



# How to Harness the Power of Your Community to Address TB

**This isn't a one-size-fits-all toolkit.** You will have to adapt your approach based upon the resources available to you, including data analysis capabilities for evaluation.



Starting in 2017, the Northern Virginia or NOVA Health Departments began engaging their community to address TB myths and barriers to testing and early treatment among those most at risk for TB.

This course tells their story and the process they followed to develop a communication campaign.

You may have different challenges or find that a different solution works better for you. You can use this process and adapt it to TB challenges in your community. And the good news is—you may have already completed some of these steps!

### Statement from the Advisory Council for the Elimination of Tuberculosis, January 1995

“ The traditional model of TB control in the United States, in which planning and execution reside almost exclusively with the public health sector, is no longer the optimal approach during a sustained drive toward the elimination of TB. ”

The statement above made over 25 years ago, emphasizes that success in controlling TB and progressing toward its elimination in the U.S. depends on the integrated activities of health professionals and community-based organizations outside the public health sector. It also underscores that the current approach isn't optimal.

The most important consideration is to bring the community into the conversation, and work toward TB elimination with them, instead of for them.

## Course Overview

The course is intended for public health departments. Its goal is to share a process and model of community engagement that local public health departments can follow to reach their identified TB populations.

The course is organized into 8-steps with suggested actions under each. Examples from the Northern Virginia health departments follow these actions.

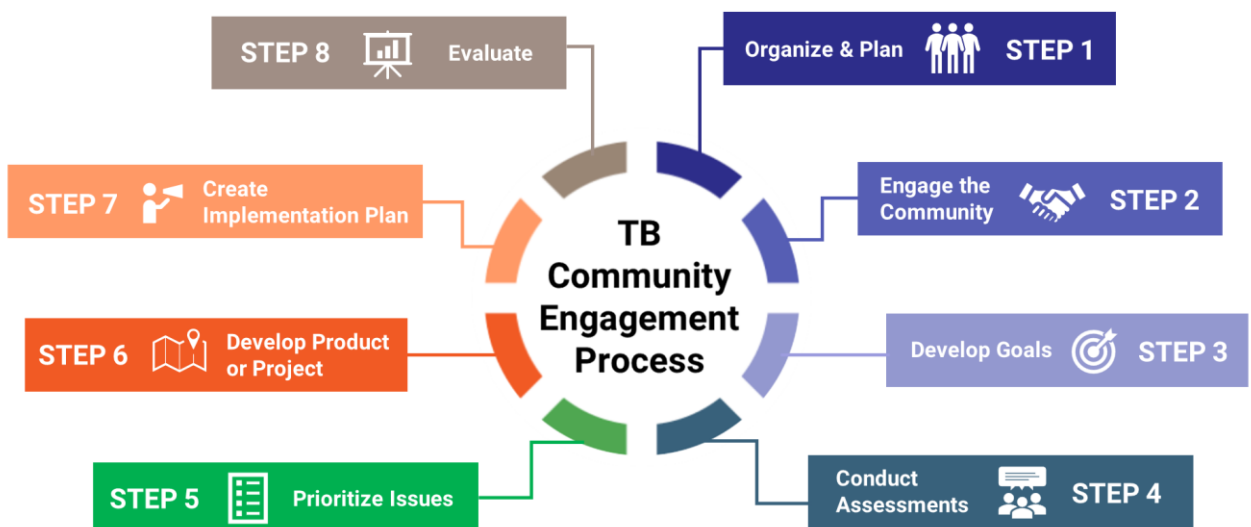
Although the course is organized as steps, the process may not be linear, and you may choose to skip ahead or re-visit steps throughout your project.



## TB Community Engagement Process

The graphic below shows the process the Northern Virginia health departments used to engage the TB community in the region and develop a communication campaign. It can be adapted to other types of community engagement and projects. It is modeled after the Mobilizing for Action through Planning and Partnerships (MAPP) process.

MAPP is a community-driven strategic planning process for improving community health, which was developed by the National Association of County and City Health Officials with funding from the CDC.



## Step 1: Organize and Plan



### Secure Internal Stakeholder Buy-In

First, secure buy-in from the internal stakeholders who will be invested in the work.

In Northern Virginia, this included the health directors from their respective jurisdictions, who discussed TB challenges faced across the region and the opportunity for collaboration.

The Health Directors selected staff to serve on the Northern Virginia Regional TB Taskforce, known hereafter as the “Taskforce,” who would be responsible for the day-to-day work.

Second, define the project and participants’ roles. Taskforce members’ roles were to:

- Support the formation of a Community Advisory Council.
- Engage the Council around TB elimination challenges and effective solutions to those challenges.
- Provide strategic direction and implement TB outreach efforts.

### Determine Leadership and Staffing

You’ll need to determine what staff you have available and what roles they can play. For example, maybe you have someone on staff who is a creative writer or who has a passion for graphic design. Someone else might be really good at developing timelines and keeping people on a schedule.

Here are some examples of the types of roles you may need:

- Chair and co-chair
- Project coordinator
- TB subject matter experts
- Communications specialist
- Epidemiologist
- Finance administrator



## Major players who participated in the project



- **Co-chairs:** kept the Taskforce on track and moving in the direction of our goals.
- **Epidemiologists:** helped develop the evaluation process and evaluation tools for the campaign. A graduate-level epidemiology intern analyzed the evaluation data as part of her capstone project.
- **Finance Administrator:** handled budgeting and contractual issues.
- **Marketing Vendor:** helped refine the approach to developing messages as well as drafted the messages and materials.
- **Project Coordinator:** managed the grant requirements, served as a single point of contact for the marketing vendor, and kept the Taskforce on target with meetings and deadlines. The coordinator planned regular meetings which included sending meeting invitations and developing agendas, and they worked with the Finance Administrator to monitor the budget.
- **Public Information Officer:** facilitated some of the meetings with community members, coordinated with other districts' public information officers, and helped get materials to the printer, translator, and into the community.
- **Research and Communications Specialist:** assisted with public messaging including PowerPoint presentations, graphics, and website development.
- **Subject Matter Experts in TB:** gave input on the issues and during the material development.
- Medical Reserve Corps or MRC **volunteers**, outreach workers, and an outreach team helped disseminate materials to the community.

