Impact and Value:
Telling Your Program's Story

IMPACT AND VALUE:
TELLING YOUR PROGRAM'S STORY

Lessons Learned from the Division of Oral Health and Its Partners

Authors:

S. René Lavinghouze, MA
Evaluation Scientist
Division of Oral Health
Centers for Disease Control and Prevention
Rlavinghouze@cdc.gov

Ann W. Price, PhD
Consultant
Community Evaluation Solutions
aprice@communityevaluationsolutions.com

Contributors:

ECB, Inc.
2824 Livsey Trail
Tucker, GA 30084
ecbservices@comcast.net

David P. Hoffman, MEd
Expert Consultant to the Office of Policy Evaluation and Legislation (OPEL)
3 West Albany, New York 12204
Phone (518) 474-1222
Fax (518) 473-0642
dph01@health.state.ny.us

i

TABLE OF CONTENTS

PART I : TELLING YOUR PROGRAM'S SUCCESS STORY

**PART II : SUCCESS STORY COLLECTION TOOL AND EXAMPLES OF
SUCCESS STORIES**

INDEX
Sample Success Stories ━━━━━━━━━━━

PART I
TELLING YOUR PROGRAM'S STORY

Who Is the Audience for This Document?

The purpose of this workbook is to help public health program administrators understand what a "success story" is, why it is important to tell success stories, and how to develop success stories. This document is intended to be used by program managers/coordinators in order to provide steps they can use to systematically collect and create success stories that highlight their program achievements. The document was written by the staff of the Division of Oral Health (DOH) at the Centers for Disease Control and Prevention (CDC) and, therefore, the examples come from DOH. However, the content and steps for collecting and writing success stories can be applied to any public health program. Part I of this workbook defines success stories, discusses several types of success stories and their uses, and offers several methods for systematically collecting success stories. Part II of this workbook includes a template that can be used to collect success stories and several examples of success stories from DOH grantees.

What Is a Success Story?

Who can resist a picture of a smiling child who is now pain-free because her teeth have been restored and sealed to prevent further decay? After all, this is the purpose of your program—to change the lives of participants for the better. Such a simple description of a program's progress, achievements, or lessons learned is a success story.

With varying levels of evidence, a success story shows movement in your program's progress over time, its value and impact. More importantly, a success story serves as a vehicle for engaging potential participants, partners, and funders. With attention to detail, a system of regular data collection and practice, this tool can become a powerful instrument to spread the word about your program.

Success stories come in all shapes and sizes but probably the most familiar is the "one-pager," of which we have included examples in Part II of this workbook. The format of the story and the type of story used depends on your audience and your moment of opportunity. When tailoring your success story you need to consider the following questions:

- What is a success story?
- What is the developmental stage of the program?
- What type of format is most appropriate for the story and audience?
- How will the story be collected?

To be truly ready for the moment of opportunity, you will need to have a full complement of success stories at your disposal.

Why Do You Want a Success Story?

A success story in its many formats is a basic tool you should have in your comprehensive "tool box" of products used to promote your program and tell your story. You are essentially "selling" your program when you seek new partners, stakeholders, funders, and participants for your program. Successful salespeople will tell you that you should a) have a comprehensive set of selling materials, and b) have these tools ready and with you at all times so that you don't miss out when opportunity knocks. Success stories are no different. They can be used:

> **Collecting success stories affords the opportunity to regularly step back and celebrate achievements both big and small.**

- In response to public inquiries about the program.
- To educate decision makers.
- To demonstrate that funds are well spent.
- To make the target population aware of your program.
- To show movement in program progress when planned outcomes will not be realized until the distant future.
- To help mobilize resources.
- To help your program get needed resources.

By collecting and developing success stories, you can involve and engage the entire program staff and help everyone to focus

> **Success stories are an effective means to move beyond the numbers and connect to your reader; a cause they can relate to and want to join.**

on program goals. Collecting success stories affords the opportunity to regularly step back and celebrate achievements both big and small.

While not your main method of presenting data, success stories contribute an effective element to an overall evaluation plan. Admittedly, there often is an inherent bias in the selection of success stories. However, they do have a place in your evaluation efforts, especially in the early, pre-outcome data stages. Success stories can facilitate the documentation of both intended and unintended program effects and provide information that can be used to publicize early achievements. Success stories put a "face to the numbers" of surveillance, research, and evaluation data by bringing to life a program's impact at the street level. What does it really mean when you report that you have provided "X" amount of services to "Y" amount of people? How are the lives of the program participants changed because of your services?

Having a systematic method for collecting and using success stories will allow you to have up-to-date information at your fingertips. The process affords another benefit outside the uses of program promotion: The process of collecting success stories facilitates learning for all staff. For example, higher-level management staff may not fully understand what is happening at the program level. Success stories help you promote your work to other members of the staff who may not be aware of all that you do. The potential uses for success stories are almost endless.

Types of Success Stories Based on the Phase of the Program

Upstream Success Stories

Your program is in its early stages. You have neither achieved your planned outcomes nor substantiated or rejected your proposed logic model (a graphic representation of the program).* At this point, you want to verify the program description, highlight any partnerships, document policy changes as a result of the program, and/or illustrate whom the program is serving. Partner publications may serve some of your needs while you are developing your strategies, and your stories may emphasize national and/or state level data during this phase.

Midstream Success Stories

With your program up and running, you want your partners to know about your progress. You haven't achieved the long-range outcomes yet, but you have some promising stories and examples of early changes. You may now have anecdotal, change-on-the-street type of stories to share. Your success story may spotlight community changes and growth of the program as well as partners. National and/or state level data may still constitute the bulk of support for you model; however, preliminary program data should indicate you are making progress. Look to your process evaluation (an evaluation of who the program serves and to what extent) to provide data that can be used in your midstream success story. These stories typically include both data and anecdotal information.

---

*A *Logic Model Development Guide* is available from the W.K. Kellogg Foundation at http://www.wkkf.org.

Downstream Success Stories

By now, life-on-the-street has changed. You have demonstrated impacts that you want to convey to your stakeholders. Your success story should illustrate how things have changed for the people your program serves. You are not eliminating surveillance data. Rather, the goal is to explain surveillance systems' results to a general audience. For example, what does it mean that 30% of your state's most at-risk population now has access to or has received sealants? The goal is to catch the attention of your audience and leave them wanting more information.

Choosing the Correct Format

Your purpose in telling your story and the audience you wish to target will determine your success story's format. Your story for that chance meeting in the elevator will most certainly be different from the one you've prepared for a potential funding opportunity.

Elevator Story

You are on the elevator returning from a coalition meeting when opportunity walks through the door in the form of your health officer. She politely asks how you are doing. This is the time to grab her attention with a brief taste of your program and promise more to come at a later date. This is your moment of opportunity! This is not the time to ad lib. You must be armed and ready with your best 10-second story. By successfully negotiating this moment of opportunity, you caught her attention and promised her a more comprehensive report that you will be happy to drop off at her office later that day. Your story is important. Your job is to make sure decision makers focus on it. You never know when opportunity will knock, so be prepared!

Paragraph Spotlight

Partner publications, newsletters, newspapers, and other media sources routinely request small items to fill "news holes." Sometimes these requests come far in advance and allow you ample time to develop your story. More often than not, an editor simply needs one more paragraph to fill a newsletter, and he needs it by 5:00 p.m. today. If you're ready, the newsletter will spotlight your program. If you aren't, another program will fill the void, and you will have missed your opportunity.

One-Pager
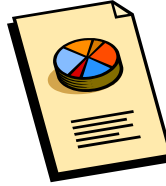
The common one-pager provides a powerful way to catch the attention of policy makers, funders, and other decision makers who are inundated with information and requests for their time. A polished document that speaks to the heart of your program can make the difference on whether or not your story gets read or put in the circular file. Use pictures to complete the story and include partner logos to demonstrate your collaborative efforts. Always be sure to include your contact information. You want your audience to know where to look for more information.

Two-Page Success Story

A two-page story that provides more detail than a one-page story can be used to present a more complete picture of your program. A two-page story can be used as a best practice submission or to highlight a specific state program. Several organizations have excellent examples of two-page stories on their Web sites. CDC's Office on Smoking and Health provides examples of two-pagers developed by states to preserve tobacco control funding in an environment where budget cuts threaten their programs.

