

**Stanislaus County  
Community Transformation Grant (CTG)**



**Sample CTG CTIP Milestones/Activities**  
*(Product of Leadership Team Strategic Planning Meetings)*

CTG Milestone Activities (Coalition Strategic Planning Work):

- Leadership development within neighborhood/community
- More collaboration with schools/afterschool programs for all three priority areas
- Utilize and collaborate more with Family Resource Centers for all three priority areas
- Youth engagement/advocacy
- Need to incorporate a “safety” measure/element into each strategy/initiative
- Tracking methods/data collection; results focused (outcomes may be used to “tell our story”/ advocate at local levels)
- Business and Political Case – use proven local examples (i.e. helmet law, seat belt law, etc.) and cost benefit model (PRISM)
- Establish infrastructure for collaboration and planning

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**CTIP Priorities (PPO)**

**High Impact Clinical Preventative Services:**

1. CHWs AND PATIENT NAVIGATORS IN CLINICS - Increase chronic disease prevention services (such as screenings, follow-up care, support services) in clinical settings utilizing patient navigators/CHWs
2. SCREENING IN NON-TRADITIONAL SETTINGS/ COMMUNITY CLINIC EXTENSIONS - Increase screenings for chronic diseases/risk factors in non-traditional settings (i.e. schools, school nurses, FRCs, Promotoras, congregations, etc.) by co-located clinic extensions, to do screenings, education, referrals and follow up care
3. HIGH RISK PATIENT MANAGEMENT AND SUPPORT - Provide coordinated treatment and support services in a clinical settings to patients at highest risk for chronic disease complications, such as those with two or more conditions (i.e. diabetes and depression)
4. IMPROVED PROVIDER COMPLIANCE - Improve health care provider compliance with professional standards of care (i.e. HEDIS, JCAHO, ABCs, Million Hearts, etc.)

**Healthy Eating, Active Living (HEAL):**

1. BUILT ENVIRONMENT TOOLS - Land use and transportation planning tools to improve community health, such as health elements in general plans, walkable communities, complete streets, mixed use development
2. \*JOINT USE - Promote joint use agreements for the public to use a) school recreational facilities, b) parks and other public recreational facilities, c) drainage basins and other public resources
2. \*FAST FOOD LIMITS - Limit the number of allowable fast food restaurants per capita
3. SCHOOL WELLNESS POLICIES AND PRACTICES - Work with schools to a) decrease sodium content in meals, b) improve school wellness policies, and/or c) fund and train teachers to promote wellness

**Needs to be Incorporated with Policy**

- EDUCATION CAMPAIGN ON BEHAVIOR - Conduct education/social marketing campaign to encourage better food choices and more physical activity

**Tobacco-Free Living:**

1. TOBACCO RETAIL LICENSING - Adopt local tobacco retail licensing including a) fees to pay for enforcement, b) fines for non-compliance, and/or c) restrictions on sales location, such as minimum distance from school or youth-focused sites
2. TOBACCO USE RESTRICTIONS - Restrict or prohibit tobacco use in a) multi-unit housing, b) parks and outdoor spaces, and c) worksites [no exemptions]
3. MITIGATION FEES - Place mitigation fees on tobacco products to a) pay for litter removal, and b) fire protection. [Note: California law forbids local jurisdictions from imposing a cigarette tax but allows them to assess fees to mitigate associated problems]

**Needs to be Incorporated with Policy**

- EDUCATION CAMPAIGN ON NON-SMOKERS' RIGHTS - Conduct educational/social marketing campaign on non-smokers' rights and the dangers of second and third-hand smoke

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**High Impact Clinical Preventative Services:**

1. CHWs AND PATIENT NAVIGATORS IN CLINICS  
**How:**  
**Lead Partner:**
2. SCREENING IN NON-TRADITIONAL SETTINGS/ COMMUNITY CLINIC EXTENSIONS  
**How:**  
**Lead Partner:**
3. HIGH RISK PATIENT MANAGEMENT AND SUPPORT  
**How:**  
**Lead Partner:**
4. IMPROVED PROVIDER COMPLIANCE  
**How:**  
**Lead Partner:**

**Healthy Eating, Active Living (HEAL):**

1. BUILT ENVIRONMENT TOOLS  
**How:**  
**Lead Partner:**
2. \*JOINT USE  
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2. \*FAST FOOD LIMITS  
**How:**  
**Lead Partner:**
3. SCHOOL WELLNESS POLICIES AND PRACTICES  
**How:**  
**Lead Partner:**

**Tobacco-Free Living:**

1. TOBACCO RETAIL LICENSING  
**How:**  
**Lead Partner:**
2. TOBACCO USE RESTRICTIONS  
**How:**  
**Lead Partner:**
3. MITIGATION FEES  
**How:**  
**Lead Partner:**