## Brainstorm Available Resources

Consider your needs and what resources you already have available or can access in your community at no additional charge. Depending on the project you select, costs can vary greatly. Consider that while some projects may be less expensive, they may not reach as many people.



### Resources

- [MAPP Budget Worksheet](#)
- [VDH Budget Template](#)

This is a high-level overview of the needs and resources the Taskforce identified.

NEED	RESOURCES
Staff	Internal, paid vendors, volunteers
Funding	Internal, grant
Community engagement	Volunteers, internal funding and facilities
Project content (e.g., translation, printing, material distribution)	Internal staff, paid vendors, free advertising space, Medical Reserve Corps
Evaluation	Epidemiology staff, student intern

Internal staff spearheaded the project, but a small grant covered the cost of a project coordinator and marketing vendor to assist with the communication campaign. Engaging the community had a slight cost, such as providing lunch at meetings, but otherwise, the Community Advisory Council and community members volunteered their time. One of the health departments was able to accommodate a large group for meetings, but you may need to budget for paid meeting space or consider virtual alternatives to in-person meetings.

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## Explore Funding Sources

Here are some of the places where you might be able to secure funding for your project.

- Local
- State
- Federal
- TB Foundations
- Regional TB Centers of Excellence

For the Taskforce’s communication campaign, funding came from a small grant from The Virginia Department of Health’s TB Program and the local health departments.

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## Identify Common TB Challenges

In order to identify common challenges, start by collecting anecdotal information from internal staff, then review relevant TB data (more discussion on this later). Consider: who is affected, how big is the problem, what contributes to the problem, and when and where is the problem most likely to occur.

### Resources

- [Problem Identification: CDC Office of the Associate Director for Policy and Strategy](#)
- [Problem Description: CDC](#)
- [Health Problem Analysis Worksheet: Public Health Foundation](#)



## Example TB Challenges

While each health district already had a good sense of their individual challenges, when the Taskforce met initially, they discussed common challenges across the region.

Challenges that health department staff identified included:

- High prevalence of TB among non-US-born
- Delays in detecting and reporting TB among healthcare providers
- Late entry into care by active TB clients
- TB contact refusal to be tested or treated
- Barriers to treatment completion for LTBI and active TB
- Prevalent myths embraced by clients, like a history of BCG vaccine will always result in a false positive TB skin test

## Identify Target Community

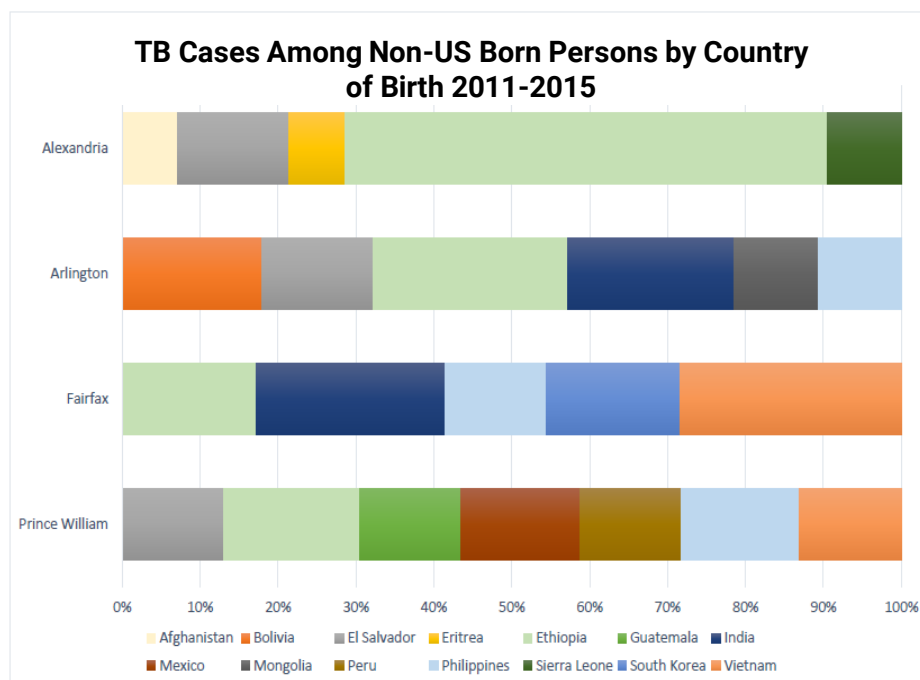
At their initial meeting, the Taskforce identified the groups with the highest rates of active TB across the region. Since this was a regional effort, the Taskforce chose to focus on 14 different populations.

Here are some ideas for where to find data to help identify your TB community.