Sustaining State Funding for Tobacco Control (see Resources and Products: state snapshots):

http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/sustainingstates/index.htm

Full Brief

By using your elevator story, paragraph spotlight, and one and two-page stories, your issue hits the "radar screen," or you receive a formal request for information. You need an effective brief. If you haven't considered this type of tool, you may not have enough time to develop it. You have your audience's attention; this is your time to shine. This format uses pictures, surveillance data, and graphs as well as anecdotal stories to portray your issue and showcase program achievements.

Published Article

The public recognizes the public health issue you are addressing and increasingly supports your efforts. By synthesizing your work and experiences, others can learn from your program and replicate it in their communities.

How to Develop an Effective Success Story

In order to develop effective success stories, you must be as conscientious about collecting your stories as you are about collecting surveillance data. Success stories must be reliable, valid, and available at a moment's notice.

In order to develop effective success stories, you must be as conscientious about collecting your stories as you are about collecting surveillance data.

Developing a reliable and valid success story requires a plan that includes the following:

- A data collection tool.
- A plan for collecting both formal and informal stories.
- Staff responsible for collecting, organizing, analyzing, and writing the stories.
- A communication plan for disseminating the stories.
- A plan for developing a story repository.

Who Is the Audience for a Success Story?

Identify your audience before you begin to write your story. Your audience includes anybody who is a potential partner, such as a funder or a community member, who could help with program implementation. For example, a partner may be:

- Major business industries in your state
- Civic organization
- Policy makers
  - Federal elected officials
  - Federal management
  - State elected officials
  - State appointed officials
  - State management
  - Local officials
- Schools or universities
- Media sources

The list of potential partners is endless. However, it is important to keep in mind that your story or stories must be geared toward your audience. Knowing what kind of information your target audience needs and desires will help you to develop the most effective success story.

Identify the issues that concern your target audience. If your issue is not among them, you may consider collaborating with a program that *is* "on the radar screen." For example, a partnership between an obesity program and an oral health program or collaboration between an oral cancer program and an oral health program could be among the more powerful and timely partnerships you may consider.

Develop a System for Collecting Success Stories

To be effective, the plan to collect and use success stories <u>must be intentional</u>. Success stories cannot be collected haphazardly or at the last minute. Your first

> **To be effective, the plan to collect and use success stories must be intentional.**

step is to create a system that makes collecting success stories routine. To ensure timely and consistent implementation, you need a written, systematic plan with methods, timelines, and checkpoints. Be thoughtful about your timelines and the timelines of your audience. For example, if your identified target audience comprises policy makers, be aware of how a bill becomes a law, how the budget is set, and the legislative calendar.

Program staff often neglect "additional" duties related to program evaluation because they are so busy with everyday tasks. You must assign success story collection duties to specific program staff at the outset. The actual resources needed depend upon the collection methods and the story formats chosen. Start with a core working group to develop a sound plan and identify the personnel for this project. The plan should include assigning data collection, story development, and communication strategy responsibilities. Remember to plan with the end in mind. Do you want to turn your collection of success stories into a book of stories on a regular basis to be used to market your program? Will you use the stories in your program evaluation? Will you include the stories in monthly newsletters?

> **Elements of a Plan for Collecting Success Stories:**
>
> - **Develop a system for collecting success stories.**
> - **Identify collection methods and tools.**
> - **Create and/or identify resources.**
> - **Organize your stories.**

Identify Collection Methods and Tools

You may collect success stories in numerous ways. The methods you choose will determine the resources needed as well as the types and depth of information you can collect. We will discuss three categories of collection methods to get you started: the Success Story Watch System, official solicitation, and the stakeholder forum (program or professionally led).

> **Three Ways to Collect Success Stories:**
> - **Success Story Watch System**
> - **Official solicitation**
> - **Stakeholder forum**

The Success Story Watch System

This method sets you on the hunt for information contained in regularly occurring formats or forums. This may include a systematic review of partner publications, newspapers, program reports, and presentations. Be sure to assign a person the responsibility for taking notes about potential success stories that are discussed informally at coalition meetings, conferences, or other group meetings. You can return to the source of the story later for details and context if needed. Develop a standard format for compiling your information. This will alert you to where you are missing data elements and enable you to return to the source for more information.

Official Solicitation of Success Stories

You may also informally or formally solicit success stories from partners, stakeholders, program participants, and others interested in your program. Informally, you may email requests for stories to your listserve on a periodic basis. Include a collection form when you solicit stories. (An example of a form is provided in Part II of this document). This will help the respondent know exactly what kind of information you need. Again, store the story submissions in a systematic way and check for missing data elements before the story becomes dated.

On a formal basis, you may require grantees and sub-grantees to submit success stories with their annual reports. In addition, program staff or a professional group leader could conduct a forum.

Stakeholder Forum: Program-Led

If your budget is limited and you plan to conduct the forum yourself, King and Stevahn (in development) offer the suggestions provided below for "do-it-yourself" data collection.

Three-Step Interview: As people enter the room, divide them into groups of three. Have a handout with discussion questions ready. Each person takes a turn "interviewing" another member while the third person listens and takes notes. After the "interview," the members switch roles until each person has had a turn as interviewer, speaker, and note taker.

Data Dialogue: When people enter the room, divide them into groups of three. In this case each person receives a handout but answers the discussion questions themselves. They take notes on the handout and discuss their answers as a group. Any new information is recorded by the group members. The discussion sheets then are collected and used later for data analysis.

Graffiti Technique: Have Post-It notes ready. When stakeholders arrive, divide them into groups of three to four people. Use a question to get the discussion started. For example: "In the last year, what are some specific examples of our coalition's success?" Then give them a set amount of time, about 5 minutes, to generate as many examples of success as they can, recording one idea per Post-It note. Each person should write his or her own notes. Everyone then should post their examples on large sheets of papers for each discussion question. These sheets are collected later for data analysis.

<u>Concept Formation</u>: This is a continuation of the Graffiti Technique. Have group members organize the Post-it notes into concepts or themes. This should generate a lot of discussion; group members will have to work together to achieve consensus.

<u>Cooperative Rank Order</u>: Continuing the Graffiti Technique and Concept Formation, have group members work together to rank their results in the order of importance from most important example of success to least important.

Professionally-Led Stakeholder Forum

For programs that have sufficient budget, the professionally-led stakeholder forum (while the most resource-intensive method for collecting stories) can bring the greatest reward. The watchword for ensuring a return on your investment is "planning." The stakeholder forum brings together a targeted group of people with an interest in your program for the specific purpose of discussing success stories. This method often yields benefits in addition to collecting stories; it offers the opportunity for you to really listen to your stakeholders. In turn, they have the opportunity to feel that they have been heard. Since this forum only focuses on program successes, it allows everyone to take a step back from the daily concerns of the program and put the work in perspective. As one grantee recognized in one session, "We are making steps, even if they are baby steps."

Participants benefit by hearing about other programs. Participants are inspired by other participants' stories as one story may trigger another person's memory that would not have been considered in response to a formal solicitation. An additional benefit of the process is that the stories collected often have a greater range and depth than those gathered through formal solicitations. In addition, spontaneous collaborations often develop during the forum session.

> **Whatever method you use, the key to developing meaningful and useful success stories is collecting them in a systematic way.**

Whatever method you use, the key to developing meaningful and useful success stories is collecting them in a systematic way. Collect success stories at regular intervals through activities designed specifically to solicit stories. In addition to your regular systematic method of collection, establish a mechanism for impromptu story submissions. Send regular reminders to staff and coalition members to send in stories and provide a template to collect these in an electronic file. Provide training at the local level on how to develop and use success stories. Ultimately, this will result in better state-level stories.

In 2005, the CDC's Division of Oral Health (DOH) contracted with ECB Services, Inc. to conduct stakeholder forums at ten of the grantee sites funded through Cooperative Agreement 03022, "Support for State Oral Disease Prevention Programs," and to produce one-page success stories. ECB collaborated with DOH evaluation staff to design and implement the stakeholder forums. Examples of the stories that resulted from this project are included in Part II of this workbook. This section highlights the steps used in conducting this series of stakeholder forums.

