
Step 2: Plan for Action

Step 2 will help you to:

- Learn about and select a target audience.
- Set appropriate and effective program objectives and activities.
- Think about your program's timetable, costs and funding sources.



Every folic acid promotion/NTD prevention program's ultimate goals should be to prevent NTDs and to increase the proportion of women whose babies are healthy. Keep these overall goals in mind. Your objectives and activities should take you toward these goals. To set appropriate objectives and plan effective activities for your prevention program, you will need to conduct audience research.

2.1 Learn About Your Audience

This section describes how to work with your partners to determine information that will allow you to select a *target audience* for your prevention program. At this point, though, do not spend too much time searching for information. Save your money and resources to do in-depth research on the group you actually select. Without too much work, you can obtain information through the following ways:

- Use your partners' experience and intuition.
- Call local market-research firms, advertising agencies or news agencies. If they do not have any information about the women in your community, they will know where to get it.
- Go to grocery stores and pharmacies to get information about sales of fortified foods, folate-rich foods, and multivitamins.
- Ask or survey women about their knowledge, attitudes, or behaviors regarding folic acid.

2.1-1 Identify What You Know and Need to Know

For instance, how many women in your community know that folic acid prevents NTDs? How many women in your community consume a multivitamin containing folic acid daily? How many births are affected by an NTD in your community?

Outline what you know and what you need to know about your community and its services, organizations, and groups that reach out to women of childbearing age. Seek answers to your questions by surveying or just simply speaking to women in WIC clinics, family planning clinics, physician offices, grocery stores, or other places where women visit in your community. Another option would be to conduct a focus group, which is explained in Appendix B. If you cannot use these resources at this stage, you can use national data and apply it to your community. Sources for national data can be found in Appendix B. Keep in mind the diversity in your area.

2.1-2 Identify the Different Groups of Reproductive-Age Women in Your Community



Since all women of reproductive age are not alike, it's important for you to group the women in your community who share the same characteristics. Groups can be defined in a number of ways. Below are four types of variables commonly used to group people:

- **Demographic** variables—such as age, ethnicity, residence, or occupation. These variables may provide you with information that can help to determine the most effective or valuable approach your program can take. For instance, because Hispanic women have a higher rate of NTDs, you might group women according to ethnic background and make sure that messages and materials are culturally and linguistically appropriate for the target audience (the primary one being Hispanic women). Keep in mind that Hispanic audiences are not all the same. You may have to create subgroups of Hispanic women (for example, divided by age, income level or country of origin). Additional resources can be found in Appendix B.

- Geographic** variables—such as neighborhood, place of work, or place of recreation. For folic acid promotion, you might group women according to where they spend most of their time or where you might easily reach them. For instance, if you wanted to use direct mail to send free samples of folic acid supplements to women, grouping women by geographic variable would be best. Or, if many women of childbearing age in your community live in certain apartment complexes or attend meetings at a local organization, you can focus your intervention at those sites.
- Lifestyle** variables—such as personal values, beliefs, preferences, and behavior patterns, including the way people live and spend their time and money. In the case of folic acid promotion, you might group women according to their pregnancy intentions. For example, some women intend never to get pregnant (regardless of what their contraceptive methods might be), some intend to get pregnant in the near future, some intend to get pregnant someday but not anytime soon, and so forth. Promoting folic acid to women grouped by these variables may mean producing different messages and materials for each group.
- Behavioral** variables. In folic acid programs, you might group women according to whether they are using vitamins, eating foods fortified with folic acid, or using effective contraception. For example, although women in their 20s are more likely to become pregnant in the near future, fewer of them take vitamins than do women over age 30.



This information may lead you to narrow your target audience and to direct your messages to women in this younger age group.

There are many potential ways to group women of reproductive age. Consider the variables that you think will best influence the women you want to reach. In developing effective communication messages, you should not group women by demographic or geographic variables alone. *Communication messages that best influence women to increase their consumption of folic acid are devised on the basis of lifestyle and behavioral variables.* After using lifestyle and behavioral variables to choose your target audience(s), demographic and geographic information helps you to develop more effective objectives and activities for the target audience in your program.

For each variable, a woman should fall into only one category; that is, a woman cannot be in a group planning never to get pregnant and in a group planning to get pregnant someday at the same time. Careful grouping will increase your chances of changing women's behavior, because you can develop messages specifically for the interests of each of the different groups. Tailored messages for each group you select will help to make your communication program most effective.

2.1-3 Define Your Target Audience

Picking one group of women over another can be very hard; those of us who want to help others usually want to reach everyone. However, when we do not select one group to reach and proceed to design “generic” messages (as opposed to tailored messages), we cannot see much impact. Although they may reach everyone, generic messages do not influence most individual audience members in any meaningful way. You may reach everyone (100%) with a message, but if no one pays attention to it, understands it, or acts on it, the effort is wasted. Do not fall into the trap of thinking that one message will reach everyone: it will not!

The goal is to “**REACH AND RESONATE**”—



—that is, expose people to a message that gets their attention, comprehension, and action.

Following are some objective criteria for selecting one or two groups of women to reach:

- What is the size of the target audience? Can your organization impact a group of that size?
- What is the risk for NTDs in each group?
- What is the group's vulnerability to the issue? For example, are group members young, sexually active, and unable to obtain or consistently use birth control?
- Is the group ready to respond to a folic acid message? For example, if you want to target women of a low socio-economic level, identify those in your community who work with this group. Ask them how receptive they think this group would be to a message about folic acid.
- What is your capability of reaching the group?