<b>Community Transformation Plan (CTP) – Community Transformation Grant</b> <b>Date: <u>September 30, 2015</u></b>					
<b>Site Name</b>	Stanislaus County Health Services Agency				
<b>Project Period Objective (PPO)</b>	By September 30, 2015, increase the number of places in Stanislaus County where residents are not exposed to second and third hand smoke				
<b>Timeframe (PPO)</b>	<b>Start Date: 4/30/13</b>		<b>End Date: 9/30/15</b>		
<b>Objective Description (PPO)</b>	Establish partnerships with landlords/multi-unit property owners and key stakeholders, engage residents of multi-unit housing, establish a smoke-free multi-unit housing voluntary policy				
<b>Related Program Goal/Strategic Direction (PPO)</b>	Smoke Free Multi-Unit Housing				
<b>Strategy/Priority Area (PPO)</b>	Tobacco-Free Living				
<b>Annual/Multi-Year Objective (AMO)</b>	By September 30, 2015, increase the number of smoke-free multi-unit housing in Stanislaus County from 0 to 2				
<b>Timeframe (AMO)</b>	<b>Start Date: 04/30/2013</b>		<b>End Date: 09/30/2015</b>		
<b>Objective Description (AMO)</b>	<i>Coalition Work</i>				
<b>Strategy (AMO)</b>	<i>Coalition Work</i>				
<b>Setting/Sector (AMO)</b>	County-wide with a focus on area experiencing health disparities				
<b>Population Focus (AMO) (Check Only One)</b>	<input checked="" type="checkbox"/> <b>General/Jurisdiction Wide</b>  Estimated Population Reach: <u>514,453</u>		<input type="checkbox"/> <b>Health Disparity Focus</b> (specify population by age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability or other):  Estimated Population Reach of Health Disparity Focus: _____		
<b>Reach/Number of Units (AMO)</b>	2				
<b>Milestones/Activities (limit 10)</b>	<b>Timeline (Initiation-Completion by Quarter)</b>	<b>Activity(ies) Related to Reducing Health Disparities*</b>	<b>Short Term Outcome/Measure</b>	<b>Lead Staff</b>	<b>Key Partners</b>
<i>Coalition Work</i>	<i>Coalition Work</i>	<i>Coalition Work</i>	<i>Coalition Work</i>	<i>Coalition Work</i>	<i>Coalition Work</i>

# Stanislaus County Health Services Agency 2013 Community Transformation Grant – Summary Sheet

## Tobacco Free Living

*Goal: Prevent & Reduce Tobacco Use*

- 1.1 Increase the number of people with access to tobacco free or smoke free environments
- 1.2 Increase the number of smoke-free multi-unit housing in Stanislaus County
- 1.3 Increase the number of people exposed to messages about the benefits of smoke-free environments
- 1.4 Increase the number of cities with local tobacco retail licensure laws and enforcement systems

## Healthy Eating & Active Living

*Goals: Prevent or Reduce Obesity, Increase Physical Activity and Improve Nutrition*

- 2.1 Increase opportunities for physical activity in communities through joint use agreements
- 2.2 Decrease availability and access to fast food restaurants via city-wide or community focused moratorium
- 2.3 Improve nutrition and physical activity policies and practices in schools via school wellness policies
- 2.4 Improve quality and amount of school physical education and physical activity
- 2.5 Coordinate Safe Routes to School and built environment efforts County-wide
- 2.6 Establish a coordinated system to increase the number of people with access to healthy foods
- 2.7 Increase the number of mothers delivering in hospital systems with policies that strongly support evidence-based breastfeeding practices

## Increase Use of Clinical Preventive Services

*Goals: Increase Control of High Blood Pressure, Cholesterol and Diabetes*

- 3.1 Provide training and technical assistance to implement systems that improve the delivery of services
- 3.2 Establish community health workers and/or patient navigator at two clinic sites to provide coordinated treatment and support services in a clinical setting to patients at highest risk for chronic conditions
- 3.3 Increase screenings in non-traditional settings/community clinic extension via Mobile Van

***CTG is an initiative that aligns with the Framework for a Thriving Stanislaus!***

# *Caring for Maria Project*

*Communities of Stanislaus County  
initiatives to improve Sudden Cardiac  
Arrest (SCA) survival*



# *What is the HeartRescue Project?*

- Sudden Cardiac Arrest (SCA) is a public health problem and among the leading killer of Americans, claiming an estimated 359,400 people each year. More people die of sudden cardiac arrest than breast, lung, colon, and prostate cancer combined. More than 90 percent of people who experience SCA die, representing a national survival rate that has not significantly changed in more than 30 years.
- Initiated and funded by the Medtronic Foundation, the HeartRescue project is designed to improve how SCA is recognized, treated and measured in the United States.
- <http://www.heartrescueproject.com>

# *HeartRescue Project*

- Leading resuscitation experts collaborate to improve SCA survival rates. There are currently seven major partners in the HeartRescue Project including:
  - **AMR**, NRC Clinical Team, and including the AMR HR Communities;
  - **Arizona**, University of Arizona, Arizona Share program;
  - **Minnesota**: Univ. Minnesota Division of Cardiovascular Medicine and Minnesota Resuscitation Consortium;
  - **North Carolina**, Duke University, Wake Co, EMS, NC office of EMS and UNC.
  - **Pennsylvania**: Univ. of Pennsylvania Department of Emergency Medicine Center for Resuscitation Science
  - **Washington**, University of Washington Harborview, Seattle Fire & King Co. EMS.
  - **Illinois**, and Chicago Fire EMS.



