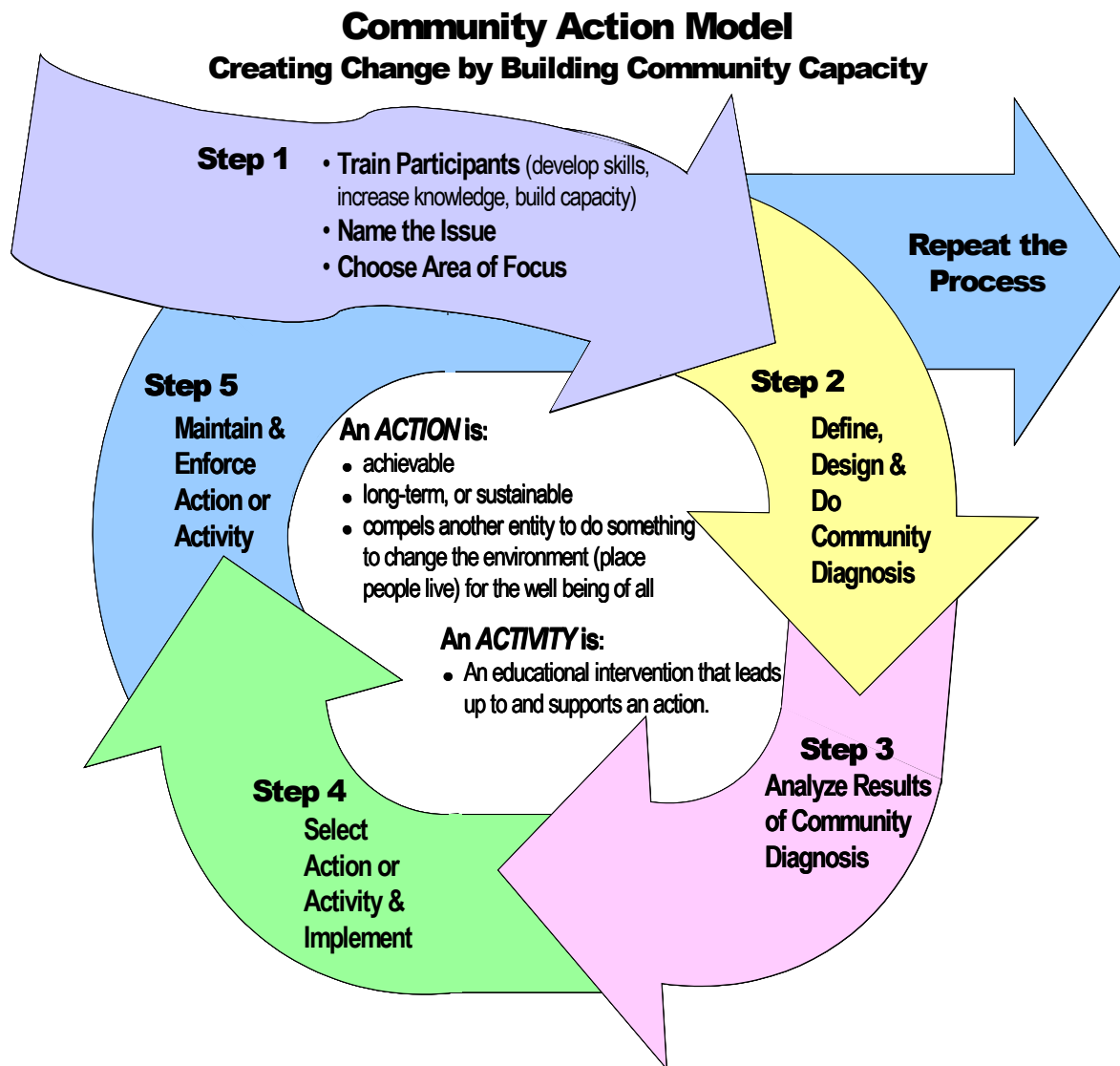


Adapting the CAM

To your Workplan, Project, Issue....

<http://www.sfdph.org/dph/comupg/oprograms/CHPP/CAM/default.asp>

By now you've attended the CAM training, have a copy of the binder, and know how to access the activities on line. You are working with and/or funding CATs to implement the CAM. Your project/workplan may be focused on a particular issue such as domestic violence or tobacco control or, if you are lucky, it may be broader in scope. You are asking yourself, how do you get the project started, and provide guidance to the CAT coordinator and advocates to move through the five steps. Here are some tips on how to do this.



The Community Action Model (CAM) curriculum is available at:

<http://www.sfdph.org/dph/comupg/oprograms/CHPP/CAM/default.asp>

For more information please contact:

San Francisco Department of Public Health
Community Health Promotion & Prevention Branch
30 Van Ness Avenue, #2300
San Francisco, California 94102
415-581-2448
415-581-2490 fax
HETC@dph.sf.ca.us

Paid for by Proposition 99, the 1988 Tobacco Tax Initiative, under Agreement No. TCS - 01-38

CAM Toolkit for 2014 San Francisco Tobacco Free Project Website

Before Getting Started

You are a health educator, team coordinator or other community worker supervising, coordinating, and providing resources to community groups who will implement the CAM. You can use the information in this manual to provide training and technical assistance. Included in this manual are concrete examples from CATs that successfully implemented the process - some had resources and a timeline of 12-18 months; others had no resources and a 5-6 month timeline.

Some Definitions

- **CAM:** Community Action Model: the Five steps of the Model
- **CAT:** Community Action Team: the group of CAT *advocates* from the community that implement the five steps of the process. Also known as CAT *members* or *participants*.
- **CAT Coordinator:** The team coordinator who may or may not work with a community based organization and serves as the day to day liaison with the community advocates.
- **DPH Monitor/Staff:** health educators who provide training, technical assistance, funding and all other support and guidance!

Look for this symbol!



It refers to specific curriculum in the CAM binder or on the website. _____

Preparation

<http://www.sfdph.org/dph/comupg/oprograms/CHPP/CAM/default.asp>

Read through this module. Read ***Community Action Model: Creating Change by Building Community Capacity (Introduction & Overview)***. Familiarize yourself with the big picture.



Evaluate your resources, timeline and project goals. A project with ample funding and timeline may be able to complete a more involved action. A short term project with little funding may be able to complete an immediate action, or identify an action to be completed with future funding and then complete a few of the activities towards it. Come up with a potential timeline for completing each step.

