

Behavioral Journalism

How-To Guide: Developing a Role Model Narrative

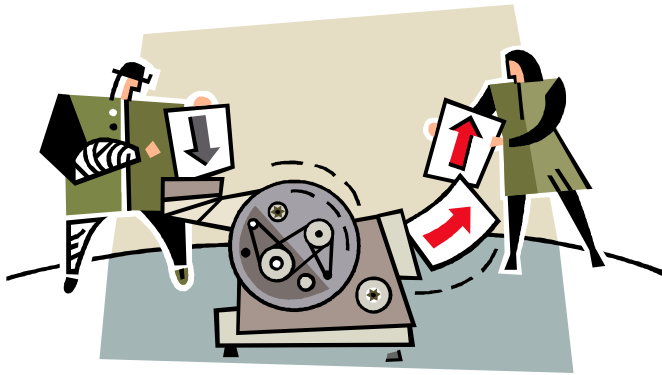


TABLE OF CONTENTS

Page 1.....	INTRODUCTION
Page 2.....	CONTRIBUTING TEAM MEMBERS
Page 2.....	ACKNOWLEDGMENTS
Page 3.....	WHAT IS BEHAVIORAL JOURNALISM?
Page 3.....	HOW DOES BEHAVIORIAL JOURNALISM WORK?
Page 4.....	DEVELOPING A BEHAVIORAL JOURNALISM MESSAGE
Page 5.....	FINDING THE PERFECT ROLE MODEL
Page 6.....	INTERVIEWING POTENTIAL ROLE MODELS
Pages 6-7.....	WRITING THE STORY
Pages 7-8.....	TELLING, SELLING AND MEASURING THE STORY
Pages A1-A2.....	PLANNING A MEDIA CAMPAIGN
Pages B1-B2.....	ROLE MODEL INTERVIEW GUIDE
Pages C1-C2.....	CONSENT AND WAIVER FORM
Pages D1-D2.....	CONSENT AND WAIVER FORM SCRIPT
Pages E1-E2.....	SMART START CHECKLIST
Pages F1-F4.....	GUIDELINES FOR HOW TO FINISH STRONG
Pages G1-G4.....	SAMPLE ROLE MODEL STORIES

DEVELOPING A ROLE MODEL STORY USING BEHAVIORAL JOURNALISM: A PRACTICAL GUIDE

The materials contained in this handout are based on the practice of Behavioral Journalism developed by Alfred McAlister, Ph.D., and colleagues. Much of his academic work is condensed in the *En Acción* training manual. That work was field-tested by the National Hispanic Leadership Initiative on Cancer, and published by the U.S. Department of Health and Human Services' National Institutes of Health and National Cancer Institute. [NIH Publication 97-4260, Sept. 1997.] Additional references are listed below.

The materials in this guide were developed as part of a collaborative effort between the School of Nursing and the Department of Advertising at The University of Texas at Austin. A research team assigned the task of evaluating ongoing prostate cancer campaigns in Texas created this handout to meet the need for further training in developing and carrying out effective health communications. While many of the examples in this document target message delivery regarding prostate cancer, the principles and strategies apply to other health concerns.

The guide was created in a condensed, user-friendly format for readers to learn how to use behavioral journalism as a communications strategy to promote behavior change. The document describes what behavioral journalism is, and the remaining pages walk you through a step-by-step process to create a narrative that is tailored to your audience and message. The sections are linked to forms and/or handouts to simplify your task.

We believe you will find this a dynamic and powerful method of communication, and that you will be able to develop and carry out persuasive behavioral journalism narratives with this process. We encourage you to share your stories with us by emailing any finished products to behavioraljournalism@gmail.com.

Contributing Team Members

Department of Advertising, The University of Texas at Austin

**Danae Manika, M.A.

*Dixie Stanforth, M.S.

**Patricia Stout, Ph.D.

*Primary author; **Secondary authors

School of Nursing, The University of Texas at Austin

Heather Becker, Ph.D.

Nicolina Calfa, BA, MC

Ed Hammer, Ph.D.

Acknowledgments

Thanks to the Texas Comprehensive Cancer Control Program and Texas Comprehensive Cancer Control Coalition, particularly Juanita Salinas, for support and participation throughout this project. While we acknowledge their involvement, the responsibility for content remains entirely with the authors, and not with the aforementioned organizations or individuals. Partial funding for this project was provided by the Texas Department of State Health Services through a Centers for Disease Control and Prevention grant.