Steps Used in Conducting Stakeholder Forums:

- **Pre-visit preparation**
- **Pre-session meeting**
- **Conducting the session**
- **Session follow-up**

---

1. Pre-visit preparation: *Determine audience, determine major points, and extend invitations.* As we stated above, you should already have determined your audience and major points for this session during your planning stages. Armed with this information, you can determine whom to invite to participate. It may not be appropriate for all the members of your coalition to be present if you are focusing on one specific program area. Invite those who best know the stories and/or who would benefit from participating in the session. For example, if you want to know exactly how a dental sealant program has changed the life of participants, you need to include some program participants and not just the program coordinators.

Take steps to help things run smoothly. Send reminders about the meeting one or two weeks prior to the date. Conduct a pre-site visit conference call to prepare the meeting coordinators. During the conference call, address the following planning items:

- Explain the purpose of the stories and exactly how they will be used.
- Identify who will be involved in the forum session.
- Identify any pre-existing documentation that may be useful for understanding context.
- Explain the process of conducting the story discussions.
- Inform coordinators of the potential for follow-up contact for missing information or clarification.
- Discuss some of the potential benefits that you have experienced with other groups (e.g., spontaneous collaborations, morale boosts, information sharing).
- Discuss logistics. Do you need a flip chart, markers, seating arrangements, refreshments, etc.?

It's a good idea to have a follow-up call to ensure that invitations and responses are proceeding on schedule. In addition, conduct one last pre-visit call two to three days prior to the session to make sure that all the elements for a successful forum are in place.

2. Pre-session meeting. Meet with coordinators prior to the session. You may consider having dinner together the night before. In this relaxed atmosphere, the coordinators have the opportunity to get to know the facilitators and be reassured about the purpose of the meeting and how the information to be collected will be used. During this meeting, facilitators can learn more about the context of the meeting and about those people who are invited to participate. In addition, this meeting provides an opportunity to address last-minute logistical problems.

3. Conducting the session. Arrive early the day of the meeting and make sure the building and room are clearly identified. Check the room and ensure the equipment is ready and in good working order. Be sure and check the recording devices. Begin the session by introducing your facilitators and explaining the purpose and use of the data to be collected during the forum. Tell the group that they will be focusing on successes, big and small.

If the meeting will be recorded, you should obtain participant consent and inform them whether they may speak off the record. Let everyone know who will have access to the information you are gathering. Even though you are focusing on successes, participants may be suspicious of sharing their data and wary of how it will be used. This concern usually fades quickly as the discussion progresses. Discuss whether or not you will be taking pictures and obtain consent for using them. Try to create an environment that is relaxing (allow adequate time; select a convenient, comfortable space; serve refreshments).

Have a set of well-defined questions to prompt the discussion. However, beware of having too many questions. If you do not allow time for spontaneous storytelling, or the "quilting bee effect," you will shortchange the range and depth of the stories. Allow participants the time to share and be inspired by the other participants' stories. Encourage all participants to take part in the discussion. Don't be shy about showing nonverbal enthusiasm for the stories. The facilitator is not a scientist with a clipboard in hand during this forum. This tells the participants that you are excited for them. But do try to keep your own comments to a minimum so that the participants have the time to give you as many stories as possible. This is their time to shine; the forum can be a great morale booster.

Examples of some starter questions are provided below. In the answer to every question, make sure that the respondent specifies the who, what, when, where, why, and how of the program.

1. What has changed in the way you do business because of this program since (<u>insert date here</u>)?
    a. Be sure to give a date reference.
    b. Change the words to be participant-specific.
2. What are you most proud of when you go home at night?
    a. Follow up with context questions.
    b. Probe for details related to exactly what led to this achievement.
3. Has your work received any recognition or rewards?
    a. What kinds of awards and for what aspect of the program were the awards given?
    b. What agencies or organizations gave the awards?
    c. Where was the awards program initiated?

These types of questions work best when you are looking for general success stories without a specific focus in mind. If you do have a focus, such as successes related to a particular stream of funding or aspect of the program, make sure to incorporate these details into your questions as well as your introductory remarks. It is very important to be clear about what you are looking for prior to engaging in the stakeholder forum. You cannot expect a bountiful harvest if you cast your seeds wherever the wind blows.

To conclude the session, be sure to recognize all that the participants have accomplished. Point out that they just demonstrated how the work they do matters! Discuss the potential for follow-up if you need clarification. And, of course, thank them for their time and thoughtful discussion.

4. Session follow-up. Following the session, you may want to debrief the session coordinators. In addition, the facilitator and other staff involved in the collection process should debrief and review the data immediately after the session. If you are conducting multiple sessions, try to have this debriefing prior to the next session to prevent the information from one session running into the next. Conduct any follow-up calls within one month of the forum session while the information is still fresh.

When the success stories are written, share the stories with the participants. They are more likely to join you again if they see the product of their efforts. Moreover, they will likely share the success story within their own network. After all, getting your story promoted and known is the point of this activity.

> **Share the stories with the participants. They are more likely to join you again if they see the product of their efforts.**

Lessons Learned

Hiring a Professional

Should you hire a professional facilitator? The answer is, it depends. What is the composition of the group and do you feel that they would be more forthcoming with an "outsider" as the facilitator? Do you have anyone on your staff trained in group facilitation? At a minimum, you will need someone who is experienced at facilitating groups to ensure that no one monopolizes the conversation, encourage everyone to contribute to the discussion, and keep the discussion moving should it become stalled.

Technology

Because equipment can fail, if you are recording the session, have a backup recording system. We used digital recorders on our site visits, but some facilitators brought backup tape recorders. As it turns out, this was a wise decision because some data were lost at one site when the digital recorder failed. Make sure the recorder you use is adequate; one recorder in a large room may not clearly capture the discussion. You will need to obtain participants' consent for audio taping or video recording prior to the meeting. If possible, have someone take notes in addition to recording the session. The note taker should be as unobtrusive as possible. Be sure to have a flip chart and markers on hand to help track topics already discussed; save this as another record of the meeting. Always use multiple documentation methods.

Off-the-Record Policy

At the outset, explain the ground rules to the participants, including the off-the-record policy. This allows participants to request that the recorder be turned off if they wish to discuss a sensitive topic. Just don't forget to turn the recorder back on!

> **The importance of prep work for the meeting cannot be overemphasized.**

Pre-Visit Prep Is the Key

The importance of prep work for the meeting cannot be overemphasized. Make sure that the participants have directions to the meeting's location and know when the meeting will start and end. Prepare your facilitator on the protocol and discussion questions. As mentioned earlier, send a reminder to participants a week or two before the meeting. Check to see if invited participants have responded and that an adequate number will be attending. On the day of the meeting, make sure the room is prepared. Check the equipment to verify that it is in working order and make sure the facilitator knows how to operate it.

Unexpected Outcomes

This process provides a number of unexpected outcomes in the form of spontaneous collaborations, information sharing, and encouragement. However, we found that sometimes we spent too much time on one story and too little on other stories. Strive for a balance. Looking back, we believe that in some cases the environment (immediate context) of the program may have been taken for granted. We recommend pre-visit documents as way to assess the program environment prior to the session.

> **Successes of any size should be celebrated.**

Various Ways to Define Success

Successes of any size should be celebrated. Small successes may cumulatively add up to a large success story in the future. Your role in a program often determines what you see. Collecting success stories allows participants to reflect on the program's success as a whole. It is a great time for everyone to be assured you are doing great work!

Organize Your Stories

You may want to organize your stories by theme and audience. Categories could include:
- *Testimonials* — life change "on the street."
- *Organizational and/or partner achievements* — coalitions, advisory groups, committees.
- *Promising practices* — programs that are showing progress, but these are not yet "proven" practices.
- *Infrastructure development* — surveillance, state and/or local plans, burden of disease document, partnerships.
- *Lessons learned* — ideas that other programs similar to yours might learn from or ideas that might suggest future action.

However you choose to organize your stories, you need to include in your action plan a method for developing a story repository. A story repository is simply a database for storing the information you collect. You want your information to be easily accessible; the ideal database would include search capabilities. You should review your repository regularly and have a plan for updating or archiving stories that are no longer timely. Remember, while a story may no longer be timely for your immediate success story needs, it most likely still has value for your overall evaluation efforts.

