Community-Based Approaches to Health Promotion and Disease Prevention

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Appalachian Regional Commission
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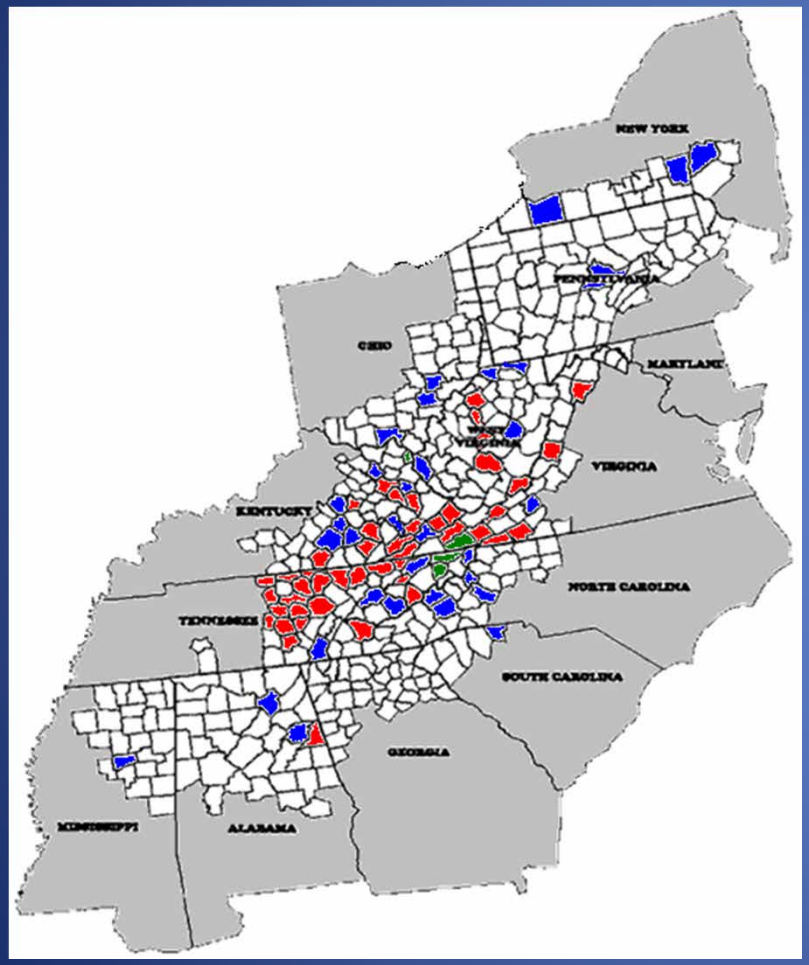
Our agenda and challenge

- A national view:
  - Mary Beth Bigley, Washington, D.C.
- State best practices
  - Carrie Brainard, West Virginia
  - Reita Jones, Kentucky
  - Patricia Machir, Kentucky
- Develop a list of key elements and lessons learned

ARC philosophy

- Encourage community-based strategies to address community defined issues
- Use small grants to facilitate engagement, ownership and participation
- Need multiple community stakeholders to deal with complex health issues
- Enable rural communities in need to reach out (through ARC grant) for help to prevent or solve health problems

ARC regional investments in community-based mini-grant model



Blue = Cancer
Red = Substance Abuse
Green = Both

- Comprehensive Cancer Control Plans Implementation in Appalachian Communities Program (Interagency Agreement with CDC) 2006
- Substance Abuse in Appalachia Conference 2005
- Appalachian Regional Commission Substance Abuse Program 2011
- Community Diabetes Coalition development *(Interagency Agreement with CDC) through Marshall University*

Small Grant Penetration in ARC Region

- Cancer
  - $2,500-5,000 to conduct forums/roundtables or storytelling cancer projects
  - 38 small grants
  - 11 states
  - 29 different counties
- Substance Abuse
  - $3,000-5,000 to develop plans and conduct substance abuse coalition projects
  - 55 small grants
  - 10 states
  - 65 counties

All small grants targeted to local community partners including coalitions or state cancer control Coalitions with local coalitions as partners.

The ARC small grant approach invests in community-based organizing to stimulate networking, real-time assessment and planning that can encourage other health programs in health promotion and disease prevention.

A national view

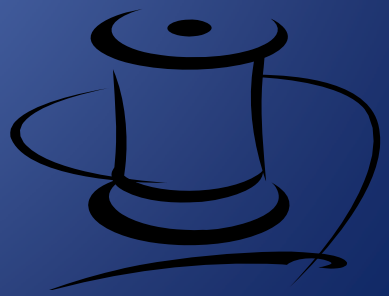
Mary Beth Bigley, Acting Director, Office of Science and Communication, Office of the Surgeon General, U.S. Department of Health and Human Services, Washington, D.C.