# *What is the role of HeartRescue Partners?*

- The HeartRescue Project begins with a shared belief that SCA is a treatable condition. Working in select geographies, HeartRescue Partners and their partner agencies will work to improve SCA survival rates by expanding and replicating successful city and county out-of-hospital cardiac arrest response programs to statewide levels. Within their geographies, Partners will:
  - Develop an [integrated community response](#) to SCA
  - Coordinate public and professional education and training efforts
  - Introduce & apply best-practice treatments to the general public, first responders (police/fire), (EMS) & hospitals
  - Implement a common, systemic method of measuring performance and outcomes of SCA

# *Stanislaus Community Heart Rescue Grant*

- With over 145 practices competing, in September 2012, Stanislaus County was awarded the AMR HeartRescue Community Grant
- Multidisciplinary committee represented by Local Business Leaders, MVEMSA, Modesto Regional Fire Agency, hospital representatives (DMC, MMC, EMC) and AMR
- Stanislaus Community Foundation



# *Stanislaus Heart Outcome Consortium*

## *'SHOC'*

- AIM Statement is to increase OHSCA patient survival from EMS-treated bystander witnessed ventricular fibrillation over the next 5 years by 50%
  - Implement a common, systematic method of measuring performance and outcomes of SCA
    - CARES Registry
  - Coordinate public and professional education and training efforts
  - Introduce and apply best practice treatments to the general public, first responders, EMS, and hospitals

# Our Charter - "Scope of Work"

- Developing an integrated community response to SCA



# Our Charter - "Scope of Work"

- Bystander Response –
  - The focus is to create opportunities to create train-the-trainer programs for compression-only CPR utilizing volunteers from schools, scouting programs, nursing, SCMRC and CERT
  - First year goal is to train 2,000 Stanislaus County residents in compression only CPR
  - Participate in community awareness activities
- EMS Response –
  - Improving recognition of SCA and initiation of PAIs by 911 call takers
  - Implement high performance CPR (pit crew) collaborations between first responder fire agencies and EMS personnel

# Our Charter - "Scope of Work"

- Hospital Response –
  - Institute a comprehensive post cardiac arrest treatment system of care
  - Develop and implement standardized temperature control protocols (Therapeutic Hypothermia) to optimize neurological recovery
  - Support survivors post discharge

## Using the Chain of Survival

Rapid recognition and activation of EMS via 9-1-1.



Early use of automated external defibrillator (AED).



Rapid delivery of advanced life support.



Early post-resuscitative care.







# LEARN COMPRESSION-ONLY CPR FOR FREE

**May 22nd, 2013  
8:00AM to 8:00PM**

**Event will be held at the CrossPoint Community Church  
Classes offered each hour**

**1325 12<sup>th</sup> Street, Modesto, Ca**

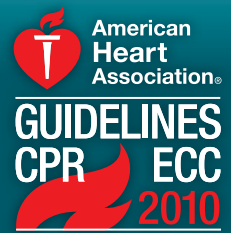
Compression-only CPR allows bystanders to keep life-saving blood flowing through a victim's body by pressing on the chest in a hard, fast rhythm  
Save a Life ~ Learn CPR in less than 30 minutes

**For more information, call the local AMR office  
209.567.4023**





# Highlights of the 2010 American Heart Association Guidelines for CPR & ECC



## Summary of Key BLS Components for Adults, Children, and Infants\*

Component	Recommendations		
	Adults	Children	Infants
Recognition	Unresponsive (for all ages)		
	No breathing or no normal breathing (ie, only gasping)	No breathing or only gasping	
	No pulse palpated within 10 seconds for all ages (HCP only)		
CPR sequence	C-A-B		
Compression rate	At least 100/min		
Compression depth	At least 2 inches (5 cm)	At least $\frac{1}{3}$ AP diameter About 2 inches (5 cm)	At least $\frac{1}{3}$ AP diameter About 1½ inches (4 cm)
Chest wall recoil	Allow complete recoil between compressions HCPs rotate compressors every 2 minutes		
Compression interruptions	Minimize interruptions in chest compressions Attempt to limit interruptions to <10 seconds		
Airway	Head tilt–chin lift (HCP suspected trauma: jaw thrust)		
Compression-to-ventilation ratio (until advanced airway placed)	30:2 1 or 2 rescuers	30:2 Single rescuer  15:2 2 HCP rescuers	
Ventilations: when rescuer untrained or trained and not proficient	Compressions only		
Ventilations with advanced airway (HCP)	1 breath every 6-8 seconds (8-10 breaths/min) Asynchronous with chest compressions About 1 second per breath Visible chest rise		
Defibrillation	Attach and use AED as soon as available. Minimize interruptions in chest compressions before and after shock; resume CPR beginning with compressions immediately after each shock.		

Abbreviations: AED, automated external defibrillator; AP, anterior-posterior; CPR, cardiopulmonary resuscitation; HCP, healthcare provider.  
\*Excluding the newly born, in whom the etiology of an arrest is nearly always asphyxial.

Reprinted from *Highlights of the 2010 AHA Guidelines for CPR & ECC*; <http://static.heart.org/eccguidelines/guidelines-highlights.html>; copyright 2010.

# Retail Campaign Overview

Healthy Stores for a Healthy Community



# Campaign Goal



To improve the health of Californians through changes to the retail environment

# How Does the Retail Environment Relate to Food and Alcohol?

Retail Environment Issues



# Alcohol & Nutrition



Here alcoholic beverages are shelved together with kid-friendly beverages like juice, and a large advertisement is less than 3 feet above the ground, easily visible to youth

# Candy, Alcohol & Tobacco



Tobacco here is candy flavored and alcohol flavored, making it more appealing to youth

# Why is the Retail Environment a Problem?

- Tobacco Retail Stores...
  - Are more densely distributed in minority and low SES communities
  - In rural areas tend to have the lowest prices and highest amount of promotions and ads
- Exposure to Retail Store Marketing...
  - Prevents users from quitting
- The Tobacco Industry ...

Spends over 90% of their marketing dollars in the retail environment to recruit and retain tobacco users

# Retail Marketing: Storefront Advertising



VS.