Data Sources		
Local	State	National
<ul style="list-style-type: none"> <li>▪ Epidemiologist</li> <li>▪ Internal medical record</li> <li>▪ Local hospital medical record</li> <li>▪ <a href="#">County Health Rankings</a></li> </ul>	<ul style="list-style-type: none"> <li>▪ Epidemiologist</li> <li>▪ VEDSS - Virginia Electronic Disease Surveillance System</li> </ul>	<ul style="list-style-type: none"> <li>▪ RVCT - Report of Verified Case of Tuberculosis</li> <li>▪ TB GIMS - TB Genotyping Information Management System</li> </ul>

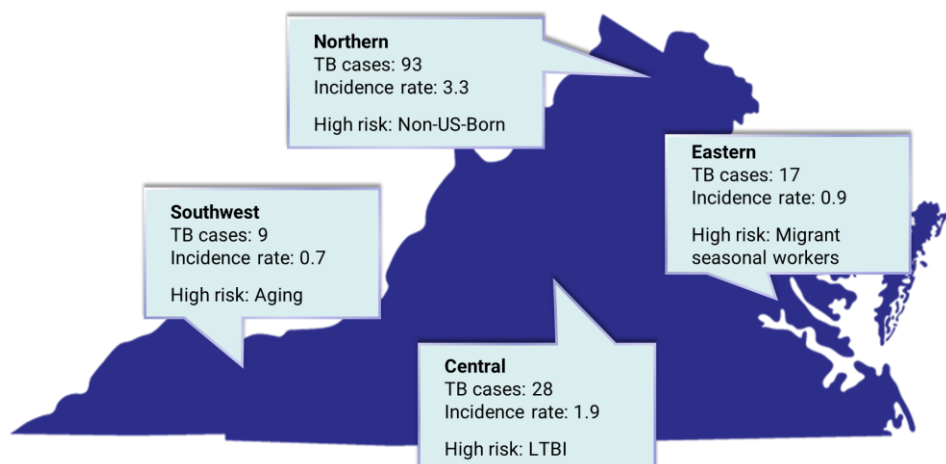
Besides country of origin, which the Taskforce used for their planning, many of these data sources will also tell you if a client is homeless, incarcerated, or has a substance abuse challenge. This will allow you to identify trends. You are not looking to focus on the individual but rather a sub-group of the population with a shared characteristic.

Review the following Northern Virginia Data from the 2011-2015 Virginia Electronic Disease Surveillance System, MAPP Tips for Jurisdictions with Small Populations, and Special TB Populations in Virginia.



The chart above shows the 14 non-US-born populations with the greatest burden of TB in four of the Northern Virginia health districts. You'll notice some obvious areas of overlap, like the light green, which shows the Ethiopian population. There are also some populations that are unique to one health district, like the Mongolian population in Arlington County.

### Special TB Populations in Virginia (2020)





## MAPP Tips for Jurisdictions with Small Populations

Data collection is an integral part of the assessment function of public health. The challenge is to collect and convert data into useful information that provides a composite picture of the community's health. Many states have improved data systems and are regularly supplying data to local health departments for their jurisdictions. If such data are not available from state agencies, the process will require time, people, community resources, and possibly consultants who can analyze the data and convert it into an easily understood format.

Sparsely populated or small communities have the unique challenge of translating "low numbers or incidence" into usable information. Low numbers or incidence can produce unstable rates that greatly fluctuate from year to year. In addition, a "snapshot" view of one year may not adequately represent the true status of the community's health. Also, smaller communities may not have access to individuals with expertise in data analysis. For these reasons, the collection and analysis of data may be an especially large barrier to community health assessment in communities with small populations.

### Statistical Instability

There are two potential ways to avoid or address the statistical instability with which jurisdictions with low populations are faced. It is recommended that such communities consider one of the following approaches:<sup>[1]</sup>

- Combine multi-year data (e.g., data for three years). A drawback to this option is that looking at multi-year data limits the ability of the jurisdiction to monitor program interventions and identify new trends. Rolling year averages (e.g., looking at data for 1997-2000 one year, and 1998-2001 the following year) may overcome this drawback and should be considered.
- Expand the geographic area by conducting a regional health assessment in collaboration with neighboring jurisdictions. A drawback to this option is that the community may then be looking at geographical areas over which it has no control. Analyzing data at the regional level may also mask interesting local variations in the data.

Both of these approaches increase the number of events under analysis. It is recommended that all indicators be based on 20 or more events (i.e., infant deaths, low birth-weight infants, etc.) In general, the higher the number of events, the more stable is the data. Confidentiality issues must also be considered when the number of events is small.

### Other Data Considerations

The following tips may be useful to small or rural communities that do not have access to epidemiological expertise in data analysis.

- Data should be considered in light of the following questions:
- What are the sources of these data?
- Are the sources reliable?
- What are the issues raised by the data?
- Are key pieces of information missing and can they be obtained?
- Are there any other considerations regarding the health issue that need to be taken into account when analyzing the data?
- Can a summary statement be made about the numbers?

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<sup>[1]</sup> American Public Health Association. Healthy Communities 2000: Model Standards. Washington, DC: 1991, pp. 458-459.  
How to Harness the Power of Community to Address TB

Consider the following issues:

- The manner in which the data are collected is very important. In analyzing communicable disease information, consider the reporting system that exists in the state or locality and the kind of data that would be produced.
- Consider the sampling frame used in gathering the data to ensure that all special high-risk populations are included. For example, university populations should be included when looking at youth issues, while nursing home or retirement communities should be included to get a valid rate for aging issues.
- Consider time-related issues when looking at certain health issues or diseases (i.e., the amount of time it may take for a program intervention to show results). For example, a decrease in cancer rates may be indicative of the success of program interventions that took place many years earlier.
- Years of Potential Life Lost (YPLL) is a good indicator that can provide additional information about the important causes of premature death in a community. For example, consider the number of deaths due to injuries in a community. Although the actual number of deaths due to injuries might be low, the impact of this problem could be highlighted if the YPLL is high (indicating that deaths due to injuries cause a disproportionate loss of potential productivity in younger populations).
- Consider that a substantial change in a single indicator (e.g., number of cancer deaths increasing from 20 to 30 [or a 50% rise] over one year) may not necessarily represent a trend or pattern. While troubling to the community, this may be a normal variation in reporting. Situations like this may present an opportunity to engage the community in the science of epidemiology. Exploring risk factors may increase the participants' appreciation for health planning, health assessments, and related activities.

