB registry or another information management system you have in place.

❑ **Attainable**
Ensure that the objective can be achieved with a reasonable amount of effort.

❑ **Realistic**
Ensure that the people with whom the objective is set have the necessary knowledge, skills, and abilities to make an impact on the situation.

❑ **Time Framed**
Include a time period or a start and finish date during which activity working toward the objective will take place.

Here are examples of SMART TB objectives:

1. An educational objective related to private providers:
   Upon completion of the 2-hour training session, participants will be able to identify three TB stigmas common to their high-risk populations and three strategies for minimizing these stigmas.

2. An educational objective related to patient incentives:
   At the end of the training session, the student will be able to list two incentives to use with TB patients to help them take their medicines.

3. A TB program objective related to completion of therapy:
   At least 90 percent of patients with newly diagnosed TB, for whom therapy for one year or less is indicated, will complete therapy within 12 months.

Planning with Partners

Worksheet

Planning Option:

SMART Objective*:

	Activities Required to Meet the Objective	Responsible Partners	Deadline	Cost (including in-kind services)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*Sample of a SMART (specific, measurable, attainable, realistic, and time-framed) Objective: Upon completion of the 2-hour training session, participants will be able to identify three TB stigmas common to their high-risk populations and three strategies for minimizing these stigmas

Conducting a Press Conference

Reason for the Press Conference

☐ A newsworthy story or breaking TB information with significant impact on your program area _____

☐ TB partnership launching a major new program or policy initiative, or is issuing a public statement about a "controversial" issue

_____

_____

_____

☐ Key messages and information to be imparted _____

_____

_____

Schedule Press Conference Participants

Speakers

Potential Speaker's Name	Relationship to Subject	Contact Date	Confirmed Participation?	Topics Will Cover	Visuals Needed?	Reviewed guidelines, questions, and tips?

Conducting a Press Conference

Moderator

Potential Moderator's Name	Relationship to Subject	Contact Date	Confirmed Participation?	Topics Will Cover	Visuals Needed?	Reviewed guidelines, questions, and tips?

Logistical contacts

Name		Phone
Address		**FAX**
		E-mail
Name		**Phone**
Address		**FAX**
		E-mail

Assemble the Necessary Materials

- Sign-up sheet (each attending journalist signs with their name, organization, e-mail, fax, phone, and address)

- Press kit that includes:
  - ❏ Press conference agenda

  - ❏ Press release or media advisory

  - ❏ List of the press conference speakers and moderator, including brief biographies

  - ❏ Fact sheets, graphs, a concise background on TB in your area, and concise information on your partnership's history, purpose, and major accomplishments

  - ❏ Executive summaries and full copies of any reports issued at the press conference

  - ❏ Written copies of speakers' presentations or at least their key points

- Visuals:
  - ❏ TB posters or banners

  - ❏ Displays that include pictures of the partnership and its work

Ensure That Journalists Attend / Follow-up and Follow-through

Journalist/Editor	Press Release Sent?	Confirmed Receipt?	Reminder Sent?	Attended?	Press Kit Sent?	Produced Coverage?	Thank you / Rebuttal Sent?

Single Overriding Communications Objective (SOCO)

In one BRIEF paragraph, state the key point or objective you want to accomplish by doing the interview. This statement should reflect what you, the author or speaker, would like to see as the lead paragraph in a newspaper story or broadcast report about your topic.

What are the three or four facts or statistics you would like the public to remember as a result of reading or hearing about this story?

Who is the main audience or population segment you would like this message to reach?
Primary: Secondary:

What is the ONE message you want the audience to take away from this interview/report?

Who in your office will serve as the primary point of contact for the media?

Name: Phone: Email:

Date(s) and time(s) available: Date: Time:

Sample Single Overriding Communications Objective (SOCO)

Worksheet

In one BRIEF paragraph, state the key point or objective you want to accomplish by doing the interview. This statement should reflect what you, the author or speaker, would like to see as the lead paragraph in a newspaper story or broadcast report about your topic.

