

# Bringing Evidence Based Research Initiatives to Disparate Groups with Evaluation

## BE A BRIDGE

Presented by:

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# History of BE A BRIDGE

In 2006, the PA Department of Health *Bureau of Chronic Disease and Injury Prevention* **AND** *Division of Tobacco Prevention and Control* combined forces to Address *Tobacco Related Health Disparities in Chronic Disease*

## In Response:

- The Health Promotion Council (HPC) convened a multi-disciplinary collaborative comprised of local, statewide and national organizations to address:
  - Breast and cervical cancer, diabetes and cardiovascular disease in the African American, Asian, Latino and LGBT communities.
- Designed an approach that focused on targeting smaller community-based organizations (CBOs)
- Employed a collaborative approach to capacity building



# Who Are We?

## **Principal and key partners include:**

- Health Promotion Council of Southeastern PA (**Lead Agency**)
- PA Cancer Control Consortium (PAC3)
- Philadelphia Health Management Corporation, Research and Evaluation Department
- University of Pennsylvania and its EXPORT collaborative partner Cheyney University

## **Consultant partners include:**

- Congresso de Latinos Unidos, Inc.
- Mazzone Center
- National Ministries ABCUSA
- National Nursing Centers Consortium (NNCC)
- NPower PA
- Southeast Asian Mutual Assistance Associations Coalition (SEAMAAC)

## **Resource partners include:**

- American Cancer Society
- American Heart Association
- American Lung Association
- National Cancer Institute's Cancer Information Service – Atlantic Region

## **Regional Advisory Councils**

- 6 PA Regional Health Districts



# What is our Goal?

**To improve the health of  
Pennsylvanians disparately  
affected by tobacco-related chronic  
disease**

# What is our Objective?

- To improve public health infrastructure by building the capacity of:
  - Local communities, its stakeholders and healthcare service providers to deliver effective interventions that are evidence based and follow best practices
  - Local and state governments to identify, monitor and evaluate the needs of communities disparately affected

# BE A BRIDGE

## Theory of Change

*By building organizational capacity through technical assistance and the provision of evidence-based, best practice resources we will help enable organizations to develop/implement and sustain integrated tobacco control/chronic disease programming (note to self-BREATH :-~) thereby reaching more disparately affected communities and ultimately reducing tobacco-related chronic disease disparities.*



# What is our Plan?

- Obtain baseline data on organizational capacity needs through a statewide survey
- Develop a comprehensive web based clearinghouse
- Convene 6 Regional Advisory Councils (RAC) for:
  - Guidance and expertise on local needs
  - To ensure local participation
- Move across the state delivering
  - 3 Regional Summits (Eastern, Central and Western)
  - 6 Regional Workshops (PA Regional Health Districts)

**PROVIDE A CONSISTENT MESSAGE OF  
INTEGRATION**



# What is our approach?



# What have we done?

- Developed a database of ~750 organizations comprised of 1500 individuals interested in tobacco control and/or chronic disease
- Yielded approximately 800 separate responses statewide through ten surveys and/or event evaluations since March 2007
- Assembled Regional Advisory Councils in 6 of the 6 health districts across Pennsylvania
- Developed [www.beabridge.org](http://www.beabridge.org) traffic includes: over 130,000 hits, 50,000 page views, and 22,000 unique visits
- Hosted Eastern and Central Regional Summits as well as over 27 **tailored** Skill-building workshops (more than 50% of those participating report workshops and summits were effective in helping organizations improve capacity)



# Leveraging Our Resources to Meet Goals



# Lessons Learned So Far.....

- Takes time to break down silos and change organizational cultures/mindsets
- Flexibility and evolution
  - “Spinning Plates”
  - Grant writing vs. REALITY
- Learn and respond to diversity of the state:
  - Regional diversity (viewing one’s self vs. state’s view, different geographical histories)
  - Infrastructure diversity
- Understanding the positions of our RACs
  - Established and trusted relationships
  - Protective natures
- Ongoing evaluation and feedback is critical to continuously improve and respond

# What are we doing now?

- Working with RACs in Western PA to prepare for regional activities while still engaging east and central PA.
- Feedback and recommendations to interdepartmental programs (chronic disease/tobacco control) in PA Dept. of Health
- Ongoing identification and research of evidence based/best practice programming to host on [www.beabridge.org](http://www.beabridge.org)
- Resource materials addressing tobacco related chronic diseases
- Working with local funders to educate on the need and impact of program integration

# Top 10 Reasons to Integrate Tobacco & Chronic Disease

1. *I recently switched my car insurance to Geico- IT'S THE RIGHT THING TO DO!*
2. **Mastercard-** Leading the way in an innovative movement to impact the quality of life among many diverse populations is PRICELESS
3. **Slovenia** – According to WHO, we now rank 37 in world health systems followed by Slovenia. WE CAN DO BETTER
4. **Match.com-** If our society can now find “true love” on the internet...imaging what CONNECTIONS WE CAN MAKE
5. **Your Mom Said So-** As a child most of us were taught to share. SHARING CAN HELP US ALL LEARN AND GROW
6. **Superbowl-** It takes a lot of PRACTICE and TEAMWORK to win big.
7. **Dancing with the Stars-** Marie Osmond TOOK A CHANCE and finished in the top 3
8. **McCainiacs, BaROCK and HillRod?-** TIMES ARE CHANGING and so should we
9. **Jerry McGuire-** “Show me the Money”- Funders want to see COMPREHENSIVE PROGRAMMING – let’s give it to them
10. **War-** Many funds have been reallocated to the war and thus... WE’RE BROKE

*Thank You*

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