Putting It Together: Formatting the Success Story

The prep work is done, the group sessions have ended, and all of the data have been collected and reviewed. Now it's time to develop the information into formats that will best serve the program's needs. You might consider submitting your story to the National Association of Chronic Disease Directors (NACDD) collection of state success stories (see www.chronicdisease.org). In this section of the workbook, we offer tips on two formats previously described, the elevator story and the one-pager.

Elevator Story

This format endeavors to entice the target audience to seek more information about your program. This format, which we call the "Elevator Story," is appropriate for highlighting recent program success. As an added bonus, this type of success story can involve everyone in the program, so it is important that everyone be prepared.

Tips for Successful Elevator Stories

- **Be brief!**
- **Make the story relevant.**
- **Practice so that the story sounds conversational.**
- **Involve the whole staff.**
- **Conclude with a promise to bring more information.**
- **Practice as a group.**

The elevator story is the perfect format for unexpected, brief moments of opportunity. When you meet your director at the coffee shop, it is too late to begin thinking about what you should say, especially for the individual inexperienced in public speaking. The art of this format is brevity and maintaining a conversational style while making your point.

Be sure to practice your story so that you can tell it naturally. Make it a point to practice your story as a group so that everyone is prepared. Set aside regular staff time to agree upon the story to use as well as to practice the delivery of the story. When moments of opportunity present themselves, you will not have time to think.

It is very important that the program's story is timely, relevant, and reflects your most recent successes. It's not effective to say, "Two years ago we had a great summit…". Your story should reflect a success that is no more than two to three months old. You don't want to give the impression that the program had realized achievements in the past but has gone stale lately.

Make sure that everything you say has meaning, but do not include surveillance data in the elevator story! This is not a formal report; it is a conversation that reflects the spontaneous nature of the encounter. In addition, the story should include a promise to bring the person more information. Don't say, "Would you like...?" Assume the best and state confidently, "I would be happy to bring you a copy of our state plan later today." Now you have opened the door to bring additional information, and along with that information, perhaps a one or two-page success story.

Plan your story to capture the listener's attention. For example:

> *We just held an exciting <u>summit</u> with stakeholders from <u>across the entire state</u>. We have a state oral health plan that has been in <u>active implementation</u> for a year now, and we have been reviewing the evaluation results and planning our next steps. We are excited because our support group for oral health has really <u>grown this year</u> and we believe that we are going <u>to accomplish great</u> things in the area of oral health for <u>all citizens</u> of XYZ state. <u>I can get</u> a copy of the state plan to you today.*

This example illustrates several points:

Summit: You mention a specific activity right away. Don't just say, "We have a lot of things going on right now."

Across the entire state: You have just made your point that this program includes stakeholders from the entire state, not just one small area. This demonstrates that this program is something to be noticed.

Active implementation: You are doing something.

Grown this year: We are getting bigger, so pay attention.

Accomplish great things: We are achieving something, it's not just talk.

All citizens: We affect everyone, not just a small group. Again, pay attention.

I can get: I will bring you more information about this program so you can learn more about our activities and accomplishments.

You really don't have to wait for an elevator encounter. These moments of opportunity can happen at any time and to anyone involved in your program. Be prepared!

One-Page Success Stories

The one-page success story is appealing because it is relatively easy to produce if you have the appropriate information that is easy to deliver and easy for the reader to comprehend. A one-pager is most effective if it is brief, to the point, allows the reader to relate to the story, and includes contact information. Although the one-pager will most certainly vary from program to program, there are some common basic elements.

No matter what style you choose, some pointers to keep in mind include:

- The story must be recent. A story that appears to be "old news" will receive little attention.

- The public health issue must be clearly identified in the story and must relate to something actionable. What can the reader do in response to the story? The solution or action offered must be realistic.

- The story must be one the reader can relate to. It must be more than just numbers.

- If available, use pictures, graphics, and quotations. Make sure you have obtained the required consent forms.

- The story must be jargon-free. Will the reader best relate to the term *caries* or *tooth decay*?

- Consider developing multiple versions of the same story tailored to specific audiences.

- If possible, partner with another organization or group and include these groups' logos. This will reinforce that the issue concerns a number of groups rather than just one group.

- If your issue isn't the top priority on the current agenda, partner with a cross-cutting issue that may be higher on the list.

- Judicious use of "bullet points" is always helpful to draw the attention of your audience to the main points of the story. Bullets are especially effective in the impact statement section to point out achievements or lessons learned.

- Always include your organization's contact information.

Typical Outline of the One-page Success Story

Title. Along with any pictures, this is your first opportunity to grab the attention of your reader. Often, the title and pictures will determine whether or not the reader will continue reading or will discard it. For example, the following title grabs the reader's attention through a timely and relevant concern for children's education:

> ## Pain-free Children Are Able to Learn Better, Thanks to State's New "Smart Smiles" Dental Sealant Program

This title concisely presents the cross-cutting issue of oral health and learning ability. The title prominently places the program name and uses the word "dental" to communicate that sealants are related to oral health. Sometimes it is difficult to present the issue in plain language. However, the use of issue-specific language, or jargon, can be a deterrent to engaging your reader. Well-chosen descriptive words can help to hold your reader's attention.

Define the issue. In the document, clearly identify the issue in a jargon-free, concise, and compelling manner. You may include local, state, or national data if appropriate. However, focus the majority of the document on the story rather than the numbers. Numbers should be provided to emphasize community/state needs and not the story itself. Don't lose the reader's attention with a confusing maze of facts and numbers. The definition of the issue must be sufficiently compelling to entice the reader to stay engaged. Pictures, graphics, and quotations put a "face" on the statistics included in the section that defines the extent of the oral health problem in your state.

Program description. Describe your program or tell your story in a clear manner that allows readers to relate to the message on several levels. You want to spark their interest in what is being done about this public health issue. Articulate which partners are collaborating with you and any specific funding source pertinent to this specific audience or theme.

Impact statement. What does all this mean? You may be acutely aware of the meaning of lack of access to dental care because you are involved in working on this issue on a daily basis. Your readers are most likely exposed to hundreds of issues that vie for their attention on a daily basis. Do the leg work for them. Say what you mean. Be concise.

Summarize the main achievements and how this relates to your readers. Remember that one of your initial tasks was to determine the type of information that interests your readers. Tie together all of your detective work here and present it to your audience.

Look to the future in your impact statements if your story details a promising program or a program in the planning stage. Clearly relate how your program plans to move from its current stage to the outcomes stage and what action the reader can take to become involved.

Action suggestions. Now that you have captured their attention and made them aware of the issue, tell your audience what they can do about this problem and where you intend to go next. Provide for them the answer to, "What can I possibly do?" or "It looks like they already have everything they need." Reducing a large problem down to a few specific, realistic, and actionable steps will prove the most effective method of encouraging your reader to get involved.

Contact information. Don't forget to include your organization's contact information. Include a specific contact person and correct contact information but also include the program's general contact information. If you have permission, include partner logos and information.

Distribution methods. Identify and plan for how you will distribute your success story. You should post the story on your Web site and include the story in presentations you give about your program. Include a one-page description in information kits and news releases. You may also incorporate the success story in your marketing brochures and newsletters. Finally, be sure to include your success story in yearly reports to program managers, agency directors, funders, legislators, and other policy makers.

Summary

In Part I of this workbook, we defined success stories and discussed why these stories are an important part of communicating about a program's success. We highlighted several types of success stories and discussed various methods for collecting success stories. The following criteria summarize the tips discussed in this workbook and success story tips from the Preventive Health and Health Services Block Grant available at: http://www.cdc.gov/nccdphp/blockgrant/. Finally, we have included an example of a success story that uses these criteria.

Success Story Criteria

Title
Does the title:
1. Capture the attention of the reader?
2. Avoid acronyms?
3. Contain a verb?

Issue
Does the issue statement:
1. Have a strong lead sentence?
2. Provide local, regional, or state information about the issue?
3. Tie the burden (health, training, or threat) to a cost burden?
4. Specify the affected population?
5. Provide an emotional hook?
6. Present a clear, concise statement about a single issue?

Intervention
Does the intervention statement:
1. Have a strong lead sentence that transitions the issue section to the intervention section?
2. Identify who conducted the intervention?
3. Identify where and when the intervention occurred?
4. Specify the steps of the intervention?