Thanks to Elizabeth Christian & Associates Public Relations of Austin, Texas, for donating creative services for development of this project. Elizabeth Christian & Associates specializes in local, statewide and national projects involving public affairs, media relations, legislative and grassroots projects, business development and crisis communications.



Information for this guide and accompanying materials were developed using the following resources unless otherwise noted with specific Web addresses:

- Arkin E. (1991) "Evaluation for risk communicators" in: Ann Fisher, Maria Pavolva, and Vincent Covello, editors. Evaluation and effective risk communications workshop proceedings. Washington, D.C.: U.S. Environmental Protection Agency, Pub. No. EPA/600/9-90/054, pgs. 17-18.
- McAlister, Alfred (1995) "Behavioral Journalism Beyond The Marketing Model For Health Communication" in Critical Issues and Trends, *American Journal of Health Promotion*, 9, 6 (July/August), 417-420.
- McAlister, Alfred (2000) "Action Oriented Mass Communication Theory And Application Illustrated" in *Handbook of Community Psychology* by Rappaport, J. and Seidman E. (ed.), Plenum Publishers, N.Y., 2-25.
- McAlister, Alfred & Fernandez, Maria (2002) "Behavioral Journalism Accelerates Diffusion Of Healthy Innovations" in *Public Health Communication* by Robert C. Hornik (ed.), Mahwah, N.J., Erlbaum, 315-326.
- Hinyard, Leslie J. & Kreuter, Matthew W. (2007) "Using Narrative Communication as a Tool for Health Behavior Change: A Conceptual, Theoretical, and Empirical Overview," *Health Education and Behavior*, 34, 777-792.

WHAT IS BEHAVIORAL JOURNALISM?



Behavioral Journalism is a communication strategy based on investigating and reporting real cases of behavior change.

The basic concept behind this is **role modeling**, which is the learning process in which words, emotional response and other behaviors of models produce similar changes in those who observe them.

Telling **authentic stories** about people's health-related actions (such as going to the doctor to ask for more information about prostate cancer or deciding to get screened for prostate cancer) can produce significant change in geographically defined populations.

HOW DOES BEHAVIORIAL JOURNALISM WORK?

The person telling his or her story (or the source of the message narrative) is critically important.

Although models readers may recognize, such as celebrities, may influence people's behaviors, the most important sources of new behaviors for most people are those in their peer group, like friends.



The main reason for this is that people you interact with regularly experience similar life issues, and are perceived as having to deal with similar constraints, such as time or family pressures. Thus, peers are more trustworthy models, particularly if they've successfully handled a personal challenge, such as working through the decision of prostate cancer screening, subsequent testing and follow-up treatment.

A major factor in whether particular people adopt a new behavior is whether they see other members of their peer group adopting that behavior—for example, being influenced by those who already have been screened for prostate cancer.

Finding such peer models and using media to increase exposure to their stories is the central process in Behavioral Journalism. The steps in this process are summarized here and explained more fully in the following materials.

DEVELOPING A BEHAVIORAL JOURNALISM MESSAGE

Before you start, work through the handout titled *Planning a Media Campaign*. (Handout A)

Stay on target by answering the questions in *Planning a Media Campaign* and answering these questions: Why you are developing a behavioral journalism message? Who is your target audience? What is your message? How will you deliver the message? When will you deliver the message?

Determine whether Behavioral Journalism will be an effective way to communicate your message.

Identify people from your community who can serve as role models for helping others make the desired change in behavior.



Identify people from the community who are personally connected to the message of your campaign. For instance, they may have been screened for prostate cancer, be a prostate cancer survivor or already have made a positive behavior change. These are members of your *primary* target audience.



Other potential role models include those with significant or influential relationships with your primary target audience. Examples include a spouse or family member who might deliver a message for behavior change, a respected religious leader, or friends from a close-knit peer group (such as the weekend barbershop groups in the African-American community.) These are members of your *secondary* target audience.

Whenever possible, the role model should represent a mix of social characteristics found in the community you are trying to reach. Choose people who look, talk and act like the target audience.

Your role model should be able to clearly tell you his or her story. If he or she is uncomfortable talking about it, you should consider finding someone else who can talk about it. Use the *Role Model Interview Guidelines (Handout B)* to ask initial questions. Make sure your role model will be able to answer the questions that connect to your message.

FINDING THE PERFECT ROLE MODEL

When you approach a person you hope will serve as a role model, clearly identify who you are and who you're working for, as well as the aims and funding sources of your organization. A great way to introduce yourself and your project in the community may be to provide a sample story line, either by talking to a family member or friend, or to someone else not necessarily in the community. Explain what you're looking for and how you might use the stories.