## Step 2: Engage the Community



### Identify Advisory Group

Here are some tips for identifying an advisory group.

#### Do your research

- Make a list of the organizations or community groups that serve your target populations.
- This could also include individuals who are the movers and shakers in your community.
- Start with what you know, then do a simple internet search.
- Once you identify some potential partners, look at their websites or social media pages to gather information on their mission and goals.
- Take some time to understand how their goals might align with your efforts. What might make them want to get involved? What might hold them back?

#### Get connected

- Contact the organizations' leaders.
- If you have a connection, ask for an introduction.

#### Build the relationship

- Ask about the organization's efforts and priorities, then listen.
- Share your challenges and what you are trying to do.

#### Propose the partnership

- Explain how partnering can benefit them to get their buy-in.
- Explain what you envision their role and time commitment to be.
- Make it as simple as possible for them to join your efforts.

#### Create and maintain your advisory group

- Determine the strategies you will use to keep them engaged, including frequency and type of communication.
- Continuously assess your membership and active participants. If there are any gaps, try and fill them.
- Develop a contact list to maintain connection.



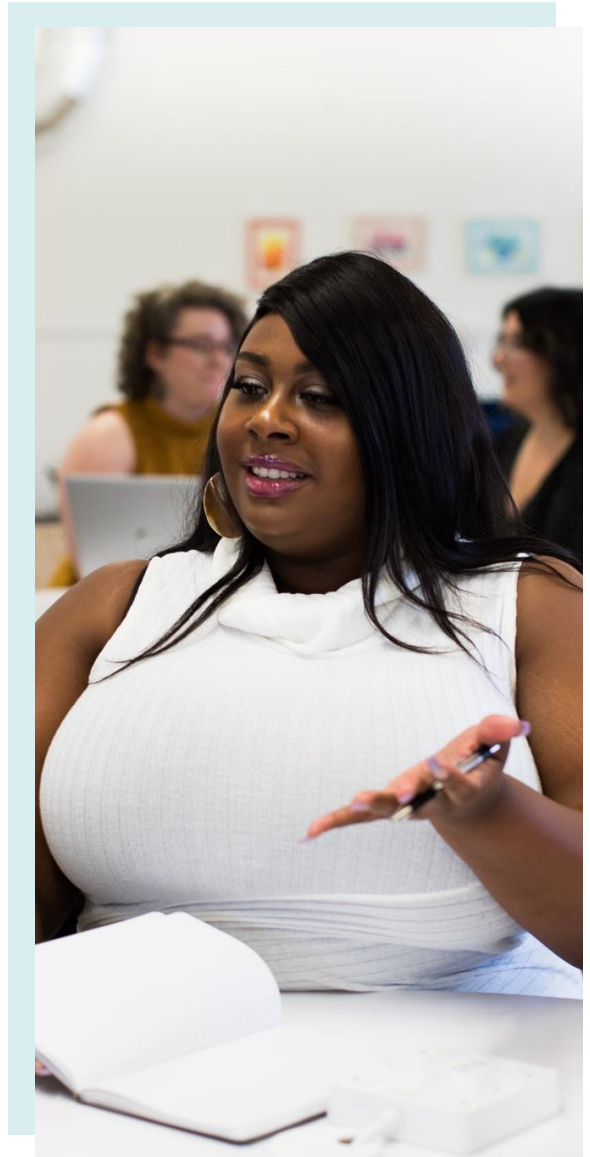
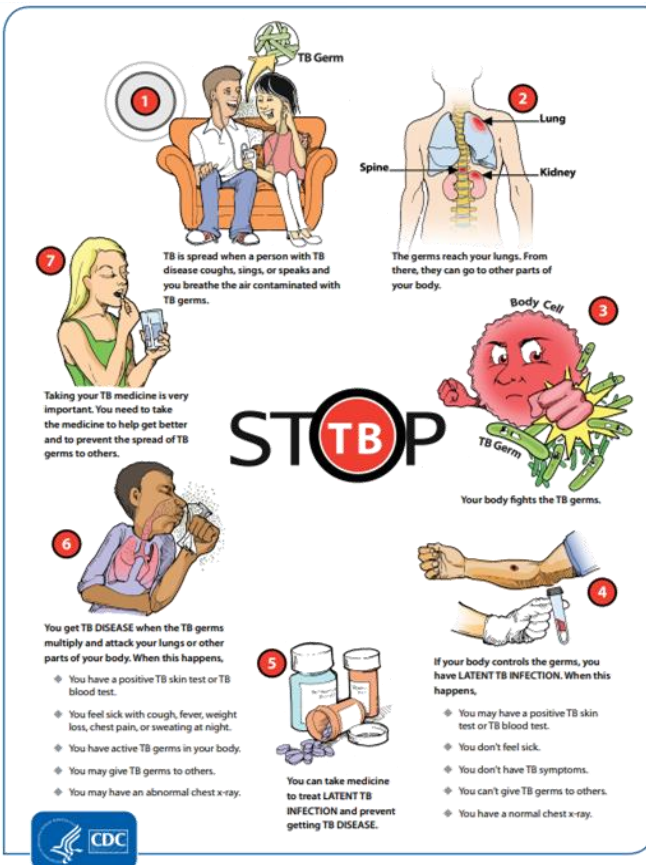
## Community Advisory Council

The Taskforce was fortunate that Fairfax County has a Multicultural Advisory Council (MAC) they have been working with for over a decade. The MAC often serves as a focus group for testing new messages and accessing hard-to-reach populations.

The Taskforce was able to tap into this group to serve as the basis for their Community Advisory Council, and added partners as needed to ensure all 14 of the region's target groups were represented.