Impact
Does the impact statement:
1. Give specific outcomes? (e.g., money saved, change in health outcomes, number of people affected)
2. Avoid broad, sweeping statements?
3. Provide conclusions that wrap up the story in a convincing manner?

General Formatting
Does the success story:
1. Avoid wordiness, passive language, and grammatical and spelling errors?
2. Use terms that are understood by a non-public health audience? (avoids jargon)
3. Use one page if possible?
4. Use bullets where possible?
5. Include contact information?

Arkansas: Preventing Tooth Decay by Strengthening the Community Water Fluoridation Program

Public Health Problem
Dental caries (i.e., tooth decay) is a multi-factor disease that affects 50% of children aged 5–9 years, 67% of adolescents aged 12–17 years, and 94% of adults aged $\geq$18 years in the United States. During the second half of the 20th century, a major decline in the prevalence and severity of dental caries resulted from the use of fluoride to prevent decay. Fluoridation of the public water supply is the most equitable, cost-effective, and cost-saving method of delivering fluoride to a community. In 2002, approximately 170 million persons in the United States (67% of the population served by public water systems) received optimally fluoridated water.

Evidence That Prevention Works
Water fluoridation, adjusting the natural fluoride level in drinking water to the right level to prevent tooth decay, has been shown to be effective both in adults and children. In 2001, two major reports reaffirmed the effectiveness of water fluoridation. The U.S. Task Force on Community Preventive Services reviewed the scientific evidence of effectiveness and issued a strong recommendation for water fluoridation. Another work group of fluoride experts convened by CDC concluded that water fluoridation be continued and extended to additional communities.

Program
Arkansas has made significant progress in advancing community water fluoridation with a cooperative agreement from CDC. In 1999, prior to receiving CDC support, Arkansas had a one-person state oral health program, and only 49% of the state's population was receiving the benefits of water fluoridation. The state lacked the resources to regularly monitor fluoridation systems at the state level and provided limited community water fluoridation training, promotion, and education. With the help of the CDC funding, Arkansas now monitors its fluoridation systems monthly using the Water Fluoridation Reporting System (WFRS) and has improved coordination within state government. Training is being provided to water plant operators, and a state-wide community educational campaign on water fluoridation has been launched. Called "Got teeth? Get fluoride!" the campaign was developed to encourage additional communities to consider implementing water fluoridation.

Through these efforts, 62% of the Arkansas population on community water systems now receives the benefits of community water fluoridation. Arkansas, through the CDC funding, also is strengthening its capacity to monitor oral diseases, develop and implement a state oral health plan, and develop additional collaborative partnerships through an oral health coalition.

Implications
Water fluoridation is the most cost-effective way to use fluoride to protect populations from tooth decay. This program demonstrates the importance of increasing access to fluoridated water as an effective means of decreasing tooth decay and its related pain and suffering, costs for treatment, and lost school and work days.

Contact Information: Dr. Lynn Mouden, Arkansas Department of Health, Office of Oral Health, 4815 West Markham St., Slot 41, Little Rock, AR 72205-3867. Telephone (501) 661-2595, www.healthyarkansas.com/Oral_Health/index.htm.

**Part II
Success Story Collection Tool and
Examples of Success Stories** _____

Introduction

In Part I of this workbook, we defined success stories, reviewed several different types of success stories, outlined steps for collecting success stories, and provided a few examples of one-page success stories. In Part II of this document, we provide an example of a data collection tool that can be used when collecting success stories and an example of how success story can be tailored for different audiences and formats.

Success Stories Data Collection Tool

CDC/DOH staff **(insert your program name here)** are collecting success stories in order to document our success in the development and implementation of key oral health initiatives. This tool will help you and other key partners provide information that we will use to develop the stories that will be used to communicate our success. The success stories can be about oral health prevention programs and/or infrastructure development, such as developing and using state plans, developing a coalition, implementing a school-based dental sealant program, community advocacy efforts on water fluoridation, or other areas. Your story might show successful planning, outreach, implementation, products, or impact (e.g., behavior change, prevention opportunities). It can describe efforts at the organization, community, individual, or interpersonal levels. We want to spotlight how much you have accomplished and show how grant funds are being used to improve the lives of (**insert program audience or participants**).

Our staff will use the information you provide to develop one-page success stories, and you will have the opportunity to review the draft before publication. Please include your name, telephone number, and email address in the form below. If you should have question about how to use this form, please contact **(insert name and contact information here)**. Thank you for taking the time to share your success with us!

Please submit your success story via email (preferred) to: **(insert name and email here)**
Or via fax: **(Insert fax number here)**   Or Mail: **(Insert address here)**

Success Story Data Collection Tool

Program Information	
Success Story Item	**Your Answer**
Contact name:	
Contact information:	Address: Email: Office number: Cell phone:
Employer/Organization name:	
Focus of the Story	
Proposed Title of the Success Story: This should include your program's name and grab the attention of your audience.	
Focus/Theme of the story: Focus might be on collaboration with partners, a community prevention initiative, advocacy efforts, using data to engage stakeholders, etc.	
Point of view: The story should be from the perspective of those who benefited from the program: a participant, family member, friend, etc.	
Audience(s): Who is the intended audience for the story?	
The public health/community need for this program:	
Background of the Story	
Time period of achievement:	
Location of the story:	
Program target group:	

Name and contact information of one participant to interview:	Contact Information:
	  Name:
	  Address:
	
	  Telephone Number:

How did you accomplish your success? • What actions did you perform? • Who was involved? • How long did it take to accomplish? • Estimated costs and funding source(s). • Partners involved (would they be willing to include their logo in a one-page document?) *Think in terms of replication. What would your audience need to know to replicate your program?*	
Environmental context and barriers to success: What is the background of your program (context)? What barriers to success did you face and how did you overcome them?	
Key results or implications of success: Describe your most important results either at the participant, program, community, or environmental level.	

Quote from a participant: Do you have any specific quotes from participants or partners that would support this story? Please include the full contact information for the person(s) being quoted and a signed release form.	**Yes** **No** **Contact Information:** Name: Address: Telephone Number:
Program impact: Since the program was implemented, how is life different for program recipients? (Changes in culture/norms, organizations, and behavior; increased access to proven prevention practice or new product, etc.) What is the estimated number of people who have benefited from the program? Were there any (unintended) results that surprised you?	

Implications of the Story	
Next steps: What are the next steps that need to be taken to further or continue this effort?	
Lessons learned: What were the key elements that made this a success? What would you do differently?	

Publication Information	
Do you have a photo? Please attach photo (jpg file) and consent form.	**Yes** **No**
Do you have a program logo?	**Yes** **No** *If yes, please include an electronic copy with your submission.*

By submitting this form, I am agreeing to allow **(insert program name here)** to use this information to develop a success story that can be used in community presentations and/or in written forms of communication. I have reviewed all of the information above.

_____

Signature

_____

Title

_____

Date

Office Use Only
Date Submitted: _____
Draft 1 Submitted to Program: _____
Feedback from Program Received: _____
Draft 2 Submitted to the Program: _____

Using a Success Story for Multiple Audiences

It is possible, and even desirable, to use the information from one story for multiple audiences. For example, you may want to target a story to potential funders, policy makers, or program participants.

By using different pictures, quotes, and details, you can tailor the story to meet the needs and interests of these various audiences. You should consider the reading level of your audience and use language appropriate for your readers. As part of this document, we include an example of one story, that of Colorado's school-based sealant program. This success story was first written for educators and later developed for health professionals. We hope this highlights how you might change various aspects of the story, such as the title, language, content, graphics, and implications based on the target audience.

We also include an example from Alaska tailored to stakeholders and funders that shows how surveillance data can inform decisions about programs.

The story examples are presented as information greater than one page to illustrate the early stages of story construction. The program would edit the story according to the format chosen (e.g., one-pager or paragraph spotlight).

Colorado's Chopper Topper School-based Dental Sealant Program Helps Children Succeed in School

Sean is 12 years old and in the sixth grade. He used to like school and made good grades. But this year has been hard for Sean. He can't sleep well at night. He is often in pain and can't concentrate in school. His teachers have tried to reach out to Sean but he seems to be reluctant to talk about his problems. They probably are unaware that Sean is in pain and that his poor concentration and grades stem from untreated oral health disease.