> National surveillance data show that the rate of active TB cases fell to an all time low in 2004 to 4.9 cases per 100,000 people, or 14,511 total cases.
>
> However, decline in the national TB rate was only 3.3% from 2003 to 2004 – one of the smallest declines in more than a decade
> - May suggest slowing in our progress towards eliminating TB in the U.S.
> - Overall slowing, combined with disproportionate impact on several populations, especially racial/ethnic minorities and foreign-born individuals, are reason for concern
> - Have learned from the past that TB must continue to be taken seriously

What are the three or four facts or statistics you would like the public to remember as a result of reading or hearing about this story?

> Foreign-born persons accounted for more than half of TB cases and had a case rate 8.7 times higher than U.S. born (22.5 v. 2.6/100,000)

> CDC is working to strengthen global partnerships in areas hardest hit by TB by:
> - Improving overseas screening for immigrants and refugees and testing recent arrivals from high-incidence countries for latent TB infection
> - Strengthening the notification system that alerts local health departments to the arrival of immigrants who are known or believed to have TB
> - Improving coordination of TB control with Mexico

> Rates for Hispanics 8 times higher than whites, 8 times higher for blacks, 20 times higher for Asians

> CDC is working on an ongoing basis with state/local health departments to ensure adequate local resources in communities facing burden
> - Funded demonstration projects in Illinois, Georgia, and South Carolina to help address TB among African Americans

Who is the main audience or population segment you would like this message to reach?
Primary: General public   Secondary: Policy makers (awareness)

What is the ONE message you want the audience to take away from this interview/report?

> Latest data show that TB was at an all time low in 2004, but progress to eliminate TB in the U.S. may be slowing.

Who in your office will serve as the primary point of contact for the media?

Name: Phone: Email:

Date(s) and time(s) available: Date: Friday, March 18   Time: 10:00 a.m.

Sample TB Article for Use With a High-Risk Population

<Newsletter Article Title>

Though many people may think that tuberculosis (TB) is a disease of the past, it continues to be a problem in <u>name your state or area</u>. In our area, approximately <u>number</u> percent of all TB cases are occurring in <u>describe TB case or case rate disparities or high risk groups e.g., people who come from countries where TB is common, racial and ethnic minorities, others</u>. Among those most impacted by TB in our area are <u>name and use figures from your area associated with this article's target audience, which may be people from a specific nation or region of the world</u>.

What is TB?

Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis.* The bacteria can attack any part of your body, but they usually attack the lungs. TB disease was once the leading cause of death in the United States.

How TB is Spread

One of the most serious challenges posed by active TB is that it can be spread to others through the air. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs, laughs, or sneezes. People nearby may breathe in these bacteria and become infected. If a person lives in close proximity to someone with active TB, such as a family member, or if a person has frequent close contact with someone with active TB, that person is at higher risk for contracting the TB germ.

Knowing the Symptoms

Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions can exist: latent TB infection or active TB disease — both of which are treatable and curable.

A Person with Latent TB Infection	A Person with Active TB Disease
• Usually has a skin test or blood test result indicating TB infection	• Usually has a skin test or blood test result indicating TB infection
• Has TB bacteria in his/her body that are alive, but **inactive**	• Has **active** TB bacteria in his/her body
• Does not feel sick	• Feels sick and may have symptoms such as coughing, fever, and weight loss
• Cannot spread TB bacteria to others	• May spread TB bacteria to others
• Should consider treatment for latent TB infection to prevent active TB disease	• Needs treatment to cure active TB disease

Many people who have latent TB infection never develop TB disease. In these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people, especially people who have weak immune systems, the bacteria become active and cause TB disease.

Getting Treatment

The good news is that persons with either latent TB infection or active TB disease can be effectively treated. The first step is to identify persons with latent TB infection or active TB disease by ensuring that they get a TB skin test and any other needed tests. The second step is to help the people with latent TB infection and those with active TB disease get proper treatment. Rapid progression from latent TB infection to active TB disease can easily be prevented. Active TB disease can be treated and cured.

In <name your area, describe the TB services available, their cost, if any, and where they can be accessed>. The privacy of those using TB services is respected and all patient information is kept in strict confidence. The medication used to cure TB is given to patients by medical professionals and must be taken as directed. Taking the medication as directed is very important because failure to take the medications as indicated can result in a person developing or transmitting drug-resistant forms of TB, which can lead to serious health problems for themselves and their loved ones.