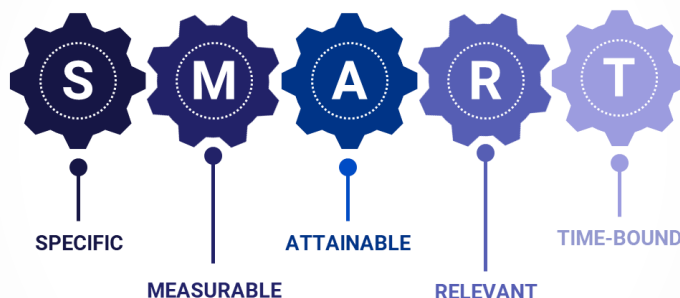
### Example Initial Engagement

To build shared knowledge, during the initial meeting, the Taskforce gave the Community Advisory Council an introduction to TB using the [CDC's Stop TB poster](#). The Taskforce also presented common TB challenges faced in the region and asked the Council's thoughts on the cause of these challenges.





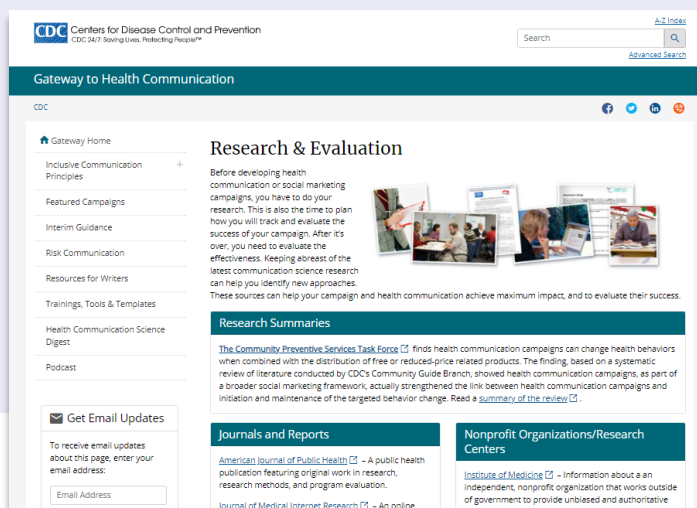
## Step 3: Develop Goals



### Develop SMART Goals and Objectives

Develop SMART goals and objectives for reaching your community. Then confirm this with your community or advisory group to get their feedback and support. Next, start thinking about evaluation based on your goals and what will help you determine if your project is a success.

If you need help, plan to do some basic research, using a resource like [CDC's Gateway to Health Communication Research and Evaluation](#) site.



### Resources

- [CDC's Gateway to Health Communication Research and Evaluation](#)
- [Writing SMART Objectives: CDC Evaluation Research Team](#)
- [Minnesota Department of Health SMART Objectives Resources](#)
- [A Guide to Developing a TB Program Evaluation Plan, CDC Division of Tuberculosis Elimination](#)
- [SMART Objectives Worksheet](#)

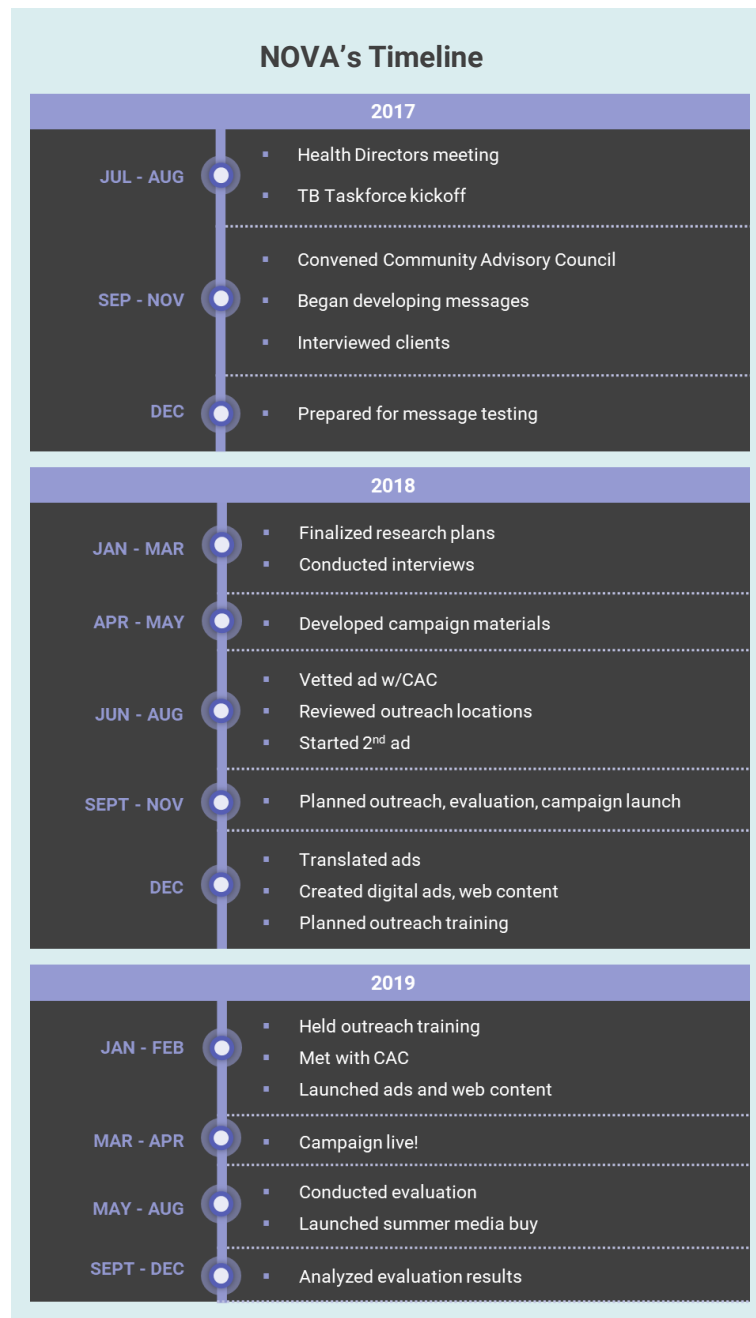


## Example of SMART Goals and Objectives

The Taskforce established a goal to implement an educational TB media campaign in Northern Virginia to reach the 14 identified target populations by February 2019.