If the campaign message is to encourage men to get a prostate screening exam, speak with health professionals who might be willing to ask their patients to tell their stories. When possible, ask for specific recommendations for a personal contact based on "who" you're looking for as a role model so they provide one who closely matches the people you're trying to reach.

You may find good role models through organizations, such as churches, or through other social connections, like local barbershops. In some cases, a role model even may contact you to offer help.

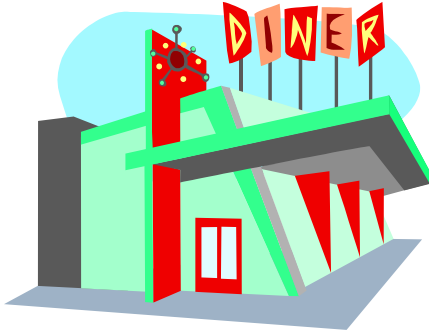


You may need to talk to more than a few people to find the right match and develop a good story line. Be willing to ask lots of questions and ask the same questions in different ways to obtain information that a person may not initially think would interest others or may think is "private." Always ensure that your role model understands where and how the details of his or her story will become public, and that he or she is comfortable with sharing it.

Always obtain written permission to use someone's story. A sample consent form is included as *Handout C*; revise it as necessary to match your situation. For example, if you plan to tape a session, make sure that permission for taping is included on the form. *Handout D* is a "script" to help you talk through the consent form with the role model.

INTERVIEWING POTENTIAL ROLE MODELS

Use the *Role Model Interview Guide* (Handout B) to help obtain information—from the first time you meet the role model all the way through to the final interview.



Select a comfortable setting where you will be able to talk privately. Before meeting, tell the role model how long you expect the interview to take and confirm the meeting time with the role model. If possible, provide food or refreshments that are appropriate for the location and time of day—such as a cup of coffee or lunch at a local restaurant.

Decide whether the person you interview has a story that “works” for the message you want to communicate. If not, you’ll need to start the process again, collaborating with another role model who will more effectively appeal to the target audience.

WRITING THE STORY



- Make sure the story has a beginning, middle and end.
 - Use simple sentences. Include only one idea per sentence.
 - State the main idea at the beginning of each paragraph.
 - Use subheads and captions.
 - Use active voice. For example, “Ed met with his doctor about screening,” rather than “An appointment was made for Ed to talk with his doctor about screening.”
 - Emphasize important ideas by using different fonts or design features.
- Summarize main points.
 - Include at least one visual image or photo, with a caption that reinforces a particular message.
 - Write to the educational level of your audience by checking “readability.”

The Gunning-Fog Index, for example, tells you the number of years of education someone would need to understand your material. As a point of reference, TV Guide has a score of 6, Reader’s Digest has an 8 and Time has a 10. The index uses this formula: Reading level (grade) = average number of words in a sentence + percentage of words with three or more syllables x 0.4.

You also can visit one of the Web sites listed below to score your text, to ensure that it is appropriate for your target audience and to receive recommendations on how to improve it. Simply cut and paste the words from your materials into one of the “readability calculators,” then your score and suggestions for improvement are provided.

- http://www.online-utility.org/english/readability_test_and_improve.jsp
- <http://www.signalist.com/SigmaMathTool/FogIndex.aspx>
- <http://www.editcentral.com/gwt/com.editcentral.EC/EC.html>

TELLING, SELLING AND MEASURING THE STORY

Telling

Package your story in a way that will work with your target audience. Decide whether to use print, audio, video, online or another format that will most effectively communicate your message.

This Web site will help you evaluate the advantages of using print, audio, video or online formats:

<http://iml.jou.ufl.edu/projects/Spring03/Mallard/advantages.html>.



Selling

Use the Start Smart Checklist (Handout E) to determine the effectiveness of your “sales” materials, such as brochures. Do your materials “work”? Are they doing what you intend? You may need to make changes before further development or distribution.