2.1-4 Learn as Much as Possible About Your Target Audience

Knowing your audience well is the heart of designing health messages that will not only reach women but also resonate with them. Your program or activity can be most effective if you understand why the members of your audience act as they do. You should think carefully about why changing habitual behaviors will be attractive to the people you want to reach. The following section will help you to ask important questions about the group you have selected and then tell you how to gather answers to those questions. If you have enough resources, both time and money, consider reaching several groups of women.

Finding information about your target audience(s) will allow you to define appropriate objectives and plan effective activities, as well as to feel confident about your prevention efforts in the community.

2.1-4-a Find out about the beliefs, values, knowledge, and practices of the selected group(s) of women

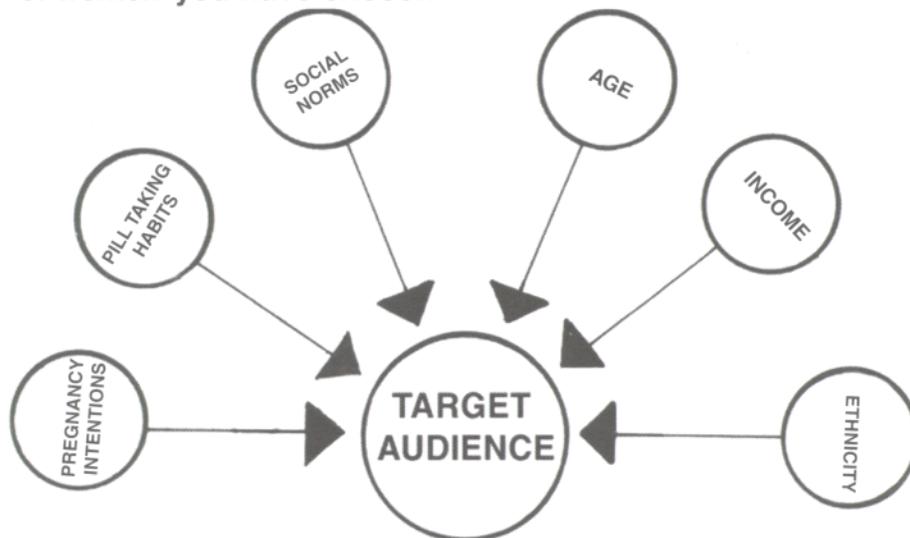
- What are the women's knowledge levels about folic acid?
- What are women's attitudes toward their diets and taking vitamins? Do they think or feel that issues such as diet and folic acid may be important or relevant to improving the health of themselves, their children, or future children?
- What percentage of women in your target audience take vitamins?
- How do women in your target audience feel and think about health care professionals and medicine in general?
- How do women feel about their ability to change their lives? Do they feel in personal control of their lives or subject to the will of a higher power?

These characteristics may be defined on the basis of income, proximity to services, social norms, and the barriers and facilitators to obtaining enough folic acid daily. For example, some families in the Hispanic/Latina population may be undocumented immigrants. Because of their fear of deportation—a barrier to health care for these women—health clinics and doctors' offices may be off limits. In these cases, prevention programs may need to reach female

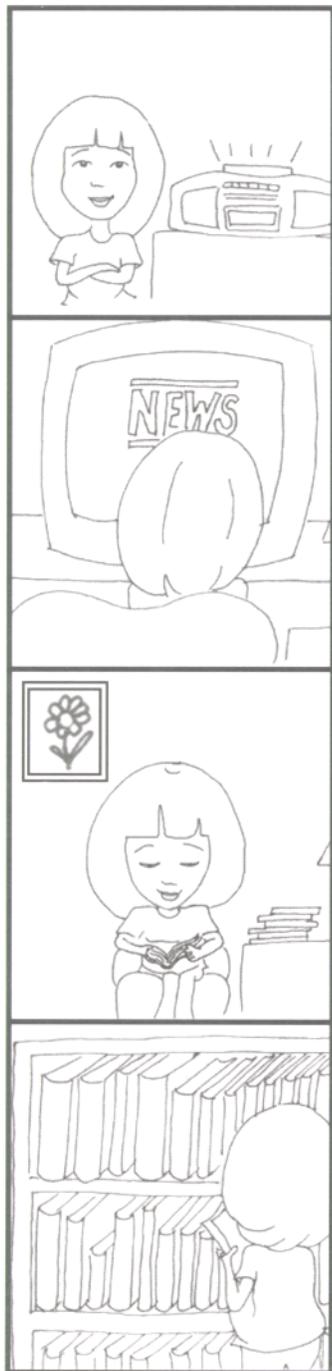
undocumented immigrants in their homes (through, for example, Spanish language radio stations). For other women, taking a vitamin supplement that contains iron may cause an upset stomach. Some women think remembering to take a multivitamin every day is too hard. But for many, taking a multivitamin is something they would do easily if their doctor recommended it to them. Market research data for 1996 revealed that approximately 65% of women in the United States reported they would take a multivitamin if it was recommended by their health care provider. However, only 16% of women reported that their physicians currently recommend supplements to them. Knowing what the barriers and facilitators are to supplement use will help you to set objectives and plan activities for specific groups of people (e.g., women, doctors and nurses).