The Taskforce ensured that this goal aligned with the Virginia Department of Health’s statewide TB elimination goals and vetted it with the Community Advisory Council. The Taskforce also established objectives for the goal.

An example is: By December 2018, identify TB media campaign messages to vet with the Community Advisory Council.



## Step 4: Conduct Assessments

### Conduct Assessments

The benefit of doing an assessment is that it can give insight into the community's knowledge, attitudes, and beliefs about TB.

There are many different ways to get feedback from your community, including:

<b>Surveys</b> Surveys are a good option if you need a lot of responses in a short timeframe and also if anonymity is important.	<b>Interviews</b> Use interviews if you will want to ask follow-up questions and would have challenges scheduling a group to meet.	<b>Group Discussions/Focus Groups</b> Group discussions and focus groups are good for enriching responses and when confidentiality is not an issue.
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### Example: Assessment Strategies

To get community input on the identified TB challenges, the Taskforce requested that the Community Advisory Council ask their community members what they thought of TB. The Taskforce used this feedback to inform a root-cause analysis.

A root-cause analysis involves asking a series of "Why" questions to identify underlying causes of a challenge and develop solutions. Findings from the root-cause analysis helped to inform the development of TB messages for the Taskforce's communication campaign.

Interview Questions	
Community Discussions	Root Cause Analysis
<ul style="list-style-type: none"><li>What do you think of when you think TB?</li><li>Why are people treating themselves at home?</li><li>Do you think that people with insurance and resources still feel that certain diseases are better taken care of traditionally, while other illnesses can go mainstream?</li><li>Are cough diseases in your communities considered a big deal?</li><li>Are there any times when people in your community take medicine even though they feel well?</li></ul>	<ul style="list-style-type: none"><li>Why are there delays in detection and reporting of TB?</li><li>Why do people delay coming to care?</li><li>Why don't contacts want testing or treatment?</li><li>What are the barriers to getting or completing treatment?</li><li>There is a myth that a positive TB skin test in a person with past BCG vaccine always gives a false positive result. Why does this myth persist?</li></ul>

### Resources

- [MAPP Determine Root Causes](#)
- [Root Cause Analysis Toolkit, Minnesota Department of Health](#)

## Step 5: Prioritize Issues



### Identify and Vet Product or Project

Based on the assessments you do with your community, identify what product or project will work best for reaching them. Then vet these with your community/advisory group and use their feedback to set priorities. You can use one of the tools already discussed for assessment.

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### Example Vetting: Message Testing

For client interviews... After drafting messages for the campaign, the Taskforce developed a short questionnaire and spoke with existing TB clients over the phone and in-person.

The purpose of these discussions was to confirm the messages were on the right path. The Taskforce reviewed the questionnaire and how to document responses with TB and Public Health Nurses from each health district prior to the interviews. A sub-group of the Taskforce entered, compiled, and reviewed the responses before sharing them with the entire Taskforce.

For Community Interviews... After further refining the messages, the Taskforce worked with the Community Advisory Council to identify people from the community to interview in-person.

The purpose of these interviews was to finalize TB messages, identify preferred images and colors, and identify locations for campaign ads.

### Resources

- [Client Interview Questions](#)
- [Community Interview Questions](#)

## Step 6: Develop Product or Project

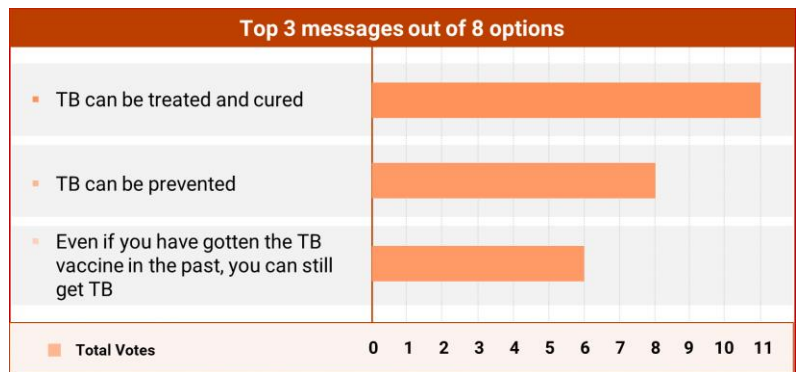
### Review Internal and External Inputs

Review the information collected with your community or advisory group. For the Taskforce, this involved the challenges identified internally, the feedback gathered along the way from the Community Advisory Council, and the results from the interviews. Next, use the information to inform your product or project.

The interviews the Taskforce conducted revealed participants' top three message choices. The Taskforce reviewed the preferred messages with the Community Advisory Council to get their buy-in and incorporated the content into the campaign materials.

### Example Messages

These were the top three message choices selected out of eight options presented during the community interviews. The Taskforce used these messages to create their campaign materials.



### Create Product or Project

After reviewing your internal and external inputs, decide what the goals are for your product or project. For example, how many people do you want to reach? Where or how do you want to reach them? Next, create your product or project. This involves determining an appropriate medium (e.g., print, digital, in-person workshop). Seek out feedback from the community/advisory group and make final refinements. This may include translating and printing.

### Example Product: Materials



The Taskforce's product emphasized two concepts—dispelling the myth that BCG offers lifelong protection from TB and encouraging those with LTBI to seek treatment. The materials included images that represented the region's target populations and were translated into the corresponding languages. The materials were developed in a variety of formats including print, social media, bus, and web banner.