About <Partnership name>

<Insert name and title of respected leader from this community> is a valued member serving on the <name of your TB partnership>. The partnership is composed of <list stakeholder groups or agencies> that are committed to <describe the purpose of your partnership and any programs that may be of interest to this article's target audience>. For more information about the partnership, please contact <community leader's name, phone number, and if available, an e-mail address>.

TB Outbreak Communication Needs Assessment

Planning, Research, Training, and Evaluation

	Yes	No	No Need
Does your TB partnership have an outbreak communication plan for public information and media, partner, and stakeholder relations?			
If yes, does the plan have the following elements:			
Designated staff responsibilities for the public information team?			
Information verification and clearance/approval procedures?			
Agreements on information release authorities (who releases what/ when/how)?			
Regional and local media contact list (including after-hours news desks)?			
Procedures to coordinate with the public health organization response teams?			
Designated spokespersons for public health issues in an outbreak?			
TB control program outbreak response team after-hours contact numbers?			
Contact numbers for emergency information partners?			
Procedures to secure needed resources (space, equipment, and people).			
Identified vehicles of information dissemination to public, stakeholders, partners (e.g., e-mail listservs, broadcast faxes, and press releases)?			
Have you coordinated your planning with the local and state TB control programs?			
Have you coordinated your planning with other key organizations such as the public education system?			
Have designated spokespersons received media training?			
Do the spokespersons understand communication principles that build trust and credibility?			

TB Outbreak Communication Needs Assessment

Messages and Audiences

	Yes	No	No Need
Are any other types of incidents (e.g., a high-profile case) likely to require intense public information, media, and partner communication responses by your TB partnership?			
Have you **identified special populations** (e.g., elderly, first language other than English, Tribal communities, and border populations)? List any specific subpopulations that need to be targeted with specific messages during a TB outbreak.			
Have you **identified the TB partners** who should receive information and updates directly from (not solely through the media) the TB control program during an outbreak?			
Have you **identified all stakeholder organizations** or populations (groups or organizations that have an active interest in monitoring activities—to whom you are most directly accountable, other than official chain of command) who should receive direct communication during an outbreak?			
Have you developed **topic-specific pre-outbreak materials** for TB-related issues, or identified sources of these materials (if needed):			
- Topic fact sheet (e.g., description of active TB disease, latent TB infection, and treatment)?			
- Public Questions/Answers?			
- Partner Questions/Answers?			
- Resources for media/public/partners to obtain additional information?			
- Web access and links to information on TB?			
- Recommendations for affected populations?			
- Background beta video (B-roll) for media use on the topic?			
- List of subject matter experts outside your partnership who would be effective validators to public/media regarding your activities during an outbreak?			

TB Outbreak Communication Needs Assessment

Messenger

	Yes	No	No Need
Have you identified TB partnership spokespersons for media and public appearances during an emergency?			
If yes, have you:			
Identified persons by position to act as spokespersons for multiple audiences (e.g., media spokesperson or community meeting speaker) and formats about public health issues during an outbreak?			
Ensured that the spokespersons understand their communication roles and responsibilities and will incorporate them into their expected duties during the outbreak?			

Delivery Methods and Resources

	Yes	No	No Need
Does your partnership have **go kits** for public information officers who may have to abandon their normal places of operation during an outbreak?			
If yes, does the kit include:			
A computer(s) capable of linking to the Internet/e-mail?			
CD–ROM or disks containing the outbreak communication plan (including media, public health, and organization contact lists, partner contact lists, and information materials)?			
A cell phone or satellite phone, pager, wireless e-mail, etc.?			
A funding mechanism (credit card, etc.) that can be used to purchase operational resources as needed?			
Manuals and background information necessary to provide needed information to the public and media?			
Have you identified the mechanisms that are or should be in place to ensure **multiple channels?**			
If yes, do they include:			
Media channels (print, TV, radio, Web)?			
- Websites?			
- Phone banks?			
- Town hall meetings?			
- Listserv e-mail?			
- Broadcast fax?			
- Letters by mail?			
- Subscription newsletters?			
- Submissions to partner newsletters?			
- Regular or special partner conference calls?			
Are **contracts/agreements** in place to post information to broadcast, fax, or e-mail systems?			
Have **locations** for press conferences been designated?			