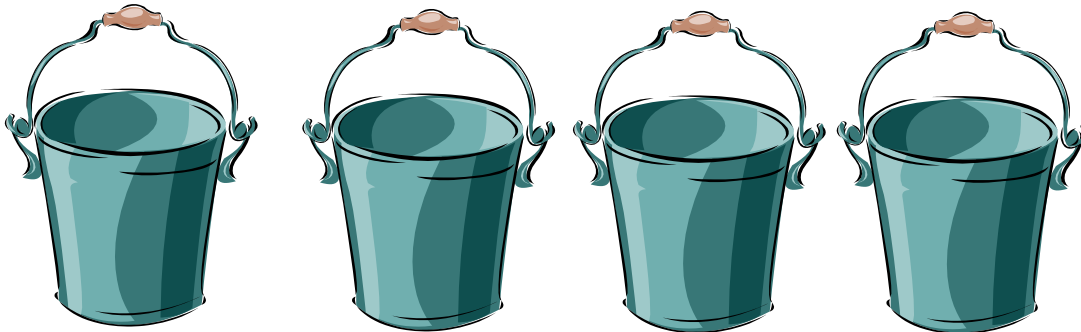
# Why is the Retail Environment a Problem?

- Tobacco Advertising and Promotions have a Big Effect on Youth...
  - Exposure increases the likelihood adolescents will start to smoke
  - Youth are 3X more sensitive than adults to tobacco advertising
  - Youth are more likely to be influenced by cigarette marketing than by peer pressure



# What Can I Do?

- **Public Health**
  - **Document the Problem**
  - Educate the Public
  - Identify Solutions
  - Empower Communities

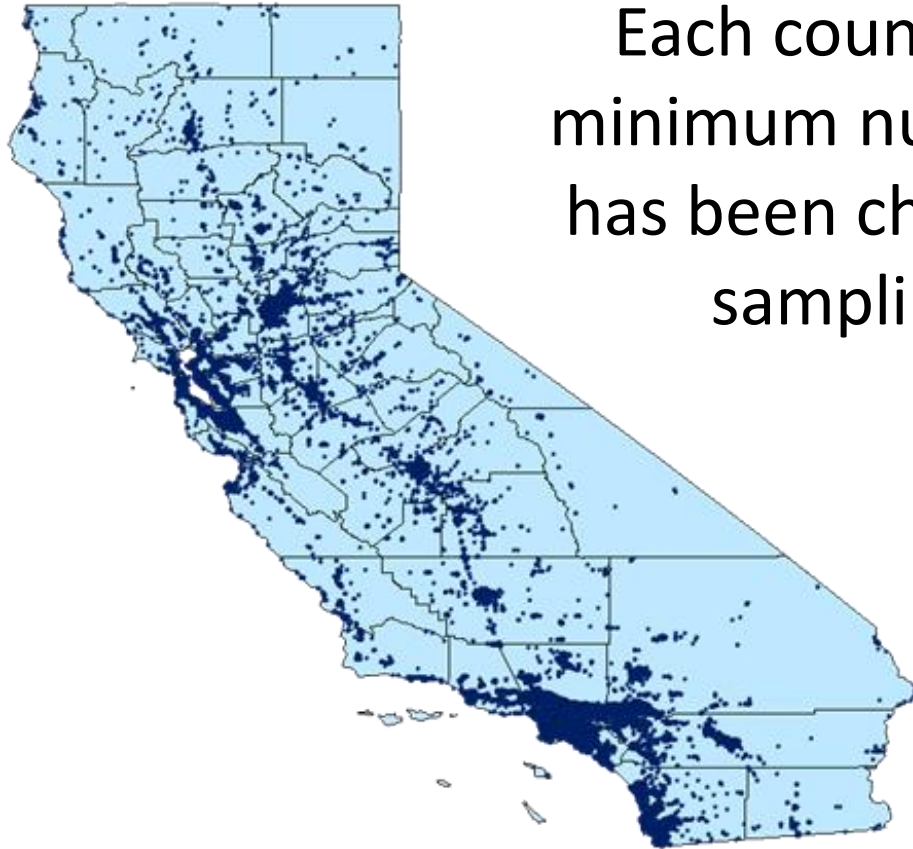


# Documenting the Problem

- Over 10,000 stores statewide will be surveyed!
- Every Local Health Department (61)
- Each Survey takes about 15 min. per store
- Most Questions are Observational
- Quality of Data Collection



# How Stores Were Chosen



Each county will complete a minimum number of stores that has been chosen using random sampling of zip codes

Stanislaus County  
= 258 stores

# Survey Topics



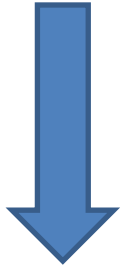
- Tobacco Price
  - e.g., Advertised Price of Cigarettes, Discounts/Coupons/Gifts with Purchase
- Tobacco Product Flavors
  - e.g., Candy and Menthol Flavored Tobacco Products
- Tobacco Advertising
  - e.g., Window Ads/Product Displays
- Nutrition and Alcohol
  - e.g., Advertising, display, availability and placement of fresh produce, junk food, alcoholic beverages

# What Difference Does This Make?

- What Gets Measured, Gets Changed
  - Tobacco or alcohol flavors that appeal to youth
  - Amount of advertising on storefronts
  - Package size
  - Free or discounted product, and/or coupons
  - Tobacco sales in pharmacies



# Campaign Timeline



# Community Interventions

Strategies will be developed using:

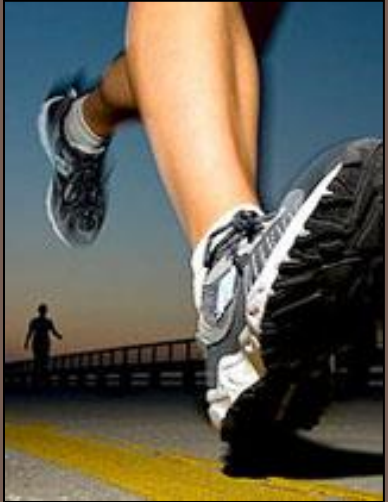
- CX Assessments
- Survey Findings
- Input from the TOPS Coalitions and Key Stakeholders (i.e., business community, etc.)