Work with the project to set up administrative systems. Look at the sample workplan (attachment a), budget & invoice (attachment b), MOU (attachment c), and RFA (attachment d). You may use some of these documents if you have funding to provide to the CAT. If you use a workplan, be sure to include regular technical assistance/training meetings with the CAT coordinator and CAT to brainstorm and problem solve at each step of the way. Be sure to have the project include stipends or payments in the budget for the advocates. Look at the sample skill inventory and evaluation tools (attachment e) and make your evaluation plan. Assure the CAT coordinator that the workplan can change as time goes on. Attachments are available on the website at: _____.

<http://www.sfdph.org/dph/comupg/oprograms/CHPP/CAM/default.asp>



STEP 1: Train, Name and Focus

Your funding source or project may already indicate which general issue you will work on (*such as tobacco control, violence prevention, food security, ethnic and racial health disparities, etc.*).

1. Overview of the Issue 101: Begin by putting together a general presentation for the CAT coordinator and the CAT advocates about your issue. Be sure to include in the presentation: activities, fact sheets and information that addresses the background of the issue. Outline the history of the issue, what has been done about it, and the underlying social justice root causes; social, economic and corporate links; and local/global policy issues related to the issue you are addressing. For example, if addressing violence prevention include information about root causes and risk factors for violence, including alcohol, oppression, poverty, witnessing acts of violence and the role of the gun industry in influencing local policies.

2. Next train the CAT coordinator and CAT advocates about the 5 steps in the CAM. Look at the sample curriculum *About the Curriculum and How to Use it (Introduction and Overview)* for a sample training outline. This will give your CAT team an idea of how the 5 steps flow together and what they will be doing for the course of the project.

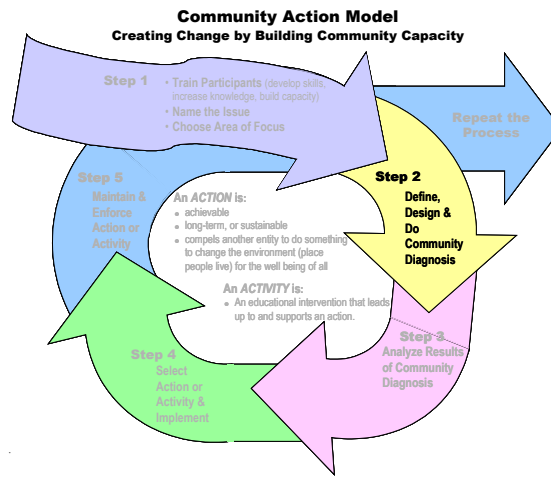


IMPORTANT: In preparation for this training look at the activity entitled: *Actions for Health* (Step 4). List 10 potential actions that address your issue and 5 activities. Adapt the activity cards to reflect your actions/activities. This will help the CAT coordinator & advocates with concrete examples of the potential outcomes they may achieve. See attach F for additional lists of actions/activities.



3. Work with the CAT coordinator to assist the advocates in choosing their project focus. Adapt the activity entitled *Naming the Issue* (Step 1) by creating a code(s) that reflects the issue that the CAT will address. Be sure to include the variety of local/immediate and root causes that contribute to the issue being addressed by the CAT. Use source documents if available (eg: proposals). Use the questionnaire in *Naming the Issue* to help the CAT focus on a particular area of interest. For example: during this step, a CAT working on the broader area of violence prevention could decide to focus specifically on addressing *violence on public transportation*. **DPH staff/monitor** and others who provide TA, training, funding and other support to CAT coordinators and advocates play a crucial role during step 1. Advocates can get bogged down or may try to choose their outcome or activities before selecting their focus area. The role of **DPH staff /monitors** should be to bring clarity, keep the CAT on task and *move & guide* them to a more narrow focus!





Step 2: Define, Design, & Do Community Diagnosis






Now that the CAT advocates have chosen a focus to address, use the activity entitled: ***Designing your Diagnosis (Step 2)*** to help the CAT advocates begin their work. To begin the diagnosis the CAT should decide what questions they want answered, and design tools to get their answers. They may want to use a form like this:



Focus: Food in Schools

<i>Advocates Want to Find Out About this...</i>	<i>How Advocates will Get Answers to the Questions.</i>
1. What foods are healthier/less healthy for children? What are junk foods?	Search the library, internet and meet with local nutrition and health department workers.
2. Who makes and advertises this food?	Same as above.
3. What type of foods are in the schools?	Make a survey tool that lists healthier/less healthy foods. Go to a sample of schools and check off types of foods they provide.
4. Do schools have policies about serving healthy foods?	Meet with school officials and ask about policies.
5. Who makes policy at the schools?	Same as above.


This process can take a matter of weeks to months. If the CAT decides they need to get more information about their focus area by going to the library or on the internet, interviewing community residents, and counting toy guns in stores you will work in partnership with them to design and do each of these steps. For example, you may set up a training on how to do research on the internet, how to come up with a survey, and how to interview. You may consult with them on what would be an appropriate number of people/stores to survey to get a true representation of the issue in your community. It's important to strike a balance: the diagnosis must be designed by the advocates and be user friendly; it must also lead to results that you can use for the next steps. If possible, the **DPH Monitor/staff** should seek technical assistance in the selection of tools and methodologies. If an existing consultant isn't available, seek assistance from your supervisor. See the next page for a list of tools. Attachment g has sample tools that CATs have developed and used.

Type of Research	Tips for Step 2... How to Do it!
 <p>Survey People: Adults, youth, students, community leaders, renters, clients, policymakers.....</p>	<p>Surveys can reveal people’s opinions, knowledge, attitudes, behaviors and support for changes in the environment. Surveys can be long or short. For the purposes of the CAM, surveys should be kept short (2 pages maximum) and user friendly. A CAM-friendly evaluator should go over questions with the advocates to make sure that the questions will reveal the answers being sought. Surveys can be done with all members of a smaller group or a sample number of persons in a larger group. Surveys can be done in person, by mail, or by telephone.</p>
 <p>Survey Things: Count alcohol ads, toy guns, list types of junk food in stores or schools.....</p>	<p>This type of survey can involve advocates in counting objects, attempting to purchase items (such as minors trying to buy cigarettes), or can note if an item has the required warning label. Many of the same tips for surveying people apply. Survey forms should look like a checklist where advocates can easily note the type and amount of the items being surveyed, attempted to purchase etc. For example, if surveying the number of pedestrians at key intersections you might also want to note time of day and other information. Training on how advocates can approach a store merchant and explain the project is essential. See attachment F for other ideas.</p>
 <p>Map your neighborhood, community or specific entities like stores..</p>	<p>Define the area to be mapped and divide into areas that can be walked and surveyed. Advocates work in teams to note location and type of community institutions and resources. Advocates use their team research to draw/create a map of the area on easel pad paper showing: street names, parks, CBO’s, schools, stores, empty lots, housing etc. If appropriate note transportation lines and demographics. This can also be done with a GIS map (requires computer resources). Some advocates have mapped stores and used color coding to estimate the percentage of shelf space in the store that is dedicated to alcohol, tobacco, packaged foods vs. fresh produce. See attachment G.</p>
 <p>Find out what policies and/or research already exists.</p>	<p>Advocates can go to City Hall, the library, and on the internet to find out about existing policies and research. They can also get contact information to interview policy makers regarding existing laws.</p>
 <p>Focus groups, Forums.</p>	<p>Advocates can bring together a small representative group from the community or call for a community forum to be held in the community to discuss the focus of the project and get feedback, perceptions, opinions and support for change.</p>
<p>Photo Voice/ Novellas</p>	<p>Advocates can use cameras to create a visual representation of the issue, to do “before” and “after” comparisons, to show disparities and strengths. These put a “human face” on the data collected elsewhere.</p>