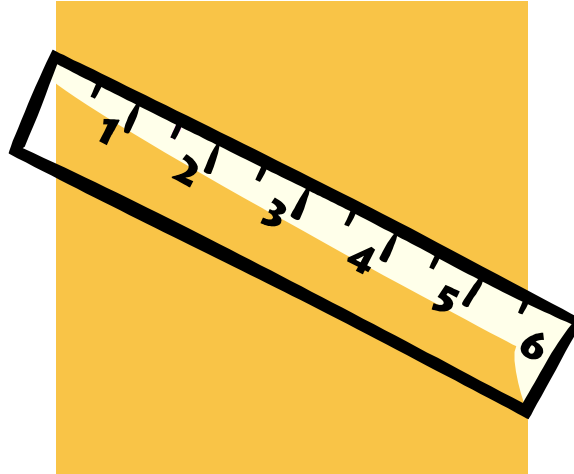


- Figure out the number of materials needed and confirm distribution methods.
- Determine costs and obtain agreement details, such as billing methods.
- Develop samples of materials for testing.
- Look for natural media opportunities, such as health awareness months, the release of new data or a “hot” national story.
- Use the Internet to identify and contact TV, newspaper, radio and online journalists to

inform them about your story. Prepare “talking points” by answering the questions in the handout titled *Planning a Media Campaign*. (Handout A)

Measuring

Consider measuring the effectiveness of your behavioral journalism message after it has appeared. One easy way to accomplish that is to ask some simple questions of target audience members who saw the Behavioral Journalism message. Follow the *Guidelines for How to Finish Strong* (Handout F).



Handout A

PLANNING A MEDIA CAMPAIGN

To conduct a media campaign, you need to answer the following questions...

1. Why are you doing it?

Questions to consider

What is the overall purpose of the campaign? What do you hope to accomplish? For instance, do you want to reduce the risk factors for prostate cancer in a particular community?

State your desired outcome.

2. Who is your target audience?

Questions to consider

Who do you want to reach? For example, do you want to reach men at risk for prostate cancer, or family members who can encourage them to seek screening?

Choose your audience.



3. What is your message?

Questions to consider

What do you want people to learn? What myths are you trying to correct? Do you need to modify the message to suit various audiences? What is your call to action? (E.g., certain groups of men are at an increased risk for prostate cancer.)

State your message.

4. How will you deliver the message?



Questions to consider

Who will deliver the message? Will it be a community role model in a news story developed using Behavioral Journalism? Or a respected community leader or chair of a community advisory committee who can express the message through a press release or a letter to the editor?

Choose your messenger:

Questions to consider

How will you get the message out? Will you contact a local newspaper, TV news or radio journalist who covers health or lifestyle news? Will you write a press release, op-ed piece or letter to the editor?

Choose your media outlets (newspaper, TV, radio, etc.)



5. When will you do it?

Questions to consider

What are the timely opportunities for delivering your message? Will it be tied, for instance, to the kickoff of a project, the release of new data or the start of a health awareness month?



Define your timely news hook.

Handout B

ROLE MODEL INTERVIEW GUIDE

PREPARING FOR THE INTERVIEW

You'll need to gather some information before you meet with the person who will tell his or her story as a role model.

Production and development information

- Potential interview location (home, church, coffee shop)
- Availability of role model (times, dates, locations)
- Other restrictions/limitations (employment, family, health, obligations)
- Media preferences for distributing role model story (TV, radio, print)

Role model information

Why is this person a good role model candidate for a Behavioral Journalism piece?



- Name
- Gender
- Age
- Birth date
- Address
- Home telephone number
- Work telephone number
- Marital status
- Number and ages of children
- Employment status
- Type of employment
- Employment history
- Unique/interesting situations in role model's life, such as hobbies and achievements

CONDUCTING THE INTERVIEW

Identify and evaluate the stages of change that people go through in making decisions about health behavior changes. Here are some potential questions to help direct your interview and to probe more deeply into his or her story:

1. As an interviewer, you're trying to learn how the role model became aware of prostate cancer as a personal health issue.

Sample questions:

- Why did you become concerned about prostate cancer?
- What are the benefits of reducing your risk?
- When did you first start thinking about prostate cancer and how it affects you?

- Have you ever had a family member or someone close to you diagnosed with prostate cancer?

2. As an interviewer, you're trying to learn how the role model was motivated to take some action regarding prostate cancer.

Sample questions:

- What was the first thing you planned to do to protect yourself from prostate cancer?
- What are the benefits and challenges associated with making this change?
- What do you think other people are likely to do in your situation?
- What made you think you needed to do something about prostate cancer?
- What were your first thoughts?

3. As an interviewer, you're trying to learn more about what steps the role model has taken in his "journey" with prostate cancer. These steps could include things like going to the doctor to ask questions, searching the Web for more information or talking to family and friends.



Sample questions:

- What did you do to protect yourself from prostate cancer? What steps did you take?
- What benefits have you experienced from taking those actions?
- How have other people encouraged you?
- What sort of positive reinforcement have you received?

4. As an interviewer, you're trying to learn more about steps the role model continues to take to actively maintain his prostate health or to survive prostate cancer.