You can understand how to influence behavior and identify approaches to doing so by answering as many questions as possible about your audience. Consider sources that can provide answers about your selected audience. The breakdown of your target audience by race/ethnicity, age, income and other factors is important background information, but such demographic data cannot fully describe your audience. At this stage, do not simply gather information that is taken from all women and use it to describe your selected audience. Collect information directly from the target audience in your community too.

2.1-4-b Think about the characteristics of the group of women you have chosen



- Read what is written about the health beliefs and practices of women of reproductive age. See Appendix B for some references.
- Read what is written about other beliefs and practices of reproductive-age women that have nothing to do with health—such as those having to do with music, entertainment, work, and hobbies. Much of this information is provided in marketing literature. See Appendix B for references.
- Observe women in your community. To whom do they talk and listen? Where do they go and how do they get there? Where do they work and play? What do they do, read, watch, shop for, and eat?
- Conduct surveys of women through the mail, in person, or by phone. See “Step 4: Deliver, Track, and Evaluate Your Program” for detailed examples.
- Conduct discussions with groups of women.
- Try any of these suggestions until you have a better understanding of your audience to develop and deliver compelling messages for them. Appendix B provides more details to help you.



2.1-4-c Determine what the women in your target audience buy and do for fun

For instance, on the national level many women in the 25- to 35-year-old age group listen to the radio more often than they watch TV. Be aware, however, that activities in one region of the country may be very different from those in another. Call local radio stations, and ask how many listeners they have and what percentage of them are women in your target age range. Some other ideas to obtain information such as this include the following:

- Talk to representatives from a local marketing company. Ask these companies to share information with you *pro bono*. (You can offer to recognize their contributions on any written materials or at events you may hold.)
- Research what you can about women's buying behaviors, especially as related to vitamins or other health products. Surf the Internet for other relevant information.
- Find out about other prevention programs in the community. Whom do they serve, and what are their services?
- Determine the content of local media reports, and find out if you may be able to relate your folic acid promotion program to those news items. For example, can you relate your program to a large community event that gets good press coverage?
- Appendix B refers to some general characteristics about women's media habits. Note that some information is collected on the national level and does not necessarily reflect the uniqueness of your community.

Things to know about your audience...

What do they know, think, feel, and do regarding folic acid?

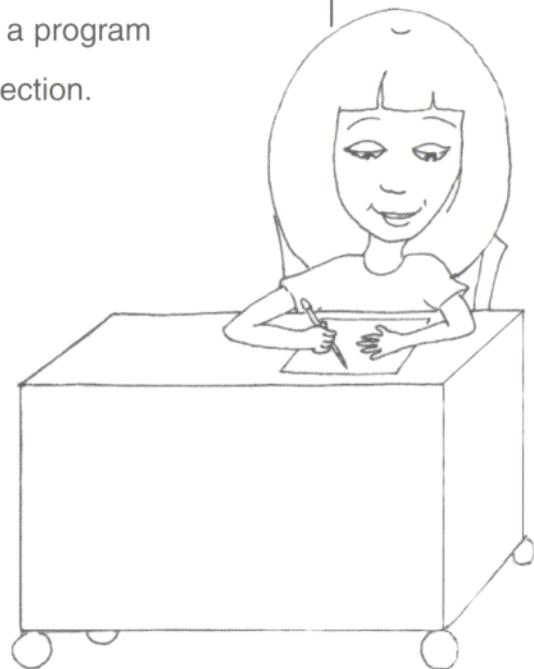
Where do they spend their time and money?

What's important to them (health, family, fun, and so forth)?

What do they listen to, watch, and read?

2.2. Plan the Program

This section describes how to set objectives and plan audience-appropriate activities. Setting good objectives and planning audience-appropriate activities are crucial steps toward achieving your overall goal and to measuring your program's success. Following is a summary of a program plan which will be laid out step-by-step in this section.



Example Plan:

Goal

To reduce birth defects.



Objective

To increase the proportion of women who take 400 mcg. of folic acid daily (e.g., from 25% on 1/1/99 to 50% on 1/1/04).



Approach

To incorporate folic acid education as a standard part of preventive health care services.



Activity

To make training and ready-to-use materials available for health care providers and their support staff.



Task

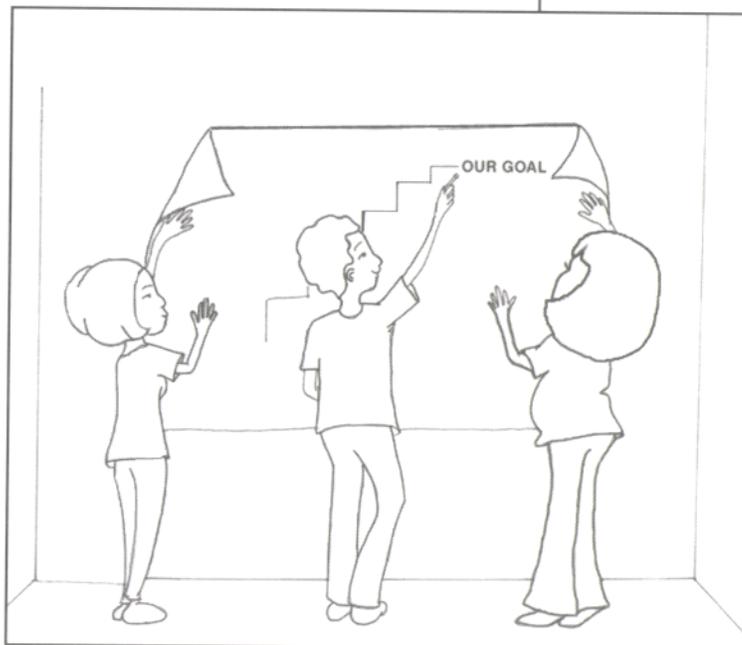
To hold "train-the-educator" sessions for health care providers and their support staff at your organization.