## Step 7: Create Implementation Plan

### Develop Plan

When developing a plan:

- Make a list of places or sites to implement your product or project.
- Consider digital options if appropriate.
- Research each place or site to identify populations served, including language needs, and the best format.
- Identify and assemble the team who will implement your plan.
- You should have a designated person to oversee the effort and problem solve any issues that arise during implementation.
- Devise a way to track implementation, such as the number of places visited, or sessions held.
- Include opportunities to check-in with implementation staff.
- Create a plan to follow-up with places or sites, if needed to clarify expectations or respond to questions.



### Example Plan

The Taskforce created an implementation plan for both a grassroots and paid media effort.

For the grassroots plan, the Taskforce was fortunate to start with a list of venues previously compiled for another communication campaign. The Taskforce expanded on the list by doing a Google search for additional sites serving the target populations and then vetted the locations with TB outreach workers and staff at each health department. The list included each location's name, address, potential audience/language materials should be displayed in, mission, and potential avenues for engagement (e.g., physical building, website).

The paid media plan focused on transit and social media advertising to significantly expand the reach of the campaign. The Taskforce researched transit routes which served the region's target population as well as the most popular social media platforms.

#### Compiled Venues

- Community organizations (e.g., social service organizations, recreation centers, senior centers)
- Faith-based organizations
- Public libraries
- Ethnic markets
- Schools, Community colleges
- Large businesses/employers





## Train Staff

You should provide training to the staff who will be implementing your product or project. Here are some tips for an effective training:

Develop a standardized training so all staff receive the same information.

- Provide fact sheets or information that gives context to the work you are doing.
- Provide and review the talking points they will need.
- Create and provide a tracker that staff can use to monitor things like material distribution or days and times of program sessions.
- Give information on where staff will be implementing your product or project and make assignments.
- Have supplies available! Things like pens and tape to hang materials.

## Example Training

The Taskforce provided standardized training and materials to staff and Medical Reserve Corps volunteers on distributing campaign materials. These included:

- TB Fact Sheet and High TB Burden Country List to educate staff.
- Talking points to use when distributing posters.
- Campaign posters and other supplies like pens and name tags.
- Health district-specific site list and assigned locations.
- The Medical Reserve Corps volunteers were given the opportunity to pick sites first based on interest, and remaining sites were assigned to staff.
- Material distribution trackers.

### Resources

- [TB Fact Sheet](#)
- [High TB Burden Country List](#)
- [Talking Points for Distributing Posters](#)
- [Campaign Poster Samples](#)
- [Material Distribution Trackers](#)

## Launch and Monitor Plan

Use your identified media and venues to implement and monitor the plan to ensure you are completing anticipated activities in the timeframe specified.

If challenges arise, determine the barriers to completing the work, then address issues and make adjustments, as needed.



## Example Launch and Monitoring Activities

Bus ads ran for 8 weeks. The Taskforce also placed ads on Facebook, Instagram, and Twitter. Health department staff posted messages on their social media channels and their websites. A combination of health department outreach staff and Medical Reserve Corps volunteers distributed posters throughout each jurisdiction at pre-identified locations.

At some places, posters were simply dropped off, while at others, staff and volunteers engaged with proprietors and offered guidance on positioning materials. Staff used trackers to record the numbers of each poster type provided to sites or if a site declined to post.

Taskforce members reviewed trackers and checked-in with staff weekly to ensure outreach was completed within the specified timeframe. Assignments were revised as needed to finish the outreach. One jurisdiction collected the trackers for the region and compiled them into a spreadsheet.

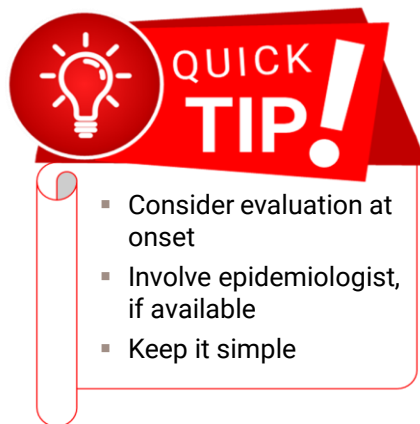
The table below shows the types of sites where posters were distributed.

Site Types
Community organization – 30%
Ethnic Market – 22%
Audience-relevant business – 21%
Faith-based organization – 20%
Library – 7%

## Step 8 : Evaluate

### Develop Evaluation Plan

- Determine how you will measure the success of your project.
- Decide where you will do your evaluation, such as a clinic or the community, and timing.
- Determine how you will compile and analyze evaluation data. For example, Survey Monkey, Excel, or REDCap.
- Designate resources to carry out your evaluation and analyze the results. Use your epidemiologist, if available.



### Resources

- [Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, CDC Office of Strategy and Innovation \(2011\)](#)
- [Developing Objectives and Evaluation Questions for TB Program Evaluation, CDC \(2020\)](#)
- [Good Evaluation Questions: A Checklist to Help Focus Your Evaluation, CDC \(2013\)](#)

### Develop Evaluation Plan

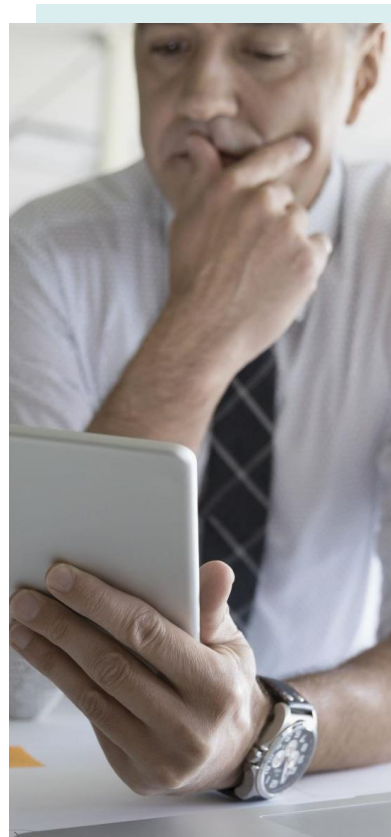
Some questions to consider include:

- What evaluation tool will work for your project? For example, a survey or interview.
- What types of questions do you need to ask? For example, will you use a Likert scale, true/false, or yes/no questions?
- How will you phrase questions to get the right information?
- You should then pilot the evaluation tool, if possible, before full administration

### Example Evaluation Plan and Tool

The Taskforce had separate evaluation plans for the grassroots effort and paid media.