Step 3: Analyze Results of Community Diagnosis


This step is where the “Ah Ha” typically happens. If you have the resources to work with an evaluator, this person can work with the CAT to input data, analyze data and come up with startling statistics. These stats can be put in charts, tables and summary forms and used in media advocacy or for testimony with policymakers. Once data is analyzed, the CAT coordinator and advocates discuss their findings, list possible recommendations and choose an action in Step 4. Here are examples of the findings (analysis/synthesis) of data collected.


In Step 2, Advocates.....	What they found was....	
Surveyed residents & children in a park near a toxic site. They researched what a “superfund” site is and who is responsible for clean up of the toxic site.	50% of children playing in the park had crossed into the toxic site thru a broken fence; 85% surveyed didn’t understand the technical language on the warning sign; 92% would still take their kids to that park because it was the only place to play.	
Youth advocates surveyed 350 youth, tried to buy <i>Bidis</i> (Indian cigarettes) at 100 stores, and researched them on the internet.	50% of youth surveyed thought bidis were not harmful to health. 24% were able to buy them in stores (twice the rate for Kools). Bidis contain tobacco and cause cancer and other health problems.. 70% of bidis purchased had no warning labels.	
Advocates surveyed stores to see what kind of toy guns were sold, research laws re: sales of realistic toy guns.	50% of stores sold no toy guns. Stores that sold the most toy guns were large chain stores. Local laws forbid the sale of realistic toy guns. Most retailers were not aware of the local laws.	
Advocates diagrammed 11 stores for stocking practices; did a map of the neighborhood, surveyed residents as to shopping practices, interviewed merchants	The 3 most common products in the stores were alcohol, tobacco and packaged (junk) foods, many were tobacco subsidiary company brands. Some estimates were that only 2-5% of store space was dedicated to produce: 47% of neighbors surveyed said that stores were hard to get to (barrier to getting healthy food). That residents must change buses 3 times to get to the nearest supermarket (outside the neighborhood)	



Step 4: Select Action & Activity and Implement

Do *Actions for Health* (Step 4) again. If the CAT hasn't already chosen an *action* that meets the three criteria outlined above, they should do that now. Remember, if the CAT has a short timeline/no resources, they can choose an *action* to accomplish with future funding and resources and then dedicate existing time and resources to implement *activities* related to that *action*. 

Use the *Planning for Health* cards (Step 1) and do the *CAT Map* (Step 4) to help the CAT come up with an action plan to accomplish the *action/activities*. As part of the *action* plan, the CAT may want to do a variety of activities such as **outreach** (health fairs, conferences, meetings with decision makers, schools and community, etc), **organizing**, **model policy development**, **media advocacy**, **advocating for your action**, **presentation skills**, and others. Make a training timeline that coincides with the implementation of each of these components of the action plan. 

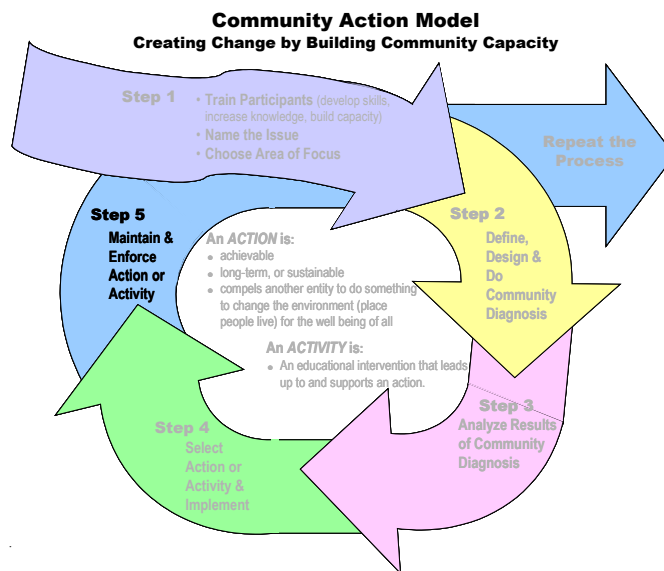
Look in the curriculum and on the website at the *Table of Contents*. There are a series of group skill- building exercises that you can use as needed. Use these in trainings with the CAT coordinator and advocates to build skills to do the action plan. 

Here's a list of actions (outcomes) that have been accomplished by CATs in Step 4.

- Policies by the SF School Board to ban tobacco food subsidiary products and promotional items;
- A policy by City College to purchase healthy food and drink products for school vending machines;
- A city wide ban on tobacco ads;
- Traffic engineering changes to improve pedestrian safety in several S.F. neighborhoods;
- A smokefree parks policy;
- A model policy requiring imposed penalties on stores that sell look-alike toy guns;
- Enforcement of local/national laws regarding bidi tobacco products and cigars used by youth;
- A Good Neighbor policy to promote inner city access to healthy food alternatives to tobacco subsidiary products;
- Further regulation to prevent teen access to tobacco on the internet;
- User friendly signage and improved fencing to protect children in parks from nearby toxic dump sites;
- College based tobacco control policies;
- Tenant driven smoke free policies in multi-unit housing complexes;
- Participation in global campaigns involving joint actions between SF funded projects & projects in the global south.

For a summary of how advocates did the five steps for some of these see the next pages!

The following pages contain summaries of what these CATs have done.