Sample questions:

- How would you describe the actions you've taken to protect yourself from prostate cancer?
- How have others supported you in this effort? What exactly do they do for you?
- How do you feel about the risk of getting prostate cancer?
- How has prostate cancer altered your life (health, involvement with others, lifestyle changes)?



HANDOUT C

Consent and Waiver Form

Interviewer: _____

To the participant:

Please initial each paragraph below once you understand and agree with the statements:

I hereby grant full permission to _____ to prepare, use, reproduce and exhibit my narrative, picture, likeness or voice, or any or all of them in or in connection with the production of published articles, published or broadcast materials, presentations, book, Web site or videos for informational and any other purposes deemed necessary in the interest of prostate cancer research and education.

_____Initials

I hereby waive all rights of privacy or compensation which I may have in connection with the use of my picture, likeness or voice, or any or all of them in or in connection with said published articles or published or broadcast materials, presentations, book, Website or videos and any use to which the same or any material therein may be put, applied or adapted by _____.

_____Initials

I acknowledge that I may have voluntarily disclosed personal and intimate information and opinions about myself and other individuals, and I hereby confirm that none of the information disclosed by me during these discussions was acquired as a result of a confidential relationship, violates any restriction or covenant made by me, or is in any way contrary to law.

_____Initials

I warrant that my narrative does not contain any defamatory materials or factual inaccuracies except that which is stated as a matter of opinion, and should it contain content that is the property of others, I will inform insert name of your organization as to that content so that it may be removed and not included in future use.

_____Initials

This consent and waiver will not be made the basis for a future claim of any kind against_____and/or any of its agencies.

_____Initials

Permission granted to use interview information as described above (initial one below):

YES with face _____ YES without face _____ NO _____

Participant information

Printed name: _____

Signature: _____

Address: _____

Date: _____

Witness: _____

Handout D

CONSENT AND WAIVER FORM SCRIPT

To the interviewer:

This script will aid you in talking with the role model participant about the nature of the consent and waiver form and getting his or her signature on that form. You also should give the participant a signed copy of the form to keep.

We have invited you to join us for this interview because we believe you have an important story to tell about prostate cancer. We really appreciate your willingness to share your story. Your responses to a series of questions will help us prepare materials like a brochure, poster or news story to help others learn from your experiences.

The first thing I need to go over with you is the consent and waiver form. This form tells you about your rights and responsibilities if you decide to help us with this project and gives us your permission to collect this information from you. Please take some time to read this now, and I'll go over the main points with you and answer any questions. I'll be giving you a copy of the form to keep.

ALLOW PARTICIPANT TO READ THE FORM, THEN CONTINUE WITH THE SCRIPT BELOW.

I'm going to go over the main points of the form with you. I'll ask you to initial each section as we go through the form. If you have any questions, please ask me.

Content

This form is meant to cover any records of our conversation today, including audio and/or video recording, and any photographs and notes we take. We simply want your story and want to make sure you don't break any confidences or share anything that you wouldn't want others to know.

Compensation

Even though we are telling your story, there is no payment or compensation for your time. (*Note to interviewer: If you can provide a meal, mention that here.*) Since the materials we produce will be used for non-commercial, educational purposes, there is no compensation for anything that's developed from this interview.

Use of Interview Materials

As I just mentioned, we will use this interview to develop materials that will be used to provide information about prostate cancer to the public. The end-product may be anything from a newspaper article to a poster to a video piece. We will share the finished product with you, but you will not have any "ownership" of the materials.

Nature of Shared Information

I also need to make sure that you've agreed to voluntarily share your story and opinions; that you're at liberty to talk about any information you may tell us about other individuals as a part of your story; and that all information is factually correct and not unkind or hurtful to others.

Do you have any questions about the consent form? If not, then I'd like to ask you to sign the form. I will give you a copy of the form to keep. If you have any further questions after looking over the consent form, you may contact include name and contact information. Their full contact information is listed on the consent and waiver form.

Thank you. Now, let's begin.

SAMPLE

Handout E

SMART START CHECKLIST

Use this checklist for a trial run of the materials you develop. It can be quite helpful to test your message and media pieces before you distribute them. Conduct your test while materials are in draft form so that you can make changes easily to improve the message.

Ask members of each target audience you hope to reach how they perceive the materials you are developing for them. You can learn more about how members of the target audience will respond to your materials using a focus group setting or with individual interviews. Then, you can modify your messages as needed given the feedback from participants.

When people make decisions about a health behavior change, they may *learn* information that helps them resolve how they *feel* about the behavior change before they *engage* in the behavior or take action.