# Questions



**Esmeralda Gonzalez**  
**[esgonzalez@schsa.org](mailto:esgonzalez@schsa.org)**  
**558-5657**



# Community Transformation HEART Coalition Meeting

November 14, 2013

# CTG - Background

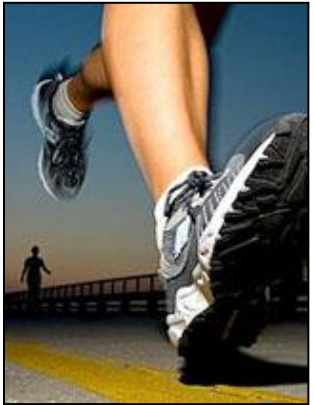
- Stanislaus County Capacity Building Grant
- Three Strategic Priorities:
  - ▣ Tobacco Free Living
  - ▣ Healthy Eating Active Living
  - ▣ Clinical Preventive Health Services
- Guiding Principles
  - ▣ Expand the Use of Evidence-Based
  - ▣ Jurisdiction-wide/Population Approach
  - ▣ Advance Health Equity

# CDC Updates



- National Prevention Council
- National Prevention Strategy

# National Prevention Council

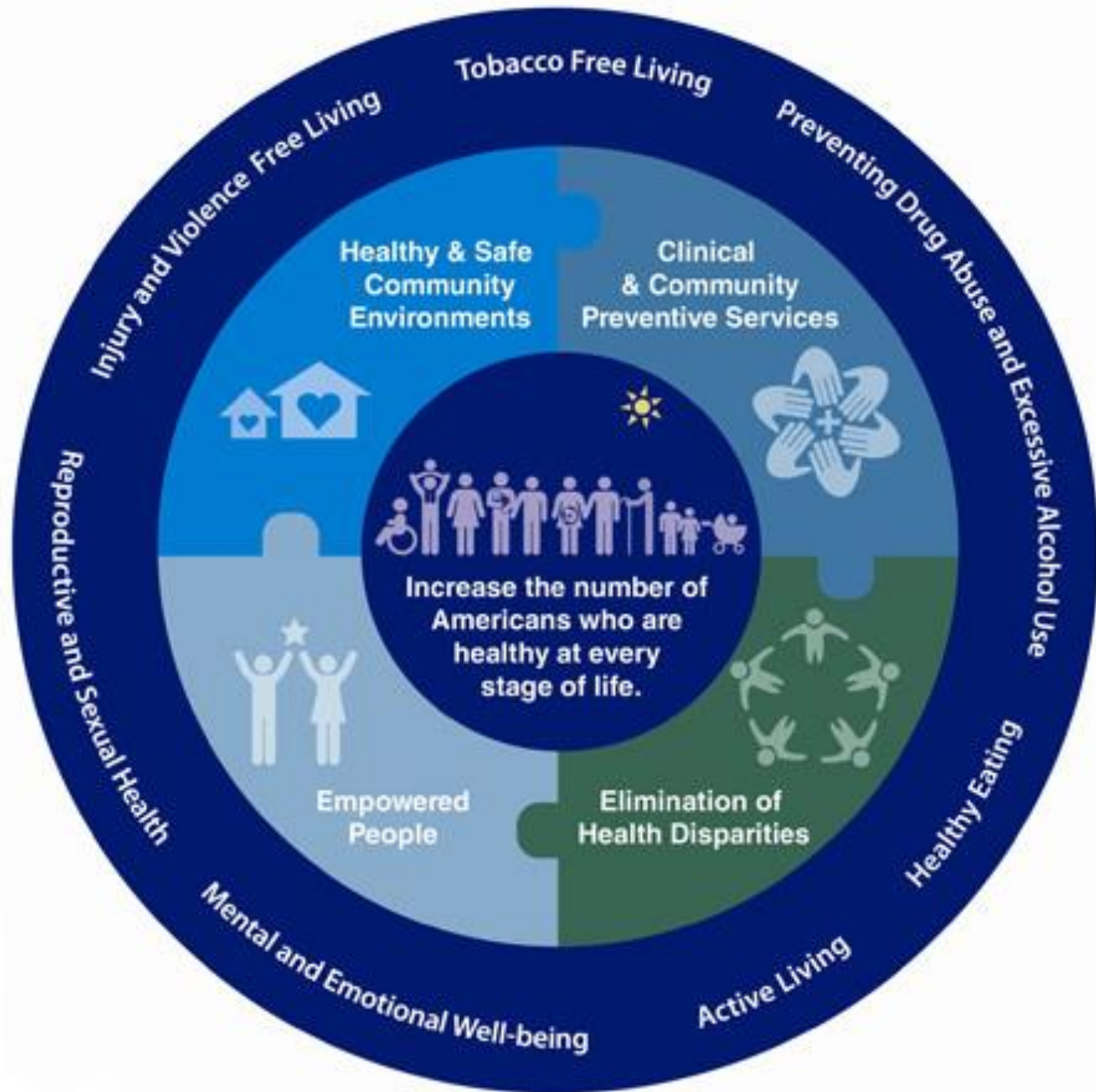


- Diverse – 17 members, departments, agencies, & offices
- Sectors: housing, transportation, education, environment, etc.
- Role: Ensure federal health and prevention efforts are coordinate, aligned, and championed
- Strategy: It's American's Plan for Better Health & Wellness