Step 5: Maintain & Enforce the Action or Activity

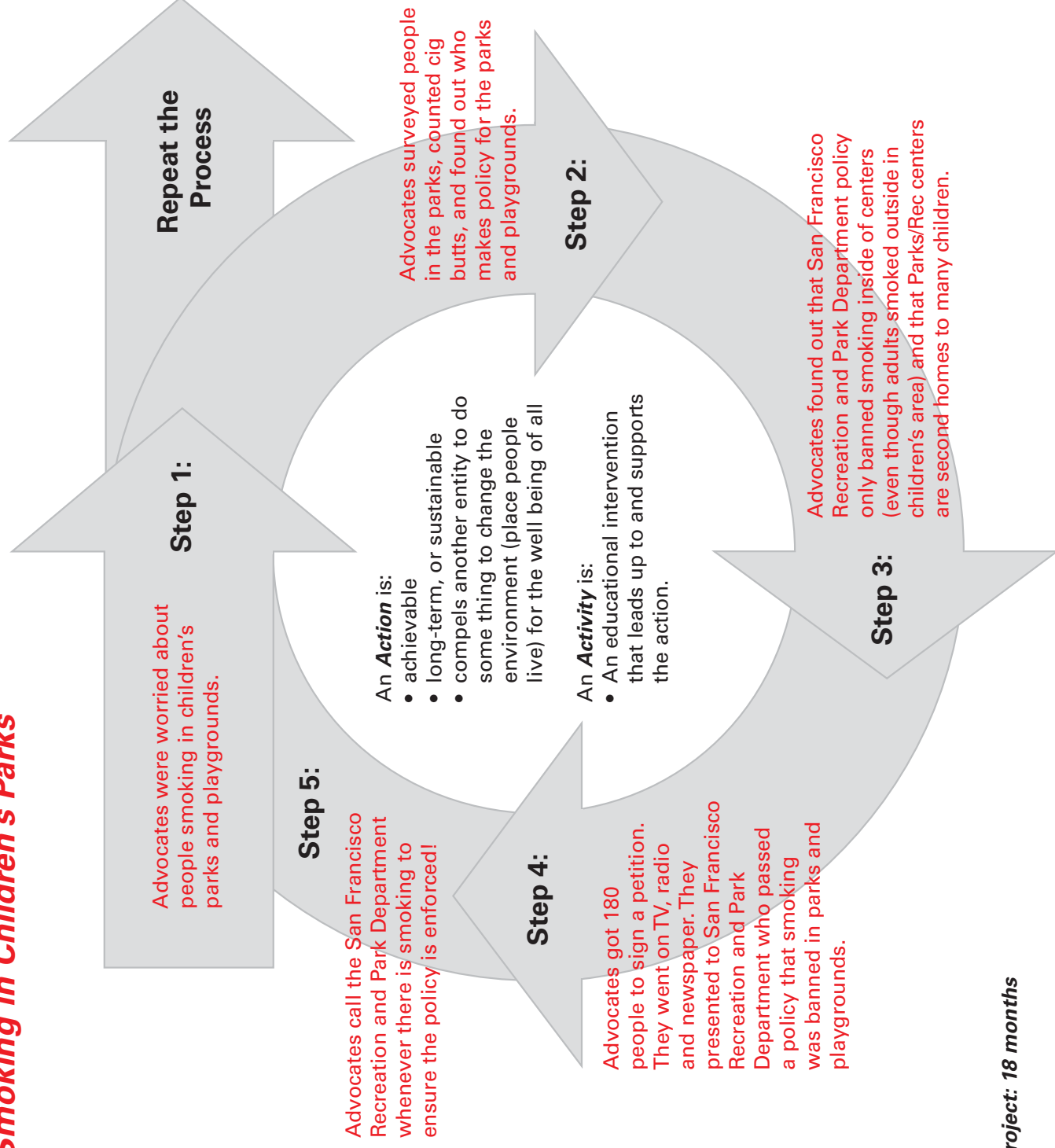
Once an action or activity has been designed and implemented you want to ensure that it is maintained. If it involves a policy or change in organizational practices, you want to ensure that it is enforced. Many times this involves building on previous work. Here are some examples of how CAM's have done step 5.

Bro's Against Guns : Brother's Against Guns was funded with a 5 month minigrant (\$5,000) to implement the CAM to address violence prevention. Project advocates surveyed youth in San Francisco's BayView Hunter's Point area and ask about sources for guns. They found that getting a gun was easy, that the neighborhood was oversaturated with guns and that many young people easily get weapons from gun shows at the nearby "Cow Palace" exposition hall. By the end of the project, advocates had presented their findings to numerous groups including *Gang Free Communities Initiative* and listed a variety of actions/activities to address this problem. Once the grant was over, the advocates continued on to sponsor a protest of gun shows at the Cow Palace and received media coverage of the protest. They are now seeking additional funding and looking at the possibility of advocating for a state policy to prohibit gun shows at the Cow Palace.

Ban on Kraft/Nabisco in the Schools: Another youth project researched the amount of Kraft/Nabisco products that were sold and provided in the city's schools. They successfully got the School Board to adopt a policy called the "Commercial Free Schools Act" that banned these products from the schools because they were subsidiary products of Philip Morris, maker of Marlboro cigarettes. For step five of the CAM, youth advocates followed up with schools by meeting with the food purchaser and doing presentations to students to ensure that the ban was implemented and understood.