In regard to the grassroots evaluation plan, the indicators of success for the campaign were if the people who had seen written TB information would be more knowledgeable about TB and more willing to take the action promoted by the materials.



The Taskforce created a survey for the evaluation tool, piloted the survey at two locations, and refined the draft for clarity before full administration. The surveys were administered at community sites. Many of the sites were selected based on existing relationships, as well as the potential to survey the largest number of people—thus maximizing staff and volunteer resources. The Taskforce ensured that staff conducting the evaluation were culturally and linguistically competent. Internal staff and Medical Reserve Corps volunteers implemented the survey.

The Taskforce's epidemiologist took the lead on the analysis with support from a graduate student intern.

#### Resource

- [Evaluation Tool](#)

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### Example Data Collection and Analysis

The Taskforce collected data over a two-month period, while some ads were still posted in the community. Thirty-four sites with a total of 838 people completed surveys. Survey data was compiled in REDCap and analyzed using the software program, R and Rstudio. Preliminary evaluation results can be requested by reaching out to the course contacts.

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### Results: Grassroots

Overall, the campaign appears to have affected knowledge, attitudes, and beliefs. The likelihood of selecting correct answers was greater for those who saw written information about TB than those who did not. Most respondents in both groups correctly identified TB as treatable and that those with a positive test should be treated.

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### Results: Paid Media


A vendor provided the results of the bus ads and social media. Bus ads generated 9,833,118 unique views over eight weeks. The social media campaign generated 6,203 engagements, which included shares, likes, reposts, and comments. In addition, there were 4,833 page views.

## Taskforce Lessons Learned

Overall, the Taskforce learned the valuable lesson that engaging with the target populations gave better results than planning and implementing without them.

- A project like this needs strong communication internally, with partners, and with the target audience. Explicitly communicating risk to those at-risk could be an effective method of influencing behaviors. Flyers and posters were the most effective method for this campaign.
- Consider evaluation at the onset.
- Have a budget but recognize that you may need to add more funding.
- Understand that there is still work to do.
- Set a parameter for who your core team is and who will work on specific activities.
- Be prepared for the time and effort it takes to include everyone.

## Suggested Next Steps

- 
- Share evaluation data
  - Schedule after action review with community/advisory group
    - What worked well, what didn't
    - What do you want to focus on in the future
  - Go back to step 1—re-organize and re-plan



## Taskforce's Future Goals



Use evaluation findings and annual TB data to determine unmet goals



Evaluate advisory group partnership and re-engage



Consider outreach to medical providers





**Remember: This isn't a one-size-fits-all toolkit.**

You will have to adapt your approach based upon the resources available to you, including data analysis capabilities for evaluation.

If you have questions regarding the content of this training,  
contact the **Virginia Department of Health,**  
**Tuberculosis Control** at **804-864-7906.**

# Resources



## Step 1: Organize and Plan

### Brainstorm Available Resources

[MAPP Budget Worksheet](#)

[VDH Budget Template](#)

### Identify Common TB Challenges

[Problem Identification: CDC Office of the Associate Director for Policy and Strategy](#)

[Problem Description: CDC](#)

[Health Problem Analysis Worksheet: Public Health Foundation](#)

## Step 2: Engage the Community

### Identify Advisory Group

[MAPP Identifying Partners](#)

[5 Tips for Reaching Out to New Partners](#)

[Engaging the Community: A Toolkit for Partnership, Collaboration and Action](#)

### NOVA Initial Engagement

[CDC's Stop TB Poster](#)

# Resources



## Step 3: Develop Goals

### Develop SMART Goals and Objectives

[CDC's Gateway to Health Communication Research and Evaluation](#)

[Writing SMART Objectives: CDC Evaluation Research Team](#)

[Minnesota Department of Health SMART Objectives Resources](#)

[A Guide to Developing a TB Program Evaluation Plan, CDC Division of Tuberculosis Elimination](#)

[SMART Objectives Worksheet](#)

## Step 4: Conduct Assessment

### NOVA Assessment Strategies

[MAPP Determine Root Causes](#)

[Root Cause Analysis Toolkit, Minnesota Department of Health](#)

## Step 5: Prioritize Issues

### Vetting Our Product: Message Testing

[Client Interview Questions](#)

[Community Interview Questions](#)

# Resources



## Step 7: Create Implementation Plan

### NOVA Training

[TB Fact Sheet](#)

[High TB Burden Country List](#)

[Talking Points for Distributing Posters](#)

[Campaign Poster Samples](#)

[Material Distribution Trackers](#)

## Step 8: Evaluate

### Develop Evaluation Plan

[Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, CDC Office of Strategy and Innovation \(2011\)](#)

[Developing Objectives and Evaluation Questions for TB Program Evaluation, CDC \(2020\)](#)

[Good Evaluation Questions: A Checklist to Help Focus Your Evaluation, CDC \(2013\)](#)

### NOVA Evaluation Plan and Tool

[Evaluation Tool](#)