# National Prevention Strategy

- Requires ongoing leadership, focus on Strategic Directions & Priorities, and engagement of both public and private sectors
- Increases awareness and value of prevention across multiple sectors; promoting health and wellness
- Goal is to improve the health and quality of life for individual, families, and communities
- It's a ***Movement!*** - Moves the nation from focus on sickness & disease to one based on prevention and wellness

# Aligning Priorities



# Community Transformation

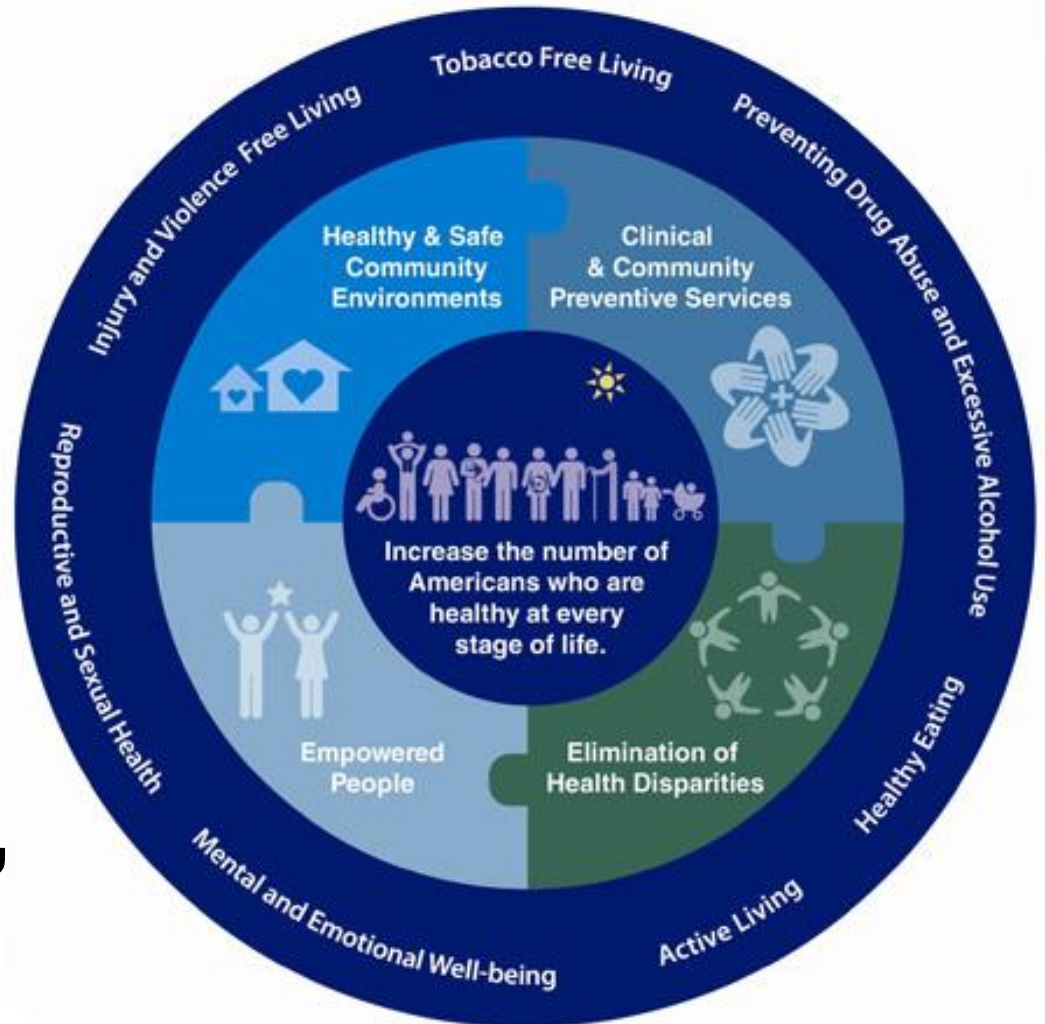
- Is part of the ***Movement***; Aligns with the National Prevention Strategies
- Promotes collaboration and community ownership
- It's an initiative and not a typical grant
  - ▣ Builds capacity and infrastructure
  - ▣ CDC has invested funds for Technical Assistance and free resources



# Aligning Priorities

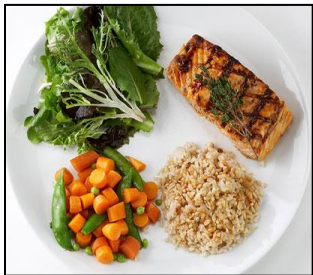
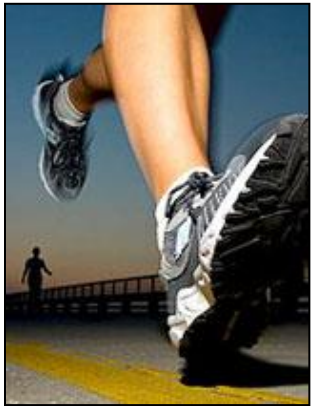
Communication  
is important.