Community Action Model

Ban on Smoking in Children's Parks

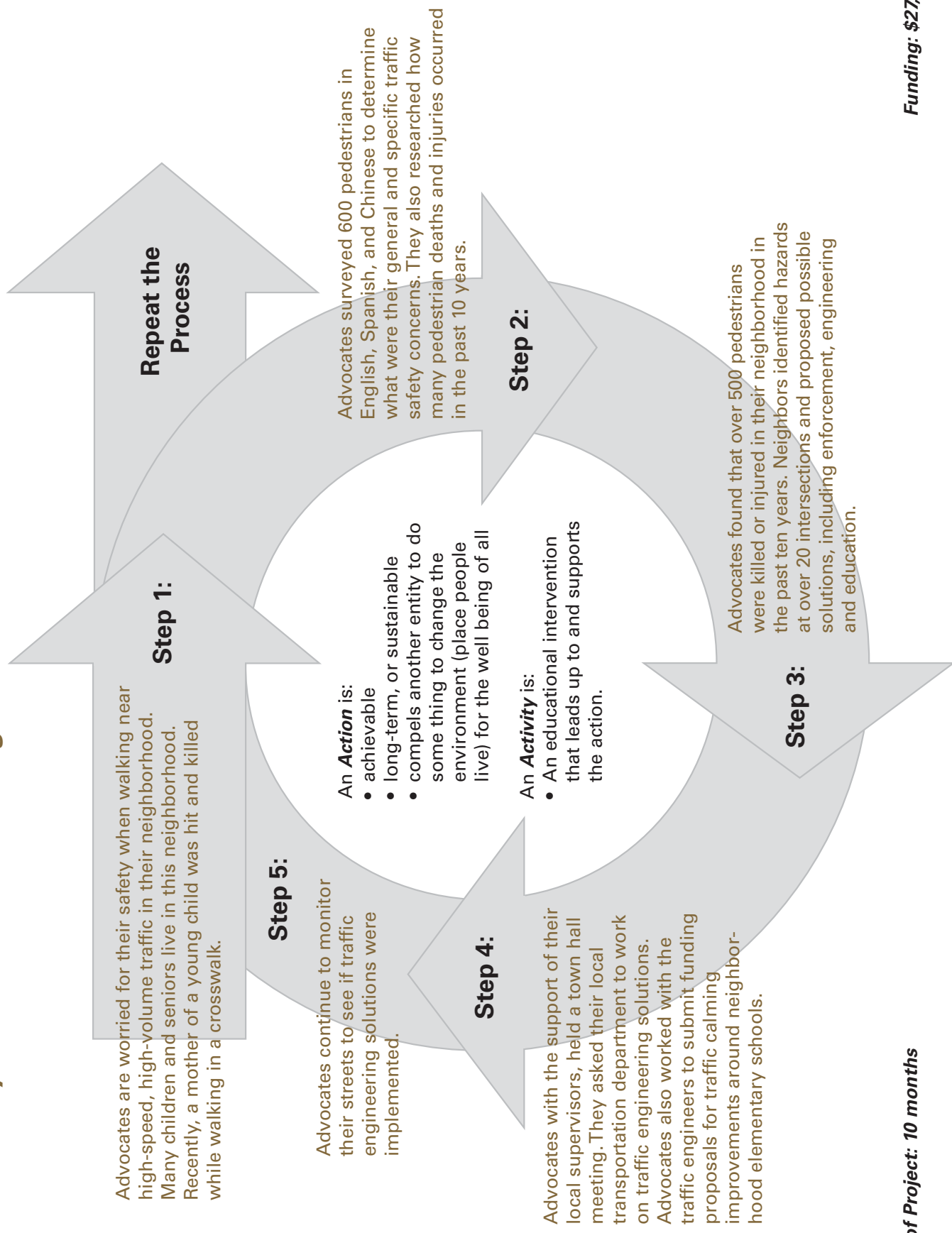


Duration of Project: 18 months

Funding: \$60,000

Community Action Model

Pedestrian Safety in a Multi-cultural Neighborhood

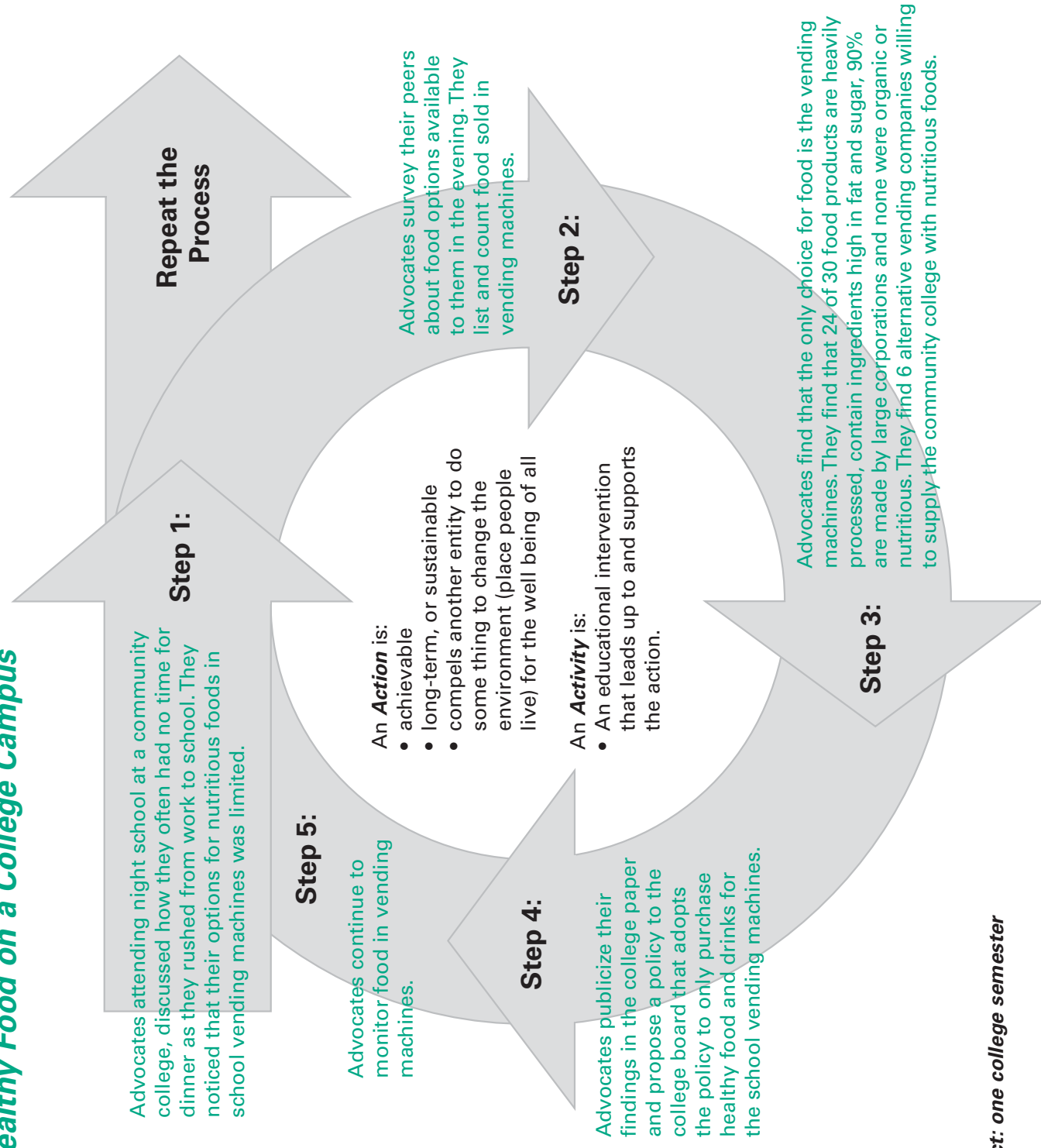


Duration of Project: 10 months