Consider checking for the following responses from your target audience for each message you test. Each area contains sample “probes” to fully explore reactions.



CHECK FOR COMPREHENSION OF THE MESSAGE

What has the audience learned from the message?

- What do you think is the main idea of this message? Why?
- Who do you think this message is targeting? Why?
- Is there information that deserves your attention? What is it?
- What does this message “say” to you? What are you expected to do after hearing/reading/seeing this message?



CHECK FOR PERSONAL REACTIONS

How does the audience feel about the message?

- Do you believe the message? Why or why not?
- Is there anything confusing or offensive about the message? What is it?
- If there is something confusing or offensive, how can it be better said or shown?
- Is the message interesting? Why or why not?
- What do you especially like about this message? Why?
- What do you dislike about this message? Why?



CHECK FOR DECISIONS TO CHANGE BEHAVIOR

Is the audience likely to take action?

- Does this message suggest you take a health-related action or change a behavior? If so, what?
- Do you think the audience will respond to this message? Why or why not?
- How could this message be stronger, better or more effective?



CHECK FOR DIFFERENCES

You can discover a lot about what the audience understands or feels about a message through comparison of two or more different sample messages. You can show a couple of other materials related to your health concern and ask participants to compare them with the ones that were developed for your project.

- Which of these examples is most interesting? Why?
- Which of these would you be most likely to look at or pick up? Why?
- Which would grab your attention? Why?

See the *Materials Pretesting Guide* from the CDC's *Obesity Prevention Coordinators' Social Marketing Guidebook* (p.50) for an example of linking testing objectives and testing questions you may want to ask.

<http://health.usf.edu/NR/rdonlyres/1F6E6B64-967D-45D1-8BC1-357EC9B3BC30/24125/ObesityPreventionCoordinatorsSocialMarketingG.pdf>

Handout F

GUIDELINES FOR HOW TO FINISH STRONG

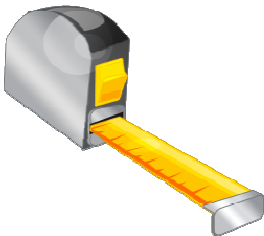
Evaluation goes hand in hand with the planning process. Before you started to develop a Behavioral Journalism role model story, you worked through Handout A, which discusses how to plan a media campaign. You determined the why, who, what, how and when of your media campaign. This information has guided you as you've settled on your messaging strategy and role model interviews.

The final opportunity for gathering information about the effectiveness of your messaging campaign and the role model story is after the campaign is up and running in the marketplace. Evaluating your efforts helps you know whether you accomplished what you intended. It's vital to evaluate processes and outcomes.



PROCESS EVALUATIONS focus on the efforts and the direct outputs of the messaging campaign. It measures what and how much was accomplished through your campaign and related activities.

These assessment questions are examples of process evaluation (Arkin, 1991):



1. How many people were reached?

- Amount of time on radio and television and estimated audience.
- Amount of print coverage and estimated readership.
- Number of educational materials distributed.
- Number of speeches and presentations, and size of audience.
- Number of other organizational and personal contacts.

2. How did they respond?

- Number of in-person, telephone and mail inquiries (location of person inquiring, where inquirer heard of the program, what was asked).
- Number of new organizations, businesses and media outlets participating.
- Response from presentations made, such as filled-out evaluation forms.

OUTCOME EVALUATIONS assess the effects and changes that result from the campaign. They gauge outcomes in the target audiences that resulted from campaign. Outcome evaluations build on process evaluation.

The following assessment questions are examples of outcome evaluation (Arkin, 1991):

1. Who responded?

- Demographics of responders, including gender, education, income and location of residence.



2. Were there any changes?

- Did the targeted audience alter their knowledge, beliefs and attitudes?
- Did awareness of the campaign message, name or logo increase among intended audience members?
- Did knowledge of the issue increase among the intended audience, such as who should get a prostate screening exam and when?

3. Were there changes in behavioral intentions?

- For instance, do they plan to talk to a doctor about prostate health and screening?



4. What actions were taken?

- Did the intended audience members take steps leading to the behavior change, such as making an appointment with a doctor or searching for health information?

5. Were policies initiated or other institutional changes made?

- For instance, was a commitment made to do free prostate screening exams one day a week?

As you think about collecting data for evaluating message effectiveness, consider:

1. What type of data do you need to collect?

- Which method is more likely to secure the needed information?
- Which method is more appropriate and less disruptive given the values, understanding and capabilities of your audience?
- Which method is more feasible given the available resources, including money, personnel and skill level?

2. When will you collect the data? Options include:

- At one time.
- At specific times during the project.
- Continuously throughout the project.