2.2-1 Set Objectives and Determine Approaches

Clarifying your objectives is the first step in determining what kind of impact you would like to have in your community. Remember, you want to try to reach your target audience with messages that motivate them to achieve some specific objectives. As a result, you can reach the overall goal—to prevent birth defects and, thereby, increase the percentage of babies who are healthy. On the basis of what you and your committee know and have found out about your selected group(s) of women, set one or more objectives that are measurable and appropriate for your audience.

Step-by-step change is the most effective way to bring about behavior change. Women must be exposed to the folic acid message before they can be aware of it; they must be aware of the folic acid message before they can understand it; and, finally, they have to understand and personalize the folic acid message before they will change their behavior. The National Council on Folic Acid has drafted objectives and activities that are measurable and appropriate for its national audience.





After researching women's health beliefs and practices, the National Council on Folic Acid noted that approximately two-thirds of U.S. women report they would take a vitamin containing folic acid if their health care provider recommended it. Yet, only 16% of women reported that their health care professional actually recommended the use of folic acid. National data show that only 25% of women in the United States take a supplement containing folic acid daily. After considering these data, the Council took an approach that aimed to increase folic acid education as a routine and standard part of the delivery of preventive health care services from (16% on 1/1/99 to 90% on 1/1/04). The Council drafted this approach to be measurable and used audience research so it would be appropriate to the target population.

The approach above was written broadly so that individual organizations within the Council can carry out more specific activities and tasks that will follow the Council's approach but fit each organization's specific needs and mission. This is one approach among several undertaken by the National Council.

2.2.2 Plan Activities and Tasks

After determining the objective and selecting a broad approach, the Council planned activities that could be refined to include specific tasks for reaching health care professionals. One activity the Council chose to

implement their approach was training health care providers and providing them with ready-to-use materials.

In planning activities or tasks, your committee can take broad approaches like the National Council did (which allows for variations in group members' tasks) or a more detailed approach that plans specific activities for the committee to implement as a whole. A program planning worksheet in Appendix E will help you brainstorm your objectives and activities. Some program activity ideas are provided in the "Real World Examples" chapter of this guide.

Real World Examples



One health care organization serving on the Council expressed that many of its members did not recognize the significance of their influence in encouraging women to get adequate amounts of folic acid. To help incorporate folic acid education as a standard part of preventive health care services, this organization decided to hold a training session for its health care professionals on the benefits of folic acid and the need to counsel patients on the use of folic acid. This training **task** is part of the Council's written **activity** (training health care providers and providing them with ready-to-use materials) but is tailored to the member organization's particular audience and needs.

2.2-2-a Draft a Program Plan to . . .

- Explain your plans to others.
- Provide a record of where you began.
- Get a clear picture of the effort your program will require.

In breaking down your objectives to approaches, activities, and tasks, be realistic about your committee's capabilities. It is also important to budget time to raise money and obtain resources. For example, the following charts outline the task of holding a training session for health care professionals. They illustrate a good way to plan for all the details in a task while being realistic about your committee's capabilities or needs for additional funding and resources. Outlining each program's activities and tasks in this manner will provide your committee with a clearer picture of the effort that will be required. A blank version of these forms can be found in Appendix E. This chart will also be helpful later in your program, when you track the completion of your activities and tasks.

Example Activity/Task: Hold a training session on the benefits of folic acid for local health care provider association members. See Appendix I for a sample letter to a health care provider receiving a training kit, a slide-show presentation for health care providers, pre- and post-tests for the presentation audience, and contact information for other training kits already developed.

Components of Activity/Task:

1. Identify participants and logistics.
2. Develop the presentation.
3. Evaluate the presentation.

The charts that follow break down the components of the activity listed above. Although these charts may seem to complicate a simple activity, they actually help you to think of and remember all the details. Any task can be broken down into smaller items and put into these charts. Every component has an evaluation measure to help you to feel confident that your activity will be successful. Although not all programs will have the time, try to chart as much as you can on the task list because your program is more likely to be successful if you do.