Funding: \$27,000

Community Action Model

Policy for Healthy Food on a College Campus

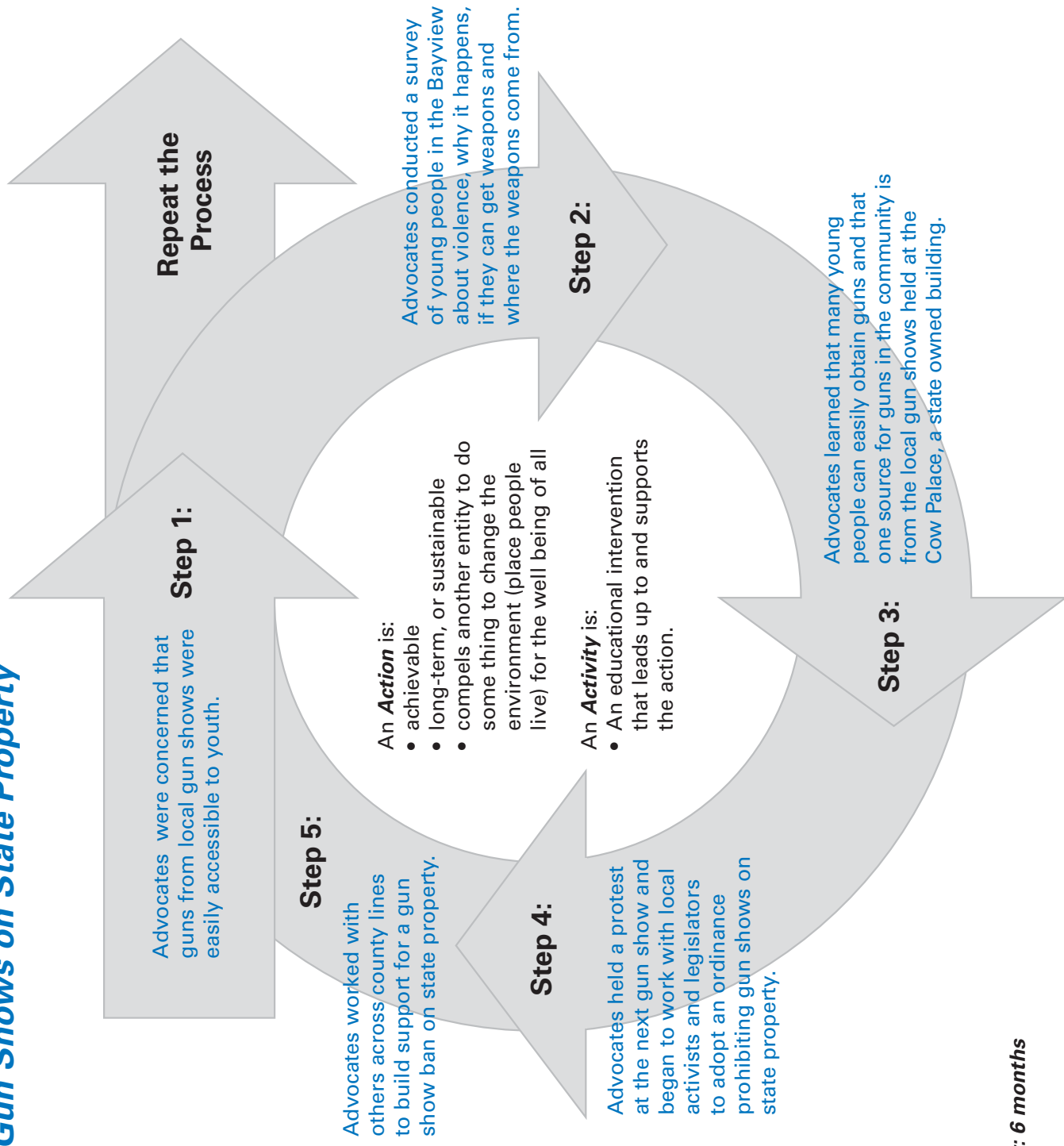


Duration of Project: one college semester

Funding: none

Community Action Model

Prohibiting Gun Shows on State Property

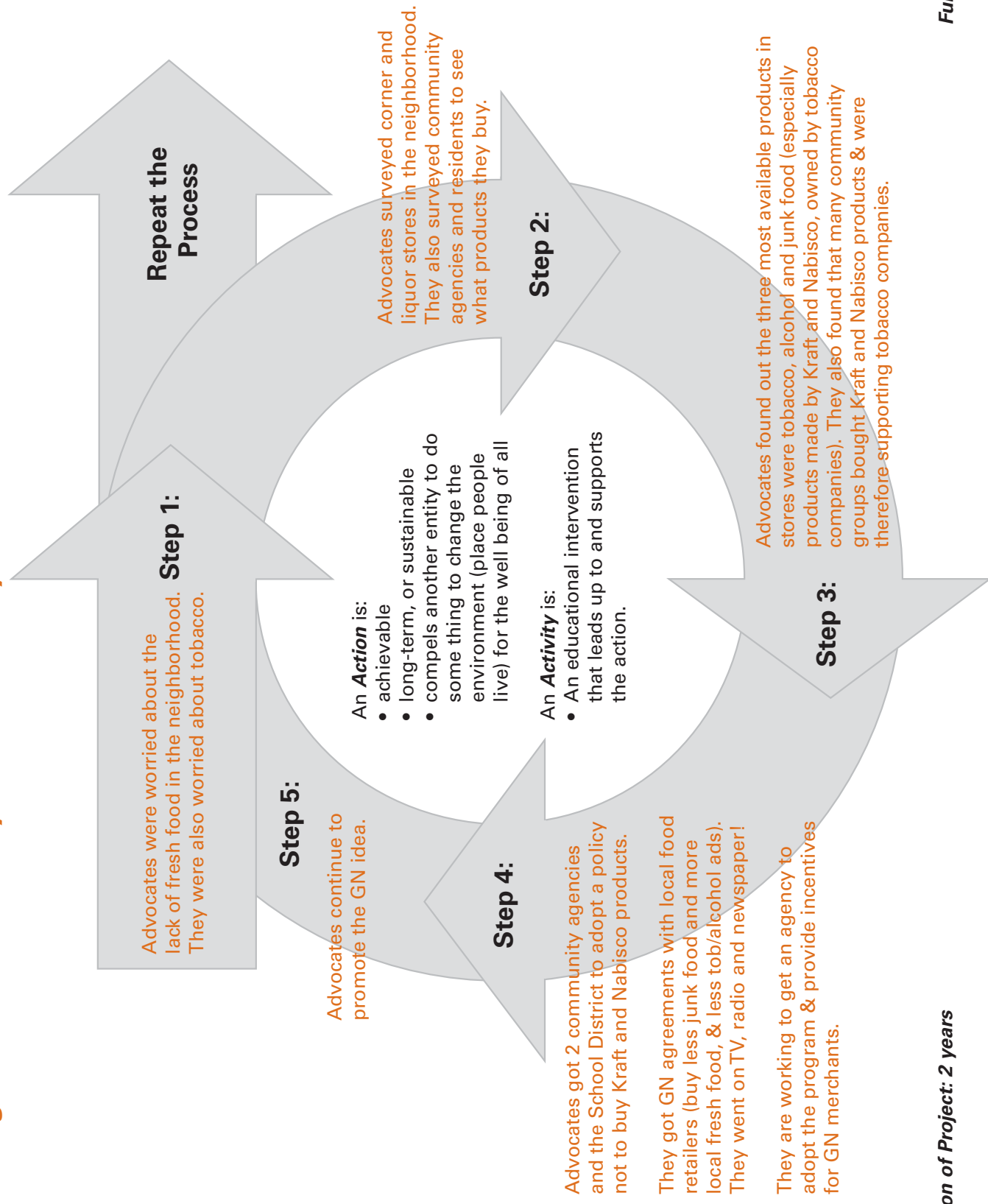


Duration of Project: 6 months