The Problem of Oral Disease in Colorado's Children

Like Sean, many children have trouble concentrating in school and have difficulty learning. Their speech development can be negatively affected as well. Many children feel self-conscious and suffer from low self-esteem as a result of their poor oral health. It may surprise you to learn that a 2004 study by the Colorado Department of Public Health and Environment found that:

- 46% of kindergarten and 57% of third-grade schoolchildren had cavities and/or fillings (decay experience). Twenty-seven percent of kindergarten and 26% of third-grade schoolchildren had untreated dental decay (cavities).
- Colorado children schools with a high proportion of students eligible for the federal free-and-reduced lunch program had a significantly higher prevalence of both decay experience and untreated decay compared to children from higher-income schools.
- Of the kindergarten and third-grade schoolchildren screened, slightly more than 25% required treatment.

The Chopper Topper School-Based Dental Sealant Program

Chopper Topper is a Colorado school-based dental sealant program that provides:

- Dental screening by a dentist or registered dental hygienist.
- Placement of sealants on permanent first molars of second-grade schoolchildren. (Sealants are thin plastic coatings placed on the chewing surfaces of molars to prevent tooth decay.)
- In-school presentations to children about the importance of oral health.
- Information about oral health for parents.
- Referrals for children who need restorative or emergency dental care.

The program focuses primarily on schools with a high number of low-income children. Volunteer dentists, hygienists, and students from schools of dentistry and dental hygiene provide services at elementary school sites. School nurses administer the program: securing parental consent, reserving and preparing rooms, communicating with parents, following up on children who need restorative care, and supporting the oral health providers.

Chopper Topper involves many partners and is supported by the Oral Health Program of the Colorado Department of Public Health and Environment. KIND (Kids in Need of Dentistry) initially partnered with the Oral Health Program and now is expanding to work with Denver Health to establish school-based dental sealant programs in additional Denver public schools. Chopper Topper has since expanded to include more school districts and additional partners, and in some counties is now called the Be Smart & Seal Them! program. The program also provides services in other areas within the Denver metro area through the Ronald McDonald Care Mobile in partnership with Rocky Mountain Youth Pediatrics.

Implications and Impact

The Chopper Topper and Be Smart & Seal Them! programs offer an effective method for oral health promotion in Colorado. The program has provided sealant placement and identified low-income and uninsured children who need urgent dental care. In addition, these programs have increased the knowledge of teachers and other school staff regarding the impact of poor oral health on learning.

The program continues to face challenges, including the difficulty of educating parents, the lack of Medicaid providers in the state, and the widespread need for services. Despite these challenges, Chopper Topper exemplifies how state agencies can work together to improve the lives and health of children in need of oral health care.

Colorado: "Chopper Topper"—Providing Dental Sealants in Schools

Public Health Problem

Although oral disease is nearly 100% preventable, it affects children's ability to concentrate and learn as well as their speech development and self-esteem. A 2004 study by the Colorado Department of Public Health and Environment established the following baseline indicators for tooth decay experience, untreated decay, and the need for dental care among children in the state:

- 46% of kindergarten and 57% of third-grade schoolchildren had cavities and/or fillings (decay experience). Twenty-seven percent of kindergarten and 26% of third-grade schoolchildren had untreated dental decay (cavities).
- Colorado children attending schools with a high proportion of students eligible for the federal free-and-reduced lunch program had a significantly higher prevalence of both decay experience and untreated decay compared to children attending schools with greater numbers of higher-income students.
- Of the kindergarten and third-grade schoolchildren screened, slightly more than 25% required treatment.

Program Description

Chopper Topper is a Colorado school-based sealant program that provides:

- Dental screening by a dentist or registered dental hygienist.
- Placement of sealants on permanent first molars of second-grade schoolchildren. (Sealants are thin plastic coatings placed on the chewing surfaces of molars to prevent tooth decay.)
- In-school presentations to children about the importance of oral health.
- Information about oral health for parents.
- Referrals for children who need restorative or emergency dental care.

The program focuses primarily on schools with high proportions of low-income children. Volunteer dentists, hygienists, and students in schools of dentistry and dental hygiene provide services at elementary school sites so that children can easily and efficiently receive services during the school day. School nurses administer the program within their specific schools—doing things such as securing parental consent, reserving and preparing rooms, communicating with parents, following up on children who need restorative care, and supporting the oral health providers on clinical days.

Chopper Topper is supported by the Oral Health Program of the Colorado Department of Public Health and Environment. It is a public/private partnership that involves many partners. KIND (Kids in Need of Dentistry) initially partnered with the state Oral Health

Program and now is expanding to work with Denver Health to establish school-based sealant programs in more Denver public schools. The state dental sealant program has since expanded Chopper Topper to more school districts and with support from more partners; in Summit, Logan, and Weld counties, this program is now called Be Smart & Seal Them! In addition, in partnership with Rocky Mountain Youth Pediatrics, the program provides services in other Denver Metro area communities through the Ronald McDonald Care Mobile. During the past year, the program reached thousands of children in Colorado. The Be Smart & Seal Them! program currently is working to expand into additional schools and school districts throughout the state.

Support from the U.S. Centers for Disease Control and Prevention has been instrumental for providing the SEALS software used by all contractors to evaluate this program.

Implications and Impact

The Chopper Topper and Be Smart & Seal Them! programs offer an effective means of oral disease prevention and health promotion in Colorado. They provide sealants and identify low-income and uninsured children who need urgent dental care. In addition, these programs have increased the knowledge of teachers and other school staff regarding the impact of poor oral health on learning.

These programs have nurtured collaborative relationships among oral health professionals in the state and established new alliances with hygienists, school staff, and other professionals in counties outside of the metropolitan area. In addition, there now is an active partnership between the state DOH and KIND, a nonprofit organization through which volunteer dentists provide care to uninsured children of low-income, working families in the Denver metropolitan area.

The program continues to face challenges, including the difficulty of educating parents, the lack of Medicaid providers in the state, and the widespread need for dental services. Despite these challenges, Chopper Topper exemplifies how a state oral health program can support and collaborate with public and private efforts to reach children in need of oral health care.

Alaska: Increase in surveillance provides information for program focus and decision making

Tooth decay is one of the most prevalent chronic diseases among children and is preventable. Sustainable state oral health program infrastructure is essential for Alaska to monitor unmet needs unique to Alaska and focus interventions. Before receiving funding from the Centers for Disease Control and Prevention (CA 03022) in 2002, Alaska had virtually no capacity to monitor the oral health of its citizens. Additional funding, combined with use of visual dental assessments, has improved the state's capacity to collect and analyze oral disease data. Findings from 2004–2005 assessments of schoolchildren confirmed expected high prevalence of oral disease among Alaska Native children and revealed an unexpectedly high prevalence of oral disease among Alaskan children in Kindergarten and Head Start programs. In 2004–2005, the prevalence of untreated tooth decay was 44% among Alaska Native third graders and higher for Native Hawai'ian and other Pacific Islander (52%) and Asian (50%) third graders. These estimates are lower than similar national data for American Indian/Alaska Native children aged 6–8 years (72%), but above the 27% prevalence for all children of this age in the United States. These findings highlight the need for focused prevention efforts for younger children in Alaska.

Building oral health infrastructure (e.g., systems, people, relationships, and resources) has been identified as a critical step in linking *Healthy People 2010* Oral Health objectives to state level resources and programs (ASTDD, 2000). A state-based oral health surveillance system should be capable of ongoing systematic monitoring of data, afford the timely communication of data, and allow for the use of data for program planning, development, and evaluation.

Recent data have revealed serious health concerns but have also highlighted the state's progress towards *Healthy People 2010* goals. For example, 44% of Alaska Native children were found to have untreated decay in a 2004 dental assessment of third-grade schoolchildren. But recent data has also shown that Alaska is making significant progress in improving the oral health of its citizens.

How does a better surveillance system lead to more effective programs and improved oral health specific to Alaskans?

- ➢ High quality oral health data will improve the efficiency of services by identifying and focusing programs for children and adults in need.
- ➢ Alaska-specific data will drive a state oral health plan that addresses the dental problems of Alaska's people.
- ➢ Dental disease trends unique to Alaska will be monitored so that decision makers may measure program effectiveness.