Table 1: Identifying Participants and Logistics

Planning Efforts	Person Responsible	Estimated Staff and Time Required	Resources Required	Date Completed
Identify local chapters of professional associations.	Staff	1 person approximately 4 hours and 1 week to hear replies	Telephone, e-mail, or fax expenses	
Commit to a date and time.	Staff with input from the associations	1 person approximately 4 hours	N/A	
Find a location for the training session.	Staff	1 person approximately 4 hours	In-kind donations for meeting space	
Implementing Efforts				
Send out directions and agenda for training session.	Staff	1 person approximately 2 hours	Mail, e-mail, or fax expenses	
Check to make sure all those who are attending received agenda and directions.	Staff	1 person approximately 1 hour	N/A	
Set up refreshments to be served.	Staff	1 person approximately 0.5 hours	In-kind donations make this task inexpensive	
Evaluating Efforts				
Register and tally participants.	Staff	0.5 hour	N/A	

Table 2: Developing the Presentations

Planning Efforts	Person Responsible	Estimated Staff and Time Required	Resources Required	Date Completed
Conduct a needs assessment.	Staff with survey experience or training	Varies with collection and analysis activities: approximately 1 month	Mailing costs	
Locate/develop materials to educate professional organizations members and their patients.	Staff	1 or more people approximately 3 weeks	Design, writing, and printing costs. Can you obtain in-kind printing services or share materials already created by another organization?	
Pretest materials for health care providers.	Trained communicator	1 or more people approximately 1 month	Few to many depending on the type of pretest	
Find a dynamic and well-informed person to conduct the training session.	Staff with contacts to recruit a qualified speaker	1 person approximately 1 week	Volunteer presenters	
Implementing Efforts				
Make sure presenter has all needed materials.	Staff	1 person approximately 1 week	Phone and mail costs	
Print educational materials to be distributed to health care professionals.	Staff	1 person approximately 1 hour	Printing costs	
Evaluating Efforts				
Develop a brief survey of participants' knowledge and intention to educate patients about folic acid before and after training.	Trained communicator	Varies with collection and analysis activity: approximately 1 week	Varies. Can you use previously designed surveys or do you have to develop your own questionnaire?	
Record the number of requests for more materials or information	Staff	1 person	Cost of a telephone line	

Table 3: Evaluating the Presentation**(Please note that every evaluation needs to be planned before the activity is carried out.)**

Planning Efforts	Person Responsible	Estimated Staff and Time Required	Resources Required	Date Completed
Develop survey. (Step 4 will help you do this.)	Staff and trained statistician or researcher	1-2 people approximately 1 week	Costs could vary depending on the complexity of the survey; pro bono help can be found	
Test and revise survey.	Staff and trained statistician or researcher	2-4 people approximately 1-2 weeks	Few	
Identify and seek permission to survey sites and make sure they are representative of the health care providers who attended the presentation. (Step 4 will help you do this).	Staff	1 person approximately 2-4 hours	Knowledge of health care providers' offices and clinics in your community	
Gather staff to conduct survey and train them to ask the survey questions appropriately. (Step 4 will help you do this).	Staff, statistician, or researcher	1 person approximately 2 or more hours depending on the survey	Few	
Implementing Efforts				
Survey enough women at training sites before and after training session is given.	Staff	Depends on how many sites you go to, how many women you interview and how long the interview is	None	
Evaluating Efforts				
Enter data and compute survey results from before and after presentation. (Step 4 will help you do this.)	Researcher or statistician	1 person approximately 1-2 weeks	A computer, spreadsheet or statistical program.	
Assess, write-up, and share results with others. (Step 4 will	Staff, statistician, or researcher	1-2 people approximately 1-2 weeks	Few	

2.2-2-b Planning your program evaluation

The example above includes an evaluation to use in assessing the effectiveness of your **activity/task**.

By interviewing clients (Step 3: Testing Your Messages and Materials) at health care providers' offices before and after the health care providers have been trained in counseling women about folic acid and given materials for educating them, you can measure whether the **activity/task** (training health care providers) has helped to incorporate folic acid education as a standard part of preventive health care services as outlined in your approach.

You will need to do another evaluation to assess the program's **objective**—whether more women increased their intake of folic acid daily. Both evaluations will provide you with valuable information. You should conduct an evaluation at multiple stages of a program—after each activity/task, as well as after your entire program has been implemented. Most prevention programs will have multiple activity/tasks and objectives to measure. Prevention programs measure the success of their activities/tasks to determine their intermediate progress. To determine their long-range progress, prevention programs measure their success in meeting their objectives. (Step 4: Deliver, Track, and Evaluate Your Program will help you to conduct these evaluations).

Please do not feel overwhelmed by doing multiple evaluations; some of these “evaluations” will simply be checking an item off a checklist. It is extremely important to assess your efforts at each stage. You will need to revise your plan if you find problems to make sure you keep on track and move toward your objective. (Step 4: Deliver, Track and Evaluate Your Program will provide you with a lot of tools that will make this process easy, such as examples of program evaluations and sample survey questions).

2.2-3 Determine How to Reach Your Audience

Following is a description of different ways you can reach people in your community. In Appendix H, you can find out more about working with the media. In Appendix I, you can find examples of news releases, PSAs, and other tools to use in the media. Please use or adapt any of the materials we have provided to suit the needs of your community effort.