Funding: \$5,000

Community Action Model

Good Neighbor (GN) - Healthy Products Policy

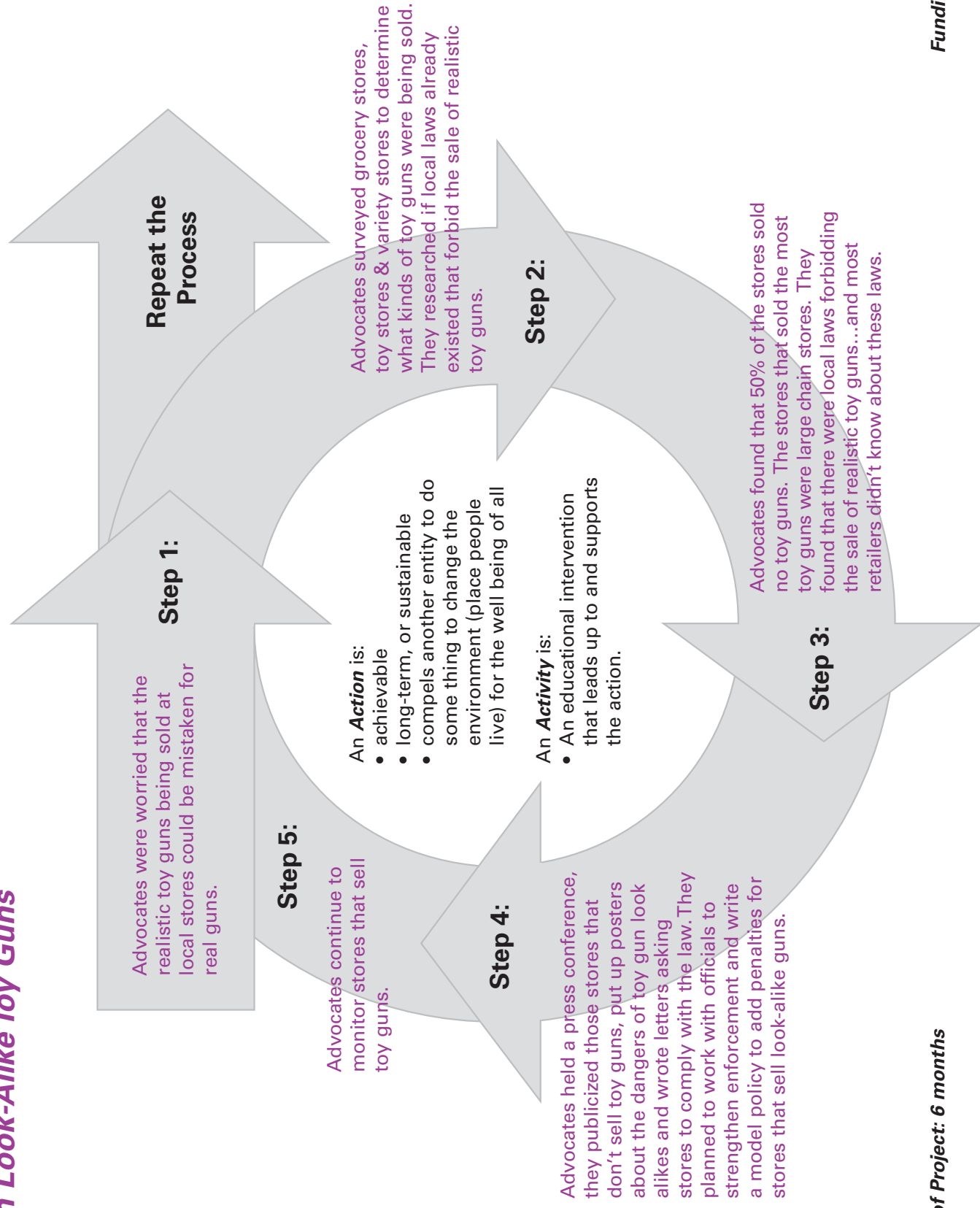


Duration of Project: 2 years

Funding: \$100,000

Community Action Model

Ban on Look-Alike Toy Guns

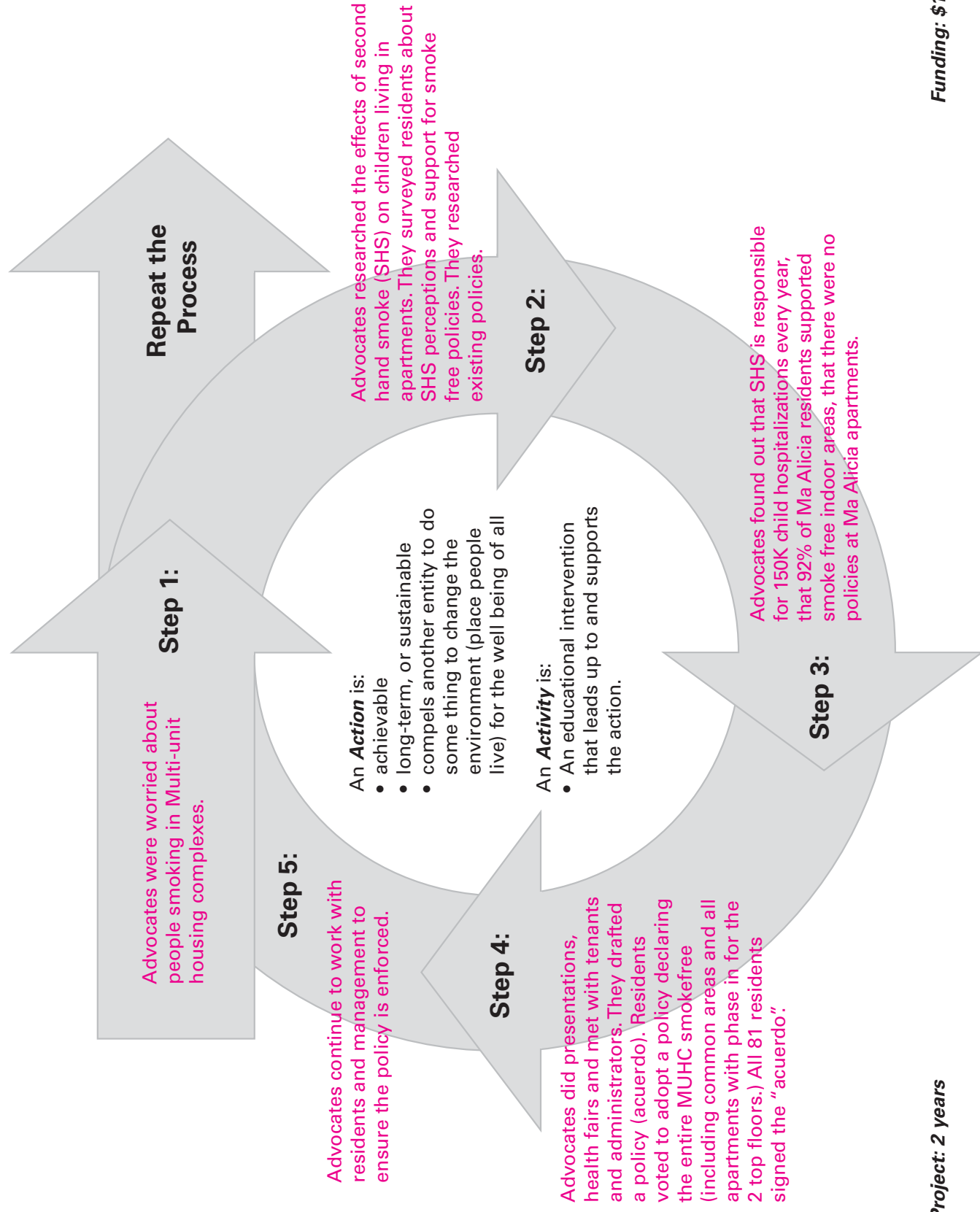


Duration of Project: 6 months