TB Outbreak Communication Needs Assessment

Personnel

	Yes	No	No Need
Have you identified employees, contractors, fellows, interns currently working for you or available to you in an outbreak situation, that have skills in the following areas:			
- Public affairs?			
- Health communication?			
- Communications?			
- Health education?			
- Training?			
- Technical writing/editing?			
- Audio/visual?			
- Internet/Web design?			
Others who contribute to public/provider information?			
Have you identified who will provide the following expertise or execute these activities during an outbreak (including backup):			
Command and control:			
Directs the work related to the release of information to the media, public, and partners?			
Activates the outbreak communication plan, based on careful assessment of the situation and the expected demands for information by media, partners, and the public?			
Coordinates with horizontal communication partners, as outlined in the plan, to ensure that messages are consistent and within the scope of the partnership's role?			
Provides updates to all partner organization's and others as determined in the plan?			
Advises the partnership and chain of command regarding information to be released, based on the partnership's role in the response?			
Ensures that outbreak communication principles are employed in all contact with media, public, and partner information-release efforts?			
Advises incident-specific policy, science, and situation?			
Reviews and approves materials for release to media, public, and partners?			
Obtains required clearance of materials for release to media on policy or sensitive topic-related information not previously cleared?			
Determines the operational hours/days, and reassesses throughout the outbreak?			
Ensures resources are available (human, technical, and mechanical supplies)?			

TB Outbreak Communication Needs Assessment

Media:	Yes	No	No Need
Assesses media needs and organizes mechanisms to fulfill media needs during the outbreak (e.g., daily briefings in person, versus a website update)?			
Triages the response to media requests and inquiries?			
Ensures that media inquiries are addressed as appropriate?			
Supports spokespersons?			
Develops and maintains media contact lists and call logs?			
Produces and distributes media advisories and press releases?			
Produces and distributes materials (e.g., fact sheets, Background-roll)?			
Oversees media monitoring systems and reports (e.g., analyzing environment and trends to determine needed messages; determining what misinformation needs to be corrected; and identifying concerns, interests, and needs arising from the outbreak and the response)?			
Ensures that communication principles that build trust and credibility are incorporated into all public messages delivered through the media?			
Acts as member of the outbreak investigation unit (OIU) on the field site team for media relations?			
Serves as liaison from the organization to the OIU and back?			
Directs public information:			
Manages the mechanisms to respond to public requests for information directly from the organization by telephone, in writing, or by e-mail?			
Oversees public information monitoring systems and reports (e.g., analyzing environment and trends to determine needed messages; determining what misinformation needs to be corrected; identifying concerns, interests, and needs arising from the outbreak and the response)?			
Activates or participates in the telephone information line?			
Activates or participates in the public e-mail response system?			
Activates or participates in the public correspondence response system?			
Establishes and maintains links to other emergency response websites?			

TB Outbreak Communication Needs Assessment

Partner/stakeholder information:	Yes	No	No Need
Establishes communication protocols based on prearranged agreements with identified partners and stakeholders?			
Arranges regular partner briefings and updates?			
Solicits feedback and responds to partner information requests and inquiries?			
Oversees partner/stakeholder monitoring systems and reports (e.g., analyzing environment and trends to determine needed messages, determining what misinformation needs to be corrected, and identifying concerns, interests, and needs arising from the outbreak and the response)?			
Helps organize and facilitate official meetings to provide information and receive input from partners or stakeholders?			
Develops and maintains lists and call logs of legislators and special interest groups?			
Responds to legislator / special interest groups requests and inquiries?			
Content and material for TB outbreaks:			
Develops and establishes mechanisms to rapidly receive information from the TB control program regarding the outbreak?			
Translates TB control program situation reports and meeting notes into information appropriate for public and partner needs?			
Works with subject matter experts to create situation-specific fact sheets, Q/As, and updates?			
Compiles information on possible TB-related topics for release when needed?			
Tests messages and materials for cultural and language requirements of special populations?			
Receives input from other partnership outbreak communication team members regarding content and message needs?			
Uses analysis from media, public, and partner monitoring systems, and reports (e.g., environmental and trend analysis to determine needed messages, what misinformation needs to be corrected, identify concerns, interests, and needs arising from the outbreak and the response) to identify additional content requirements and materials development?			
Lists contracts/cooperative agreements/consultants currently available to support outbreak information dissemination?			