MEDIA	BENEFITS	DRAWBACKS
Print	<ul style="list-style-type: none"> * Large reach; can be free or low cost * Information can be kept or shared * Works well with complex messages 	<ul style="list-style-type: none"> * Literacy requirements * Possibly low emotional appeal * Cost barrier
Newsletters	<ul style="list-style-type: none"> * Reaches opinion leaders: low cost * Message preservation high; responsive 	<ul style="list-style-type: none"> * Labor intensive; requires dedication * Possibly preaching to the converted
Radio	<ul style="list-style-type: none"> * Large reach; specific * Can be low cost or free * Interactive (e.g., phone-in shows) * Timely and repetitive * Possible use of celebrities * Possible access to creative team 	<ul style="list-style-type: none"> * No guarantee PSAs will be played * Staff discomfort with live interviews * No visuals * No control over placement (if free) * Can only reach a specific group (station dependent) * Limited to reception area of radio
Television	<ul style="list-style-type: none"> * Extensive reach; can be free * Different target groups reached * Possibly interactive, impact of visuals 	<ul style="list-style-type: none"> * Very expensive or limited to cable stations * High level of complexity possible * Not everywhere like radios (e.g., in cars)
Outdoor	<ul style="list-style-type: none"> * Wide reach * Can be inexpensive (e.g., posted flyers) * At times, captive audience (e.g., transit) * High message repetition and duration * Geographically focused * Visuals have great impact 	<ul style="list-style-type: none"> * Can be expensive (e.g., billboards) * Low specificity (e.g., may not reach specific audiences) * Short, simple messages only
Telephone	<ul style="list-style-type: none"> * Confidential; personal/private * Interactive; can follow up * Can direct efforts to specific groups * Inexpensive if a pre-taped response 	<ul style="list-style-type: none"> * Cost can be high (expensive & labor intensive if staffed) * Intrusive * Left up to individuals to call (if a hotline)
Mail	<ul style="list-style-type: none"> * Reaches a specific area (e.g., postal code) * Information can be kept; can follow-up * Appeals to a visual learner * If directed, 'named' individuals will read 	<ul style="list-style-type: none"> * Costs can be high * Can get lost (e.g, junk mail) * Misses low literacy groups * Can create negative associations
Point of Purchase	<ul style="list-style-type: none"> * Timely; immediate reinforcement * Can be interactive (e.g., demonstrations) * Information where it is needed; effective targeting * Good opportunity for partnering 	<ul style="list-style-type: none"> * Relatively small reach * Loses effectiveness over time/need to change * May discriminate against women of low socio-economic status * Difficult to partner if controversial * Depends on others to get the message out

MEDIA	BENEFITS	DRAWBACKS
Curricula/ Class Lesson Plans	<ul style="list-style-type: none"> * Reaches select and captive audience * Interactive * Higher likelihood of being used 	<ul style="list-style-type: none"> * Requires expert writers * Small reach * Often inconsistent implementation * Possibly low receptivity in a school setting
Computer-Based Publicity	<ul style="list-style-type: none"> * Large reach but select audience * Interactive * More youth friendly * Can control information received (e.g., CD Rom) 	<ul style="list-style-type: none"> * Select audiences; literacy barrier * High cost for equipment * Requires skills and training * If on CD-Rom cannot easily update

FACE-TO-FACE	BENEFITS	DRAWBACKS
Presentations	<ul style="list-style-type: none"> * Interactive * Specific & captive audience * Information can be timely 	<ul style="list-style-type: none"> * Relatively small reach; attracts the "converted" * Costly in terms of time and resources * Poor retention * Personal bias/beliefs of presenter * Inconvenient for people who work, parents, etc.
Training	<ul style="list-style-type: none"> * Reaches specific audience * Strong multiplicative power * Can build skills; peer to peer support * Interactive 	<ul style="list-style-type: none"> * Attendance may be "forced," resulting in low motivation * Different learning styles and knowledge levels * Limited to one-on-one consultation
Informal Networks	<ul style="list-style-type: none"> * Interactive; specific * Comfort of cultural similarities, small group (e.g., familiar, safe) * May encourage work at societal levels, etc. or in other areas of life * Provides access to other networks 	<ul style="list-style-type: none"> * Information can be biased or unreliable * Focus on experience may be narrow * Requires a certain personality * Can be clique-ish, exclusive * Limited, homogenous group
Clinical Settings	<ul style="list-style-type: none"> * Large reach; captive audience * Credible source for many * Up-to-date, specific, and in-depth information * Presenting for a specific reason 	<ul style="list-style-type: none"> * Small reach; audience may be inhibited * Client preoccupied, e.g., with pain/fear * Difficult to sell idea or message to health professionals * Traditional medical model; treatment oriented

EVENTS**BENEFITS****DRAWBACKS****Community-Wide**

- * Large reach
- * Interactive and fun
- * High visibility; high level of interest

- * Difficult to follow-up and evaluate
- * Cannot tailor to a specific group/public
- * Labor and resource intensive

Specific Group

- * Captive audience
- * Provides immediate feedback
- * Evaluation easier; cost benefit relationship possible

- * Narrow focus; reaches only a few
- * Higher cost to reach fewer individuals
- * Labor intensive (time); low visibility
- * No spillover to other communities
- * Special needs requirements

Lessons Learned in Program Planning

- Try not to compete with other health programs or large community events for attention. To get maximum attention, coordinate and collaborate with other community organizations. Check with local media (radio, television, newspapers, etc.) about their community events calendar.
- National health events can be helpful to any community's folic acid promotion program. These events happen every year in the same month. You can use this list to help you plan your campaign.

January	March of Dimes Birth Defects Prevention Month
March	National Nutrition Month
April	Public Health Week World Health Day
May	Mother's Day
September	National Five-A-Day Week Family Health and Fitness Day
October	National Campaign for Healthier Babies Month Child Health Month National Spina Bifida Prevention Month National Family Health Month National Health Education Week Child Health Day
November	Child Safety and Protection Month

Information about upcoming celebrations and events in North America can be found on the Internet at the Oregon State University web site:
<http://osu.orst.edu/dept/ehe/corner.html>.