State best practices

- Carrie Brainard, Health and Wellness Director, Mid-Ohio Valley Health Department, West Virginia
- Reita Jones, Diabetes Community Health Coordinator, Diabetes Prevention and Control Program, Kentucky Department for Public Health
- Patricia Machir, Senior Community Outreach Worker, Lawrence County Health Department, Kentucky

Advantages to small grants

- Use limited resources to promote attention to issue
- Good method to search for and test creative solutions
- Give flexibility to address different goals community norms, environmental change, change in behaviors
- A means to involve the “hard to reach” and grass-roots groups
- Tends to encourage in-kind involvement
- Allows communities to tailor solutions to needs



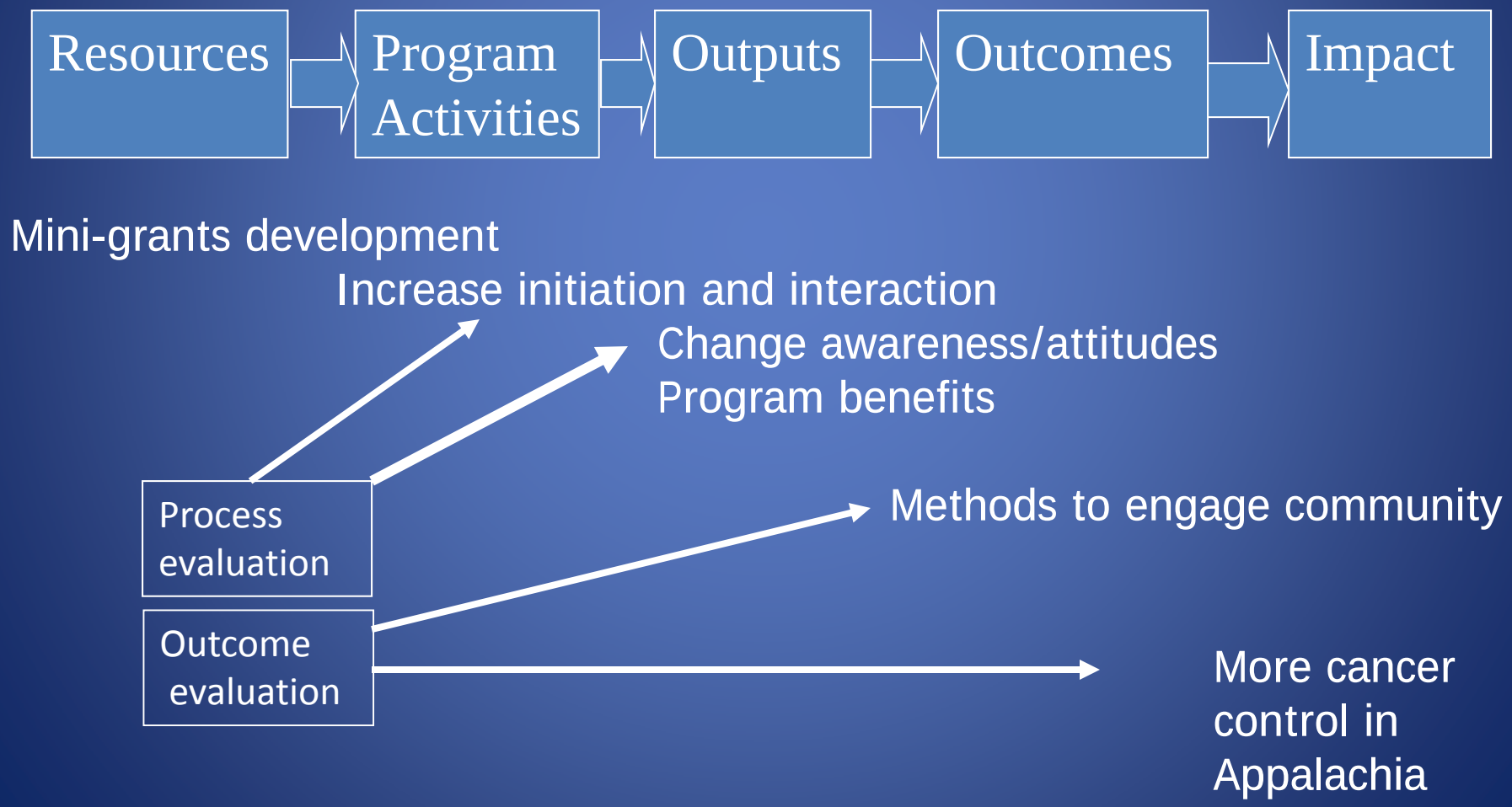
Lessons learned from ARC small grant models

- A lot can be accomplished with a little bit of investment.
- If you want local success, involve a successful local advocate or organization.
- People like to gather new information.
- Local views of (cancer) causes and solutions are varied but follow some common themes.
- Attention to the events and success of engagement is more likely if it is part of someone's on-going agenda.

List of perceived benefits of working through community coalitions

- New creative and innovation for collaborations
- New members in under-represented regions of state
- New dedicated resources for cancer control and substance abuse prevention and treatment in the region
- Input for revisions to state plans
- New shared priorities for programming
- Better assessments and data in regional presentations and planning

The Mini-Grant Logic Model



Index card responses

1. What are the key elements to success for community-based HPDP programs?

2. Write one lesson learned from your community-based HPDP experiences.