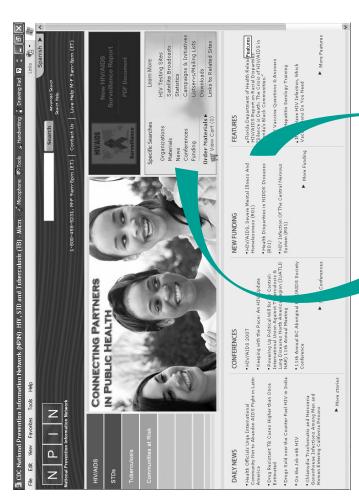# TB Outbreak Communication Needs Assessment

Resources

Do you have space:	Yes	No	No Need
To operate your outbreak communication plan at various partner sites? (You need a place to bring media on site, separate from the TB control program.)			
To quickly train spokespersons?			
For team meetings?			
For equipment, exclusive for your use? (You cannot stand in line for the copier when media deadlines loom.)			
Have you considered the following contracts and memoranda of agreement:			
A contract for writers or public relations personnel who can augment your staff?			
Lab/treatment protocols?			
Managers/school administrators looking for policy statements for employees and students?			
Do you have the following recommended equipment:			
Fax machine (with a number that is preprogrammed for broadcast fax releases to media and partners)?			
Computers (on LAN with e-mail listservs designated for partners and media)?			
Visible calendars, flow charts, bulletin boards, and easels?			

Show Me the Money!

Using CDC NPIN to locate funding opportunities and information
Locating Funding Opportunities

To find information about specific funding opportunities, go to **www.cdcnpin.org** to browse or search.

Search the entire Funding Database for private and government funding opportunities for community-based and HIV/AIDS, STD, and TB service organizations. Included are details about eligibility requirements, application processes, and deadlines.

Browse "New Funding" opportunities from the Federal Register and other sources. They're added to the CDC NPIN home page every Friday afternoon.

Funding Information Links

To find links to information on how to write proposals, background information on funders, or CDC's funding websites, go to www.cdcnpin.org.

Website	Funding
Catalog of Federal Domestic Assistance	www.cfda.gov/
CDC, NCHSTP, Division of HIV/ AIDS Prevention	www.cdc.gov/hiv/topics/ funding
CDC, Procurement and Grants Office	www.cdc.gov/od/pgo/funding/ funding.htm
Foundation Center	www.fdncenter.org/
Funders Concerned About AIDS	www.fcaaids.org
Health Resources and Service Administration, HIV/AIDS Bureau	www.hab.hrsa.gov/grant.htm
National AIDS Fund	www.aidsfund.org/
National Institutes of Health, Grants and Funding Opportunities	www.grants.nih.gov/grants/ index.cfm
Partners in Information Access for the Public Health Workforce	www.phpartners.org/grants html

For Help or More Information

Contact NPIN for assistance from a Health Information Specialist:

Hours Monday through Friday, 9 a.m. to 8 p.m. (ET)
Phone 1-800-458-5231
Fax 1-888-282-7681
E-mail info@cdcnpin.org

Forging Partnerships to Eliminate Tuberculosis:
A Guide and Toolkit

The CDC Division of Tuberculosis Elimination's mission is to promote health and quality of life by preventing, controlling, and eventually eliminating tuberculosis from the United States, and by collaborating with other countries and international partners in controlling tuberculosis worldwide. CDC publications about TB can be viewed and ordered at no cost by visiting the

CDC Division of Tuberculosis Elimination Website
www.cdc.gov/tb

For more information on tuberculosis, the following resources are available:

TB Education and Training Resources Website
www.findtbresources.org

CDC National Prevention Information Network
www.cdcnpin.org

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Tuberculosis Elimination