2.3. Identify the Timetable and Program Costs

2.3-1 Use a Timetable

A timetable will help you to complete program efforts on time, help remind others of their responsibilities and commitments, and hold the expectations of the group together. Ideally, it will assist you in projecting costs accurately and completing a successful campaign. Every activity and corresponding task you outline will be included in the timetable. Following is a detailed sample timetable format from Onondaga County, New York. Your efforts may be larger or smaller than the ones accomplished by Onondaga County.

2.3-2 Estimate the Costs of Each Activity or Task

Activities and task costs of small and big budget folic acid programs conducted in the United States are in Appendix E. Of course, your costs may differ somewhat. Estimate your funding needs with input from your committee members.

2.4. Locate Funding Sources

2.4-1 Identify Your Available Resources

- What resources have you used for past or current projects?
- What untapped, or previously unused, resources do you possess?

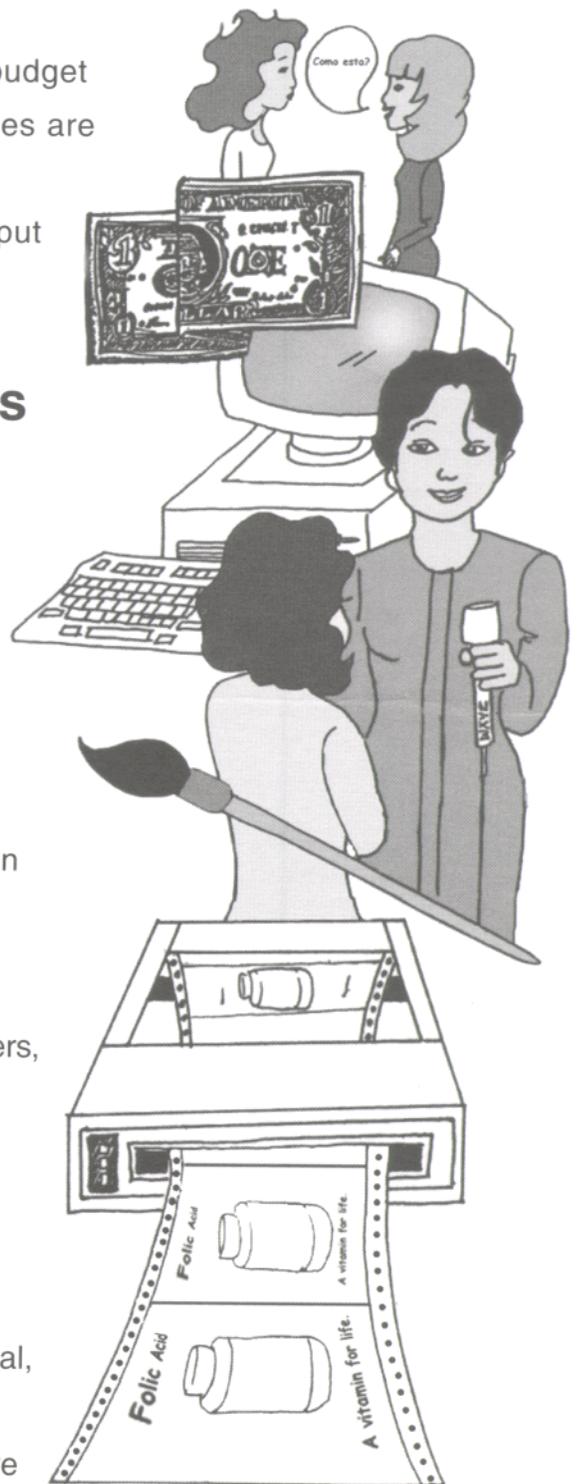
Specifically, identify what resources you have in the following areas:

Money. Yours and that of partners.

Labor. This includes the labor of staff, volunteers, local students, and interns. Volunteers, students, and interns are usually talented and interested in enhancing their resumes with meaningful work. One idea is to hold a contest at a local art school for the designer of your campaign logo.

Contacts. These may be political, professional, or personal.

Technology. For example, computer software such as Power Point® to create your own slide show or graphics.



Skills. For example, people who know how to use computer programs or multilingual people able to teach others about the benefits of folic acid.

Production mechanisms. For example, a high-quality color copier that could reduce demands for a professional printer.

Channels. For example, newsletters.

Creativity. For example, people in your organization who can design your campaign logo or paint it on banners.

2.4-2 Identify Where Your Resources Fall Short

- First, identify your committee's abilities to implement your program plan. Check your program plan, timetable, and projected costs. Do not limit this identification process to money; for example, you may need expertise or political influence not found in your organization.
- Then do the same with the resources found in your community, especially those of your potential partners.

2.4-3 Determine What You and Your Partners Can Do Together

Your partners will play a key role in saving money and maximizing your program's impact. Here are some tips for containing costs:

2.4-3-a Share resources

“Resources” include information, technology, funds, program elements, and staff. You can exchange in-kind services by sharing staff members and their skills. For example, your resident “graphic artist” can help a partner design a logo in exchange for access to a computer program that will enhance computer images. See Appendix E for instructions on how to use “camera-ready materials.” These are reproducible materials, ready to be duplicated, that have been created by another group that is willing to share them with you. Camera-ready materials photocopy well and will save you the expense of developing your own materials. After January 1999, CDC can also provide tested messages and materials ready for you to use and adapt.