WE Need To  
“Tell Our Story”

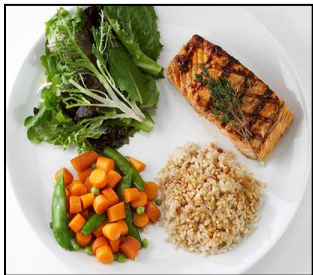
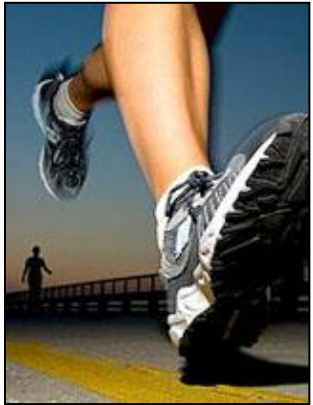


# Healthy Eating Active Living Pilots 2013/14

- Local School Wellness Policy Revisions
  - Ceres Unified School District
  - Patterson Unified School District
  
- Worksite Wellness in Govt. Dept.
  - Community Services Agency
  - Behavioral Health & Recovery



# Tobacco-Free Living Pilots 2013/14

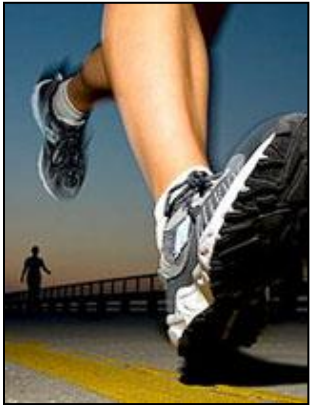


- Secondhand Smoke Awareness Campaign
  - ▣ County-wide (buses, radio, etc.)
  
- Smoke-free Multi-Unit Housing
  - ▣ West Modesto/Airport
  - ▣ County-wide

# Clinical Preventive Services



- Community Health Worker as Patient Navigators
  - ▣ Program Planning & Development



## Preliminary

- ▣ Stanford Model
- ▣ GVHS & HSA



# Capacity Building

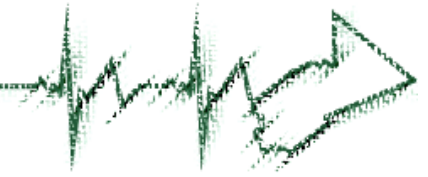
- Trainings
  - ▣ Media - Spokesperson, Message Mapping, Letter Writing, Social Media, Community Outreach
  - ▣ Built Environment – Complete Streets, City of Patterson
  - ▣ Joint Use Agreements

# Communicating with Elected Officials

CTG Communication Training Series  
Stanislaus Advocacy Action Team

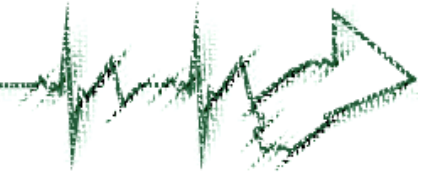
# Training Goals

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- Review policy advocacy basics and free tools available to help plan campaigns
- Share strategies for engaging elected officials in public health issues
- Identify techniques to use when informing and educating elected officials

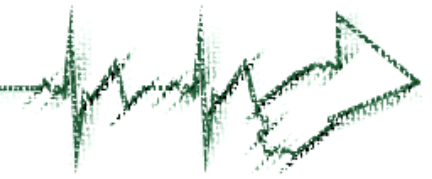
# Policy Types



- **Voluntary Policies**
  - Adopted and enforced by an individual property or business owner
- **Local Ordinance**
  - Adopted by City Council or County Board of Supervisors
- **Resolutions**
  - Adopted by elected boards to show support for property owners who implement voluntary smoke-free housing policies
  - Adopted by community organizations or coalitions to advocate for voluntary policies or ordinance adoption



# Policy Strengths Comparison



## ***Voluntary***

- Easier and quicker adoption process
- Adaptive to individual businesses and properties
- Successful policies require the support of the business or property owner

## ***Ordinance***

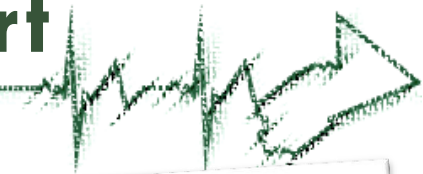
- Stronger long-term change
- More enforceable with mandated policies
- More consistent across business and properties within the jurisdiction
- Requires support from key stakeholders and decision makers

# Birth of an Advocacy Initiative


- Identify the problem
- Establish the scope
  - Narrow or general?
- Identify a solution
- Turn the problem into an issue
- Plan your strategy



# Midwest Academy Strategy Chart



- Goals
- Organizational Considerations
- Constituents, Allies and Opponents
- Targets
- Tactics