3. How will you collect the data?

Data collection can be done using either quantitative or qualitative methods.

Options for quantitative research include:

- Review of records, like activity logs for attendance at presentations.
- Written or telephone surveys.

Options for qualitative research include:

- Focus groups.
- Personal interviews.
- Observation of people.



Many resources for designing and conducting an evaluation plan are available online. Many of these include information about communication research methods:



The Texas Cancer Control Kit

www.texascancertoolkit.org/pdfs/txcancercontroltoolkit.pdf

The Pink Book—Making Health Communication Programs Work: A Planner's Guide (U.S. Department of Health and Human Services, National Cancer Institute)
www.cancer.gov/pinkbook

Evaluation Primer on Health Risk Communication Programs: Assessment Questions (U.S. Department of

Health and Human Services, Agency for Toxic Substances and Disease Registry)
www.atsdr.cdc.gov/risk/evalprimer/questions.html

You also may want to check with a local college or university for assistance with developing and carrying out evaluation.

For an example of linking program objectives and development of an evaluation plan useful for your project, see “Appendix 1. The Consolidated Evaluation Plan” from the CDC Division of Heart Disease and Stroke Prevention’s *State Heart Disease and Stroke Prevention Program Evaluation Guide: Developing an Evaluation Plan*.

CONSOLIDATED EVALUATION PLAN FORMAT

OBJECTIVE							
Evaluation Questions	Indicators	Data Sources	Data Collection	Time Frame	Data Analysis	Communication Plan	Staff Responsible
What you want to know?	What type of data you will need?	Where you will get the data?	How you will get the data?	When you will collect the data?	What you will do with the data?	When and how you will share results?	Who will ensure this gets done?

Source : http://www.cdc.gov/dhdsp/state_program/evaluation_plan.htm

IS SOMEONE YOU LOVE AT RISK OF DEVELOPING PROSTATE CANCER?

THE ANSWER IS YES, ESPECIALLY IF HE IS AFRICAN AMERICAN!

Did you know that African American males have a 19% (1 in 5) chance of being diagnosed, and a 5% (1 in 20) chance of dying from prostate cancer? His risk increases as he gets older and if he has a family history of prostate cancer. So....if you love an African American male and want him to live a long and healthy life, what should you do?

LaGwyn Durden, Assistant Athletic Trainer at The University of Texas at Austin, learned about prostate cancer when her father was diagnosed in his late seventies. She says her dad, unlike many males, got a physical and health screenings every year. That willingness to “know” what was going on with his body is what she believes allowed him to receive treatment early enough to make a difference. LaGwyn sees the flip side of this in the attitude of “I’d rather not know” all the time with athletes. They might believe that “the best defense is a good offense” on the playing field, but don’t make the connection when it comes to personal health. She suggests learning as much as you can, so you can “speak from facts and not fear.”



She says “there is a lot of fear associated with the word cancer, but rightly so – people die from prostate cancer.” LaGwyn encourages “be persistent, and push to find out what is holding him back from getting screened....be willing to nag, nag nag!” She and her mom ask a family member they love dearly at least once a year if he has gotten screened – and she is not going to stop until the answer is finally “yes!”

Will what you do make a difference? LaGwyn knows it will. While her father passed a year ago, you can feel her passion when she says “....Had my dad not been proactive, we would not have had those 8 years after his diagnosis....he saw both my children born, and both my brother’s children....and the kids remember their granddad....they got a chance to know him. My dad was there for all my major life transitions – he saw me go from daughter, to wife, and finally to mother. If he hadn’t been screened so he could get treatment, he would have missed that....and the rest of us would have been left missing him.”



ASK SOMEONE YOU LOVE:

HAVE YOU BEEN SCREENED FOR PROSTATE CANCER?

“It's not about the bed!”

If you think having prostate cancer will make you less of a man, think again, according to Cleo Samuels. Diagnosed at the young age of 46, during his very first visit to the urologist, he has a simple message for African American men: “Don’t wait to get screened. Don’t let your fears stop you, and don’t let anyone tell you that your sexuality is ‘who you are.’ Put *that* lie to bed!”



Cleo, like most men, was very concerned about the risks of sexual dysfunction with prostate cancer, but says he got “real practical, real quick.” He remembers today his powerful fear that he would lose his wife if he wasn’t able to perform sexually, a fear which he now says was “all in his head.” He knows that his wife “would rather me be alive with a sexual dysfunction than to be dead and not have me at all.” Cleo believes he is better able to love her today because he’s learned that love is not about his “performance.”