2.4-3-b Hold joint training sessions

If your organization needs to learn a computer skill, for example, try to find another organization in the community that has already planned a training session and split the costs with them. If you would like to educate your organization about folic acid and its benefits, find other organizations in the community that might be interested in or benefit from learning about this issue. Split the costs of a location and an expert speaker with the other group.

2.4-3-c Coordinate health messages that have a common goal or suit each other well

Community members such as school health teachers, who may already promote calcium to young women, could also promote folic acid. The message could state, “Take a multivitamin because folic acid and calcium are good for your health.” Similar advantageous opportunities exist with other public health messages like the “Five-A-Day” campaign to fight cancer. This strategy is a good option for those communities especially low on resources. If you have the resources, however, do not send out combined health messages. Too much information can dilute the power of the message and increase the chances that women may not hear or remember about folic acid.

2.4-3-d Use creative techniques

For example, one community nonprofit organization with limited funds built a portable folic acid poster and display board that allowed presentations to be tailored to suit the audience or event. Users could change the text displayed through flip charts and rearrange images in the presentation by attaching them with Velcro®. This penny-wise exhibit has traveled around the county and assisted many different programs in getting their folic acid messages out.

2.4-3-e Find in-kind support

Although you and your partners should be able to exchange staff skills, you should also seek outside in-kind donations. Assistance can come in the form of labor, materials, and expertise from advisory groups and industry. In one state, an advertising agency did *pro bono* work. Then a local radio station taped a PSA (public service announcement) for the state's "News Network," which sent the PSA to 99 other radio stations! You should brainstorm a list of groups like advertising agencies and news networks that could make contributions to your campaign. Newspapers can donate community pages for your advertisements. Nutrition stores, grocers, and pharmacies can donate folic acid supplements for press kits or health fair give-aways. Hotels, schools, and convention centers can donate meeting space. Appendix H describes different media channels, showcases one campaign's media ideas and costs, and lists way to develop your own media tools. Appendix I provides you with other folic acid promotion programs' tools that you can use and adapt.

2.4-3-f Do your research together

In addition to testing program ideas and concepts with the target audience, programs need to test their messages. Step 3, "Testing Your Messages and Materials," tells you how to test these messages. In Virginia, partnering made audience research, concept development, and material testing easier. Many campaign partners communicated

daily with childbearing age women. These partners were able to provide enough information (basic audience research) about women in the community to select and group campaign messages most effectively. Campaign partners also recruited participants for focus group research, cutting down on the costs of organizing and conducting focus groups to develop concepts and test messages and materials.

2.4-4 Apply for Grants

In 1992, according to “Foundation Giving,” \$18.8 billion in foundation grant money was distributed for education and \$13.9 billion was distributed for health-related purposes. A folic acid educational program could qualify for either category of grant money. Appendix E provides you with information about foundations and grants that may be available to you. If you decide to pursue foundation money, consult with someone in the granting agency about what the agency needs from grant applicants and what your chances are for success. Do not spend a lot of energy pursuing funds that are very competitive—it is better to go to local businesses for specific or in-kind donations.



2.4-5 Identify Sources of Money and In-Kind Services

Here are a few suggestions for sources of money and in-kind contributions:

- **The governor's office in your state**
- **Your state health department**
- **Other governmental agencies**
- **March of Dimes**
- **Foundations for women's and children's wellness**
- **CDC-funded national regional minority organizations**
These organizations provide technical assistance to community-based organizations to help with coalition building and other activities.
- **Private corporations**
- **Omnibus survey** Various manufacturing companies combine their resources to research information about consumers. Any corporation that advertises to women may be willing to share its market research with you. Feminine hygiene, multivitamin, hosiery, cosmetics, contraceptive, and clothing companies are some of the corporations that advertise to women.
- **Corporate philanthropic departments** Many large corporations set aside funds to be donated to charitable organizations or events. A folic acid campaign certainly qualifies. A corporation in your community stands to gain a lot by supporting such a positive, noncontroversial public health issue. One program was successful in having General Electric accept its proposal to fund the printing costs of a transit advertising campaign. In Appendix E, you can find more information about finding corporate sponsors.

- **Money matching programs** Many private foundations, corporations, and organizations allocate matching funds. One state raised \$1,740 and then received a money match of \$1,740 from Medicaid. The amount of matching funds varies. Sometimes, an organization or company will place a limit on the total amount of money it will give to your program. In all instances, you can solicit many organizations to participate.

2.4-6 Consider Final Items

- If you have not yet found a funding source for an activity, you should search among your partners for in-kind services to cover it.
- Consider successful fund-raisers your partners may have held in the past. Or, ask a local company to designate your folic acid program as this year's beneficiary of its fund-raising activities.
- Add or delete activities from your program plan and timetable to reflect the results of your partners' abilities and contributions.
- Form a final program plan and timetable with all your new information and contacts. Continue using the prepared program planning charts in Appendix E.
- Ensure that community partners can maintain activities when program funding runs out. Partners who have helped guide the project can also be the nucleus of a lasting coalition to continue folic acid prevention activities. Recruit your partners with this in mind. Share your knowledge about folic acid and partners will allow their roles in the campaign to grow over time.