Funding: \$1,500

Community Action Model

Smoke Free Policy at MUHC's (Multi-Unit Housing Complexes)

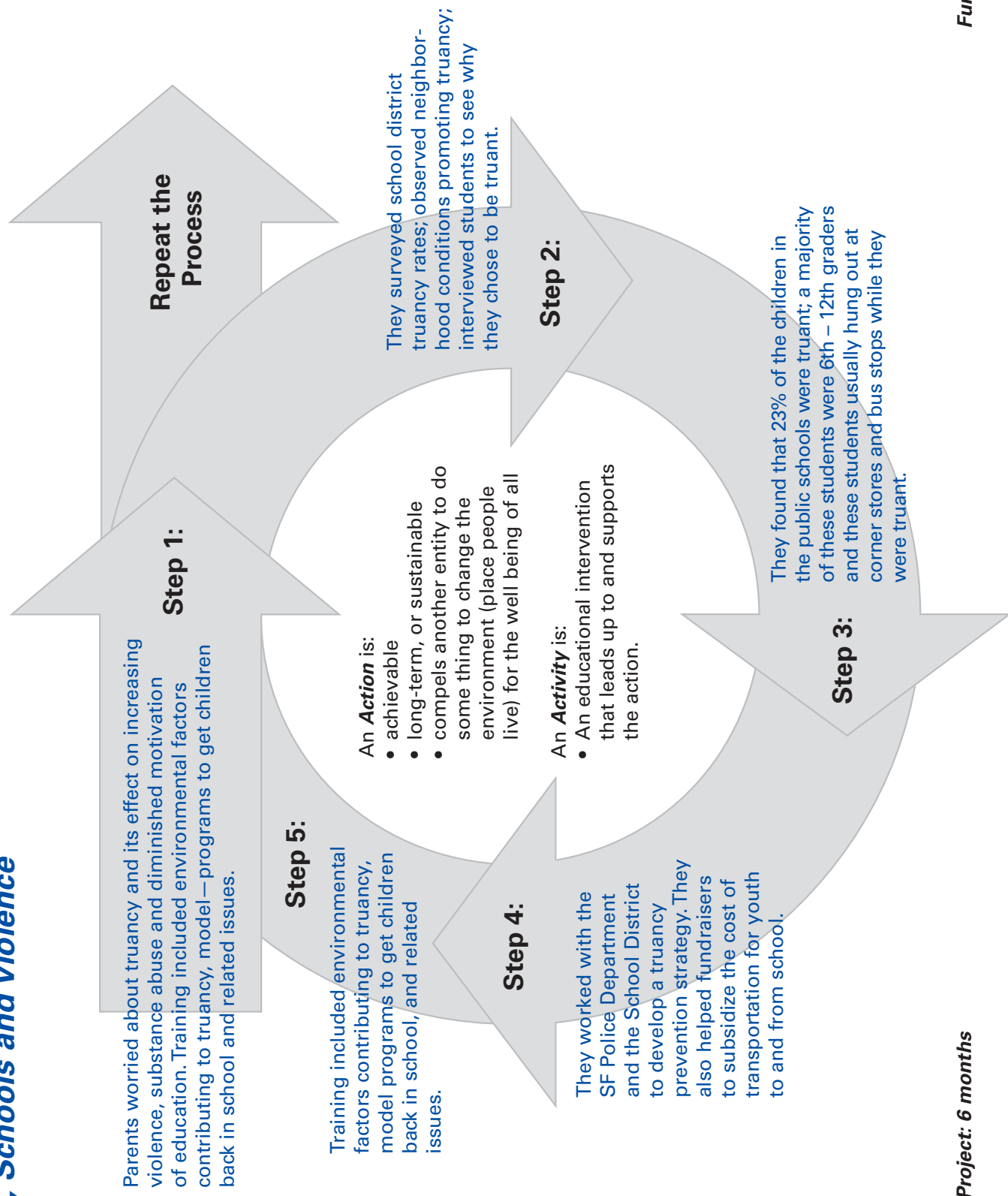


Duration of Project: 2 years

Funding: \$100,000

Community Action Model

Truancy, Schools and Violence



Duration of Project: 6 months

Funding: \$5,000