These improvements will lead to better oral health, and ultimately the overall health, of all Alaskan citizens. However, this is not a one-time activity. Vital data gaps still exist in the present surveillance system such as insufficient data on the oral health of Alaskan adults and elders. There are some indications that tooth decay, periodontal (gum) disease, oral cancer, and tooth loss are significant problems in Alaskan adults and the elderly. The current system is still largely dependent on federal funding that expires in June 2008. To maintain current achievements as well as expand into areas where data are not currently available requires an investment from those who realize the benefit of a sound Alaska state oral health program for the citizens of Alaska. Other resources and support will need to be identified in order to continue the state's ability to assess the oral health needs of Alaska.

Healthy People 2010 Objectives: Alaska's Progress

Have data	
Met/Nearly Met	**Need progress**
▪ Dental sealants (8-year-olds)	▪ Dental caries experience (children)
▪ Use of oral health care system (adults)	▪ Untreated tooth decay (children and adults)
▪ Use of oral health care system (adults 65+ years)	▪ Dental preventive services (low-income children)
▪ Total tooth loss (adults 65–74 years)	▪ Early detection of oral cancer (adults 40+ years)
▪ Cleft lip/palate registry and referral system	▪ Community water fluoridation
▪ Statewide oral health surveillance system	▪ No tooth loss (adults 35–44 years)
	▪ Effective dental public health programs led by public health trained dental professionals

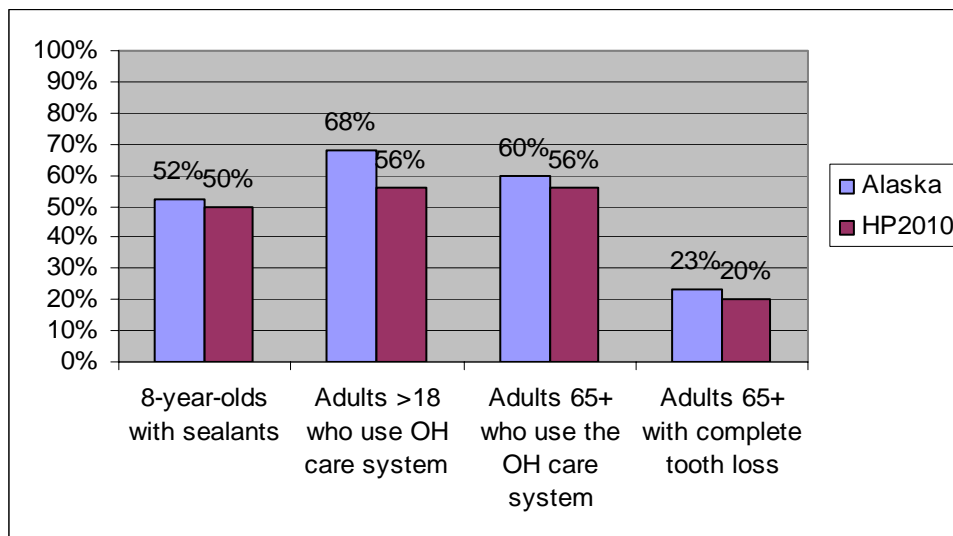| Need data |
|---|
| ▪ Periodontal diseases (adults 35–44 years) |
| ▪ Oral cancer examination in past year (adults 40+ years) |
| ▪ Use of oral health care system by long-term care residents |
| ▪ School-based health centers with an oral health component |
| ▪ Local/community health departments with an oral health component |

Figure: Comparison of Selected Oral Health Indicators with National Data
For *Healthy People 2010*

Finished Product: Multiple Formats

As previously discussed, a single story can have multiple uses for multiple audiences. Using the previous information obtained for Alaska, we provide an example of an elevator story, a paragraph spotlight and a finished one-page story.

Alaska elevator story:

> "We are so excited about the new oral health surveillance data that we have been able to gather through our recent funding from CDC. The data not only allows us to demonstrate that we have met several of the national *Healthy People 2010* goals, but also reveal that we have some areas that are unique to Alaska and that still need work. We need to identify additional support in order to maintain the current surveillance system and expand into areas where we have additional needs for population-level data. I would love to bring you a copy of the brief we developed highlighting our new surveillance system and outlining our data needs after lunch today."

Alaska Paragraph Spotlight:

Tooth decay is one of the most prevalent chronic diseases among children and is preventable. Having a sustainable state oral health program infrastructure is essential for Alaska to monitor unmet needs that are unique to Alaskans and to focus interventions to prevent oral diseases. In 2002, before receiving a grant from CDC, Alaska had virtually no capacity to monitor the oral health of its citizens. Additional funding, combined with the use of visual dental assessments, has improved the state's capacity to collect and analyze oral disease data. Findings from an assessment of third-grade schoolchildren conducted during the 2004–2005 school year confirmed expected high prevalence of oral disease among Alaska Native children, and revealed unexpectedly high prevalence of oral disease among Alaskan children in Kindergarten and Head Start programs. These findings have highlighted the need for focused prevention efforts for younger children in Alaska. Additionally, these findings reveal that Alaska has met several of the *Healthy People 2010* goals.
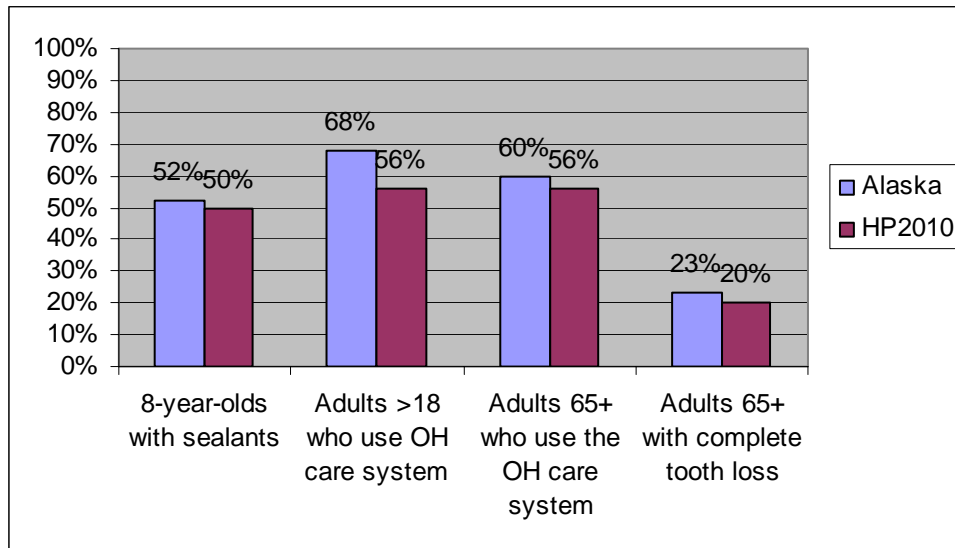

Figure 1: Comparison of Selected Oral Health Indicators with National Data
For *Healthy People 2010*

Preventing Dental Problems through Surveillance in the "Great Land"

Tooth decay is one of the most prevalent chronic diseases among children and is preventable. Sustainable state oral health program infrastructure is essential for Alaska to monitor unmet needs unique to Alaska and focus interventions. Before receiving funding from the Centers for Disease Control and Prevention (CA 03022) in 2002, Alaska had virtually no capacity to monitor the oral health of its citizens. Additional funding, combined with use of visual dental assessments, has improved the state's capacity to collect and analyze oral disease data. Findings from 2004–2005 assessments of schoolchildren confirmed expected high prevalence of oral disease among Alaska Native children and revealed an unexpectedly high prevalence of oral disease among Alaskan children in Kindergarten and Head Start programs. In 2004–2005, the prevalence of untreated tooth decay was 44% among Alaska Native third graders and higher for Native Hawai'ian and other Pacific Islander (52%) and Asian (50%) third graders. These estimates are lower than similar national data for American Indian/Alaska Native children aged 6–8 years (72%), but above the 27% prevalence for all children of this age in the United States. These findings highlight the need for focused prevention efforts for younger children in Alaska.

How does a better surveillance system lead to more effective programs and improved oral health specific to Alaskans?
- ➤ High quality oral health data will improve the efficiency of services by identifying and focusing programs for children and adults in need.
- ➤ Alaska-specific data will drive a state oral health plan that addresses the dental problems of Alaska's people.
- ➤ Dental disease trends unique to Alaska will be monitored so that decision makers may measure program effectiveness.