Cleo believes that his screening and treatment for prostate cancer have given him 10 more years to be with his wife, son and others he loves. To every African American man he meets, he says “It’s time to ‘man up’ and fight prostate cancer – we can WIN at this! Don’t wait for symptoms to appear, because if you do, you might as well order your casket. Make an appointment to get screened today – do it for yourself, and those you love.”



CLEO SAMUELS TALKS...

ABOUT PROSTATE CANCER

And when Cleo talks, African American men should listen! Diagnosed at the young age of 46 during his first visit to the urologist, Cleo has a simple message: "We can WIN at this...if you are a male, you need to get screened – prostate cancer is our 'breast cancer,' but it's even bigger than that for males." He went for his first screening after seeing TV commercials about the high risk of prostate cancer for African Americans so he could "check it off his list," and was shocked when his tests indicated prostate cancer.



Informed/Shared Decision Making

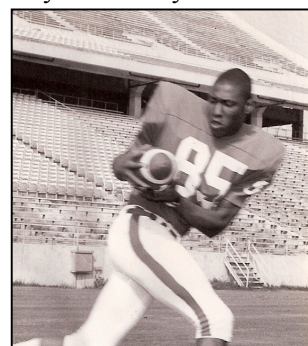
Cleo learned that unlike many cancers, there is no clear path of treatment with prostate cancer. Since he had an aggressive cancer, he was faced with a number of options, including radiation, radiation pellets and surgery. After talking with his doctor, his wife, getting 3 opinions and searching on the internet, he chose surgery as the option that, for him, was most likely to lead to remission. Though he says sorting through all those choices was tough, he was inspired by his desire to be there for his (then 11 yrs old) son, as his father was for him, and to not "break that chain." Cleo says "I had to do what gave me the best opportunity to see him become a man, and help him get to manhood." He encourages men to get involved in the process, to know their options, and to make the choice that is best for them. Cleo says he asked a lot of questions, as many of them about cancer as the potential side effects of treatment, particularly the risk of sexual dysfunction.

"Not me... my sexuality is who I am!"

Ten years later, Cleo says that his powerful early fear that he would lose his wife if he wasn't able to perform sexually was "all in his head." His advice to other men is worth reading carefully: "Like every other man, I thought my manhood was tied in to being in the bed....turns out I had been a man all the time – I just needed to know it....I'm still 100% man, and yes, I have some issues – but I'd have issues as I get older anyway. My wife would rather me be alive with a sexual dysfunction than to be dead and not have me at all. I realized we were in this together."

Better than ever

Cleo says his life is the "biggest piece of fun, because of my second chance." His marriage continues to be strong, despite "taking the blue pill!" And - his son has a dad to call if he needs help while he's away at school, or for any little thing. He says "I am a better lover, father, husband today because I understand love better...and it's not about how I perform in bed." He recently spoke at the funeral of a Houston police officer who died of prostate cancer, and his final message was: "I can talk about our friend, but what I really want to tell you men is *go get tested*. My doctor says about me 'he don't like coming, but he shows up on time!' If you wait for symptoms, you might as well order your casket, because if you have symptoms it's probably too late."



"Let's WIN at this!"

HAVE YOU BEEN SCREENED FOR PROSTATE CANCER?

“You are a SURVIVOR!”

That is the single, most important message those diagnosed with prostate cancer need to hear from Day 1, according to Dr. Ed Hammer, who has finished treatment and is approaching his 5-year “clean bill of health.” Ed says seeing himself as a survivor, rather than a cancer patient, has made all the difference in his energy and outlook on life.



“Survivorship starts at the time of diagnosis”

ED’S TOP 3 SURVIVAL TIPS

- 1. Treat each day as a gift:** You’ve heard it before, but it is never truer than now! Find ways to be kind to yourself and others, make plans to do things you’ve always dreamed of doing, and focus on living life.
- 2. Get a little help from your friends:** Ask others in your life to join you in surviving and look for ways to involve them in your day-to-day life by creating a “survival team.” One friend might drive you for treatment and be with you afterwards, a family member who lives far away might want to call once each week, etc. Often those who care about you want to help – they just don’t know how.
- 3. Be an informed survivor:** You or someone close to you should learn more about prostate cancer since unlike most cancers there are many treatment options that may require what is called “shared decision making” between you and your doctor. Ed recommends the book “Guide to Surviving Prostate Cancer,” by Dr. Patrick Walsh as one resource that will help you know what questions to ask, how to make the system “work,” and when to be more assertive.

Ed wants you to know that YOU are a survivor – can you choose to believe it too?