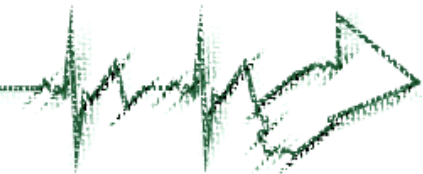

  
 The Center for Tobacco Policy & Organizing

### Sample Strategy Chart

Goals	Organizational Considerations	Constituents, Allies and Opponents	Targets	Tactics
<ol style="list-style-type: none"> <li>List the long-term objectives of your campaign.</li> <li>State the intermediate goals for this issue campaign. What constitutes victory?  How will the campaign:  <ul style="list-style-type: none"> <li>Win concrete improvement in people's lives?</li> <li>Give people a sense of their own power?</li> <li>Alter the relations of power?</li> </ul> </li> <li>What short-term or partial victories can you win as steps toward your long-term goal?</li> </ol>	<ol style="list-style-type: none"> <li>List the resources that your organization brings to the campaign. Include money, number of staff, facilities, reputation, canvass, etc.</li> <li>List the resources that the campaign does not currently have, but will need in order to succeed.</li> <li>List the specific ways in which you want your organization to be strengthened by this campaign. Fill in numbers for each. Some examples:                     <ul style="list-style-type: none"> <li>Expand leadership group</li> <li>Increase experience of existing leadership</li> <li>Build membership base</li> <li>Expand into new constituencies</li> <li>Raise more money</li> </ul> </li> <li>List internal problems that have to be considered if this campaign is to succeed.</li> </ol>	<ol style="list-style-type: none"> <li>Who cares about this issue enough to join in or help the organization?                     <ul style="list-style-type: none"> <li>Whose problem is it?</li> <li>What do they gain if they win?</li> <li>What risks are they taking?</li> <li>What power do they have over the target?</li> <li>Into what groups are they organized?</li> </ul> </li> <li>Who are your opponents?                     <ul style="list-style-type: none"> <li>What will your victory cost them?</li> <li>What will they do/spend to oppose you?</li> <li>How strong are they?</li> </ul> </li> </ol>	<p>A target is always a person. It is never an institution or elected body.</p> <ol style="list-style-type: none"> <li>Primary Targets                     <ul style="list-style-type: none"> <li>Who has the power to give you what you want?</li> <li>What power do you have over them?</li> </ul> </li> <li>Secondary Targets                     <ul style="list-style-type: none"> <li>Who has power over the people with the power to give you what you want?</li> <li>What power do you have over them?</li> </ul> </li> </ol>	<p>For each target, list the tactics that each constituent group can best use to make its power felt.</p> <p>Tactics must be:</p> <ul style="list-style-type: none"> <li>In context</li> <li>Flexible and creative</li> <li>Directed at a specific target</li> <li>Make sense to the membership</li> <li>Be backed up by a specific form of power</li> </ul> <p>Tactics include:</p> <ul style="list-style-type: none"> <li>Media events</li> <li>Actions for information and demands</li> <li>Public hearings</li> <li>Strikes</li> <li>Voter registration and voter education</li> <li>Lawsuits</li> <li>Accountability sessions</li> <li>Elections</li> <li>Negotiations</li> </ul>

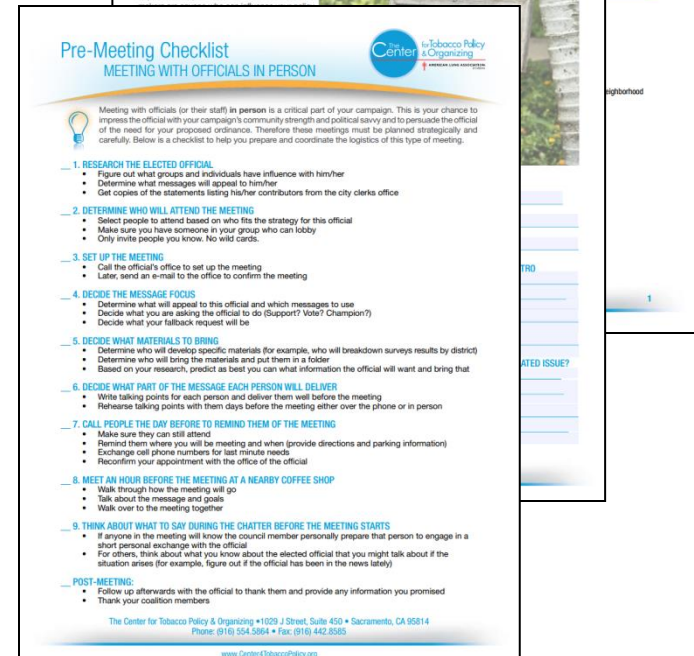
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# Additional Resources



- Assessing the Political Environment Checklist
  - General information
  - Public health and politics
  - Political environment
- Elected Official and Government Staff Profile Form
- Pre-Meeting Checklist  
*(for meeting with elected officials in person)*

Visit: [Center4tobaccopolicy.org](http://Center4tobaccopolicy.org)  
Select Community Organizing in the menu bar at top, then Organizing Tools

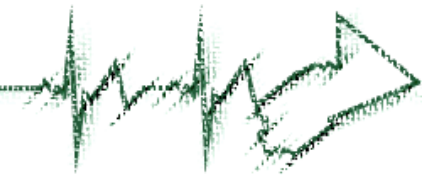


# Challenges and Barriers for Elected Officials

- Competing interests/priorities
- Lack of interest
- Unaware or not knowledgeable about the topic
- This may not be their only job



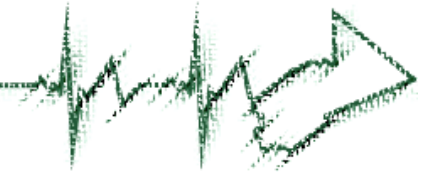
# Break Down the Walls



- Identify opportunities for collaborative publicity
- Seek out strategies to help make the issue a priority for elected officials
  - Relate to other current priorities or issues
- Be relevant



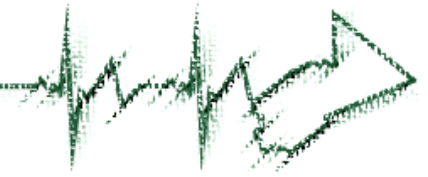
# Set and stay on point



- Why should the official care?
- Why should the people he or she represents care?
- What can they do to make a difference?
- How will you help them make that difference?



# Build Relationships



- Have one on one meetings
  - With the elected or their staff
  - Personalize the issue
  - Know the calendar gatekeeper
- Maintain a two-way dialogue
- Offer resources
  - Be a subject matter expert
- Inform and educate about issues
  - Ask what info would help them most
  - Help them be a better advocate
- Find points they can support





**Thank  
you!**

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