Alaska Oral Health Surveillance System
Examples of available data:
• Dental sealants (8-year-olds)
• Access to fluoridated community water (total population)
• Use of the oral health care system (adults)
Examples of data not currently available:
• Periodontal diseases (adults 35-44 years)
• Use of oral health care system by long-term care residents
• Local/community health departments with an oral health component

These improvements will lead to better oral health, and ultimately the overall health, of all Alaskan citizens. However, this is not a one-time activity. Vital data gaps still exist in the present surveillance system, such as insufficient data on the oral health of Alaskan adults and elders. There are some indications that tooth decay, periodontal (gum) disease, oral cancer, and tooth loss are significant problems in Alaskan adults and the elderly. The current system is still largely dependent on federal funding that expires in June 2008. To maintain current achievements as well as expand into areas where data are not currently available requires an investment from those who realize the benefit of a sound Alaska state oral health program for the citizens of Alaska. Other resources and support will need to be identified in order to continue the state's ability to assess the oral health needs of Alaskans.

Contact: Alaska Oral Health Program, Department of Health and Social Services, 130 Seward Street, Rm. 508, Juneau, AK 99801. Telephone: (907) 465-8628. Web site: http://ww.hss.state.ak.us/dph/wcfh/oralhealth/.

FINAL REMINDERS

As we have discussed, success stories are a vehicle for engaging potential participants, partners, and funders. With attention to detail, a system of regular data collection, and practice, success stories are powerful instruments to spread the word about the issue addressed by your program.

You work hard for your program's success—success stories can help you promote the continuation and growth of your program. But in order to do that, you must have several types of success stories in your tool box ready to go at a moment's notice.

Final Tips
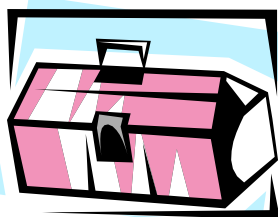
✓ Be prepared.

✓ Know your audience.

✓ Be systematic and consistent.

✓ Know which issues are hot and why.

✓ Partner with cross-cutting areas.

✓ Be relevant, realistic, compelling, and proactive.

✓ Practice seizing the unexpected moment of opportunity.

✓ Know the process for legislative action, funding opportunities, and budget approval. Know who is important in the process.

✓ Have several different types of success stories ready at all times.

✓ Periodically update your success stories.

CDC Division of Oral Health

The Division of Oral Health (DOH) of the Centers for Disease Control and Prevention seeks to improve the oral health of the nation and reduce disparities in oral health by extending the use of proven strategies to prevent oral diseases, strengthening the nation's oral health infrastructure, enhancing efforts to monitor oral diseases, and guiding infection control in dentistry. At the core of the Division's mission is the importance of oral health to quality of life and the relationship between oral health and general health and well-being. Division programs serve as a resource for educating the public, federal, state, and local public health professionals, clinical practitioners, and policy makers on steps that individuals and communities can take to improve oral health throughout the lifespan.

The Division is a leader in national efforts designed to prevent oral diseases and improve oral health. In collaboration with partners, the Division develops national plans and guidelines in specific areas of oral health, including appropriate use of fluoride and dental sealants to prevent dental caries (tooth decay), and infection control in dentistry. It strives to identify new potential collaborators and partners at all levels of society, working in a variety of settings.

To carry out its mission, the Division works to build and demonstrate the merits of national and state public health core infrastructure and capacity. The Division supports programs that can reduce dental caries for both children and adults; develops activities that address the oral health needs of an aging population; and implements strategies to reduce disparities in oral health status. This includes expanding the capacity and ability of state health departments to implement community water fluoridation and school-based and -linked dental sealant programs, proven strategies recommended by the Task Force on Community Preventive Services. The Division also is recognized for its national leadership in assisting states, territories, and other countries to collect oral health data and to apply new methods of oral health surveillance.

In FY 2001, DOH developed a new cooperative agreement designed to strengthen core state oral health infrastructure and capacity as well as to support program efforts to reduce health disparities in high-risk groups. This program responds to the findings in the Association of State and Territorial Dental Directors' (ASTDD) report, *Building Infrastructure and Capacity in State and Territorial Oral Health Programs*, which found serious weaknesses in states' capacity to perform core public health functions and reach the *Healthy People 2010* oral health objectives. Along with *Oral Health in America: A Report of the Surgeon General*, the ASTDD report recommended developing or enhancing core capacity, including oral health program leadership and staff, in order to monitor oral health behaviors and status, improve public health services, and evaluate prevention programs within state, territory or tribal health departments.

Under the current Cooperative Agreement (03022), "Support for State Oral Disease Prevention Programs," CDC supports 12 states (Alaska, Arkansas, Colorado, Illinois, Michigan, Nevada, New York, North Dakota, Oregon, Rhode Island, South Carolina, and Texas) and one territory (the Republic of Palau) to strengthen their oral health programs and reduce inequalities in the oral health of their residents as well as to document best practices processes for infrastructure development. The CDC cooperative agreement also promotes the two underutilized, effective prevention interventions—community water fluoridation and school-based and -linked dental sealant programs. The cooperative agreement program is viewed as a model for building state infrastructure and capacity to provide preventive oral health services. It is being used to foster development of a national strategy for comprehensive state oral health programs.

RESOURCES

King, J.A., & Stevahn, L. (under development). Interactive Evaluation Practice: Managing the Interpersonal Dynamics of Program Evaluation.

Krueger, R. A. & Casey, M. A. (2000). *Focus Groups: A practical guide for applied research* (3rd Ed.). Thousand Oaks, CA: Sage.

Patton, M. Q. (1997). *Utilization-focused evaluation: The new century text.* Thousand Oaks, CA: Sage.

WEB RESOURCES

America Connects. A searchable database of 162 evaluation tools and resources developed for the Education Development Center under the America Connects project in 2004. For each resource, the title, author, date, summary of the resource contents, and link to the resource are provided. Available at: http://www.americaconnects.net/search/search.asp.

CDC Oral Heath Resources. The CDC Division of Oral Health provides tools that can be used to enhance a state's capacity. Available at www.cdc.gov/oralhealth.

Messages from Across America: The Preventive Heath and Health Services Block Grant: July 2006. Provides examples of success stories from the PHHS Block Grant supported programs. Available at: http://www.cdc.gov/nccdphp/blockgrant/.

The Community Tool Box. The tool box provides practical information to support work in promoting community health and development. Available online since 1995, this Web site was created by the Work Group on Health Promotion and Community Development at the University of Kansas in Lawrence, Kansas, in collaboration with AHEC/Community Partners in Amherst, Massachusetts. The Tool Box provides more than 6,000 pages of practical skill-building information on more than 250 topics. Topic sections include step-by-step instruction, examples, checklists, and related resources. Available at http://ctb.ku.edu/.

The Innovation Network. The Innovation Network provides consulting, training, and online tools for nonprofits and funders. Available at http://www.innonet.org/.

The National Association of Chronic Disease Directors (NACDD). The NACDD has a compilation of success stories that show how states are effectively reducing the burden of chronic disease across the United States. Available at www.chronicdisease.org.

The Online Evaluation Resource Library (OERL). The OERL was developed for professionals seeking to design, conduct, document, or review project evaluations. OERL's resources include instruments, plans, and reports from evaluations that have proven to be sound and representative of current evaluation practices. Available at http://oerl.sri.com/.

The RAND Corporation. The RAND Corporation has made available a research brief entitled, *Getting to Outcomes*. This document summarizes research and is a science-based model with support tools to help local groups develop or improve substance use prevention programs. Available at http://www.rand.org/pubs/technical_reports/TR101/.

The WISEWOMAN Program. The WISEWOMAN program is administered through CDC's Division of Heart Disease and Stroke Prevention. The program provides low-income, uninsured, and underinsured women aged 40–64 years with chronic disease risk factor screening, lifestyle intervention, and referral services in an effort to prevent cardiovascular disease. The site provides two volumes of success stories collected throughout the life of the program. Available at: http://www.cdc.gov/wisewoman/.

The W.K. Kellogg Foundation. The Kellogg Foundation has compiled resources on how to conduct program evaluations. These included the *W.K. Kellogg Foundation Handbook*, available at http://www.wkkf.org/Pubs/Tools/Evaluation/Pub770.pdf.