Maternal depression is a widespread public health issue that takes a toll on the well-being and livelihood of mothers and their families. It demands a strong community response involving people who share a common vision to strengthen the health and resilience of all mothers and families in need of help and support.

There is hope. Through community mobilization and proper services and supports, mothers and their families can heal, thrive and live fulfilling lives.

Maternal Depression

Making a Difference Through Community Action: A Planning Guide

MHA Mental Health America

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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PUBLIC DOMAIN

The action guide was developed using content from The Pink Book: Making Health Communication Programs Work *by the National Cancer Institute, U.S. National Institutes of Health.*

WHY SHOULD YOU USE THIS GUIDE?

What a difference a community can make!
People often think of depression as an illness that happens to an individual and is something that a person must deal with alone. However, for most illnesses (e.g., heart disease, diabetes, cancer), we consider not only the individual but the impact on the family and the community. We look toward friends, communities and colleagues to reach out and make sure that people struggling are not alone and have the support they need. Unfortunately, this does not regularly happen for people with depression, and, consequently, they suffer alone and become part of a silent epidemic.

Why should this be a concern for communities?
Depression is the most common form of mental illness. In any given year, approximately 7 percent of adults suffer with depression, and, for women, the rate increases to approximately 13 percent.[1-2] About one in five women will experience depression during her lifetime.[3] Depression can affect any woman, regardless of how much money she makes, where she lives, what job she has or how successful she is in her varied roles.

Mothers are especially vulnerable to depression. Over one-third of women of childbearing and childrearing years have depressive symptoms.[4] These women face a disabling illness at a time when they are most needed by their families. Parenting itself can be incredibly challenging and stressful without the added burden of depression. Imagine how much harder it might be for parents living with depression. They experience debilitating symptoms, such as a chronically depressed mood, inadequate sleep, low energy and feelings of hopelessness, which make it more difficult to parent effectively. Most critically, parents are denied the full opportunity to promote their children's social, emotional and physical well-being, and the experience of a fulfilling parenthood.

Fortunately, depression is highly treatable, and with the right help, these women can heal, thrive and live fulfilling lives. However, a great many women are unaware that they have a treatable illness, or they fear being discriminated against, abandoned, isolated and blamed.

Mothers face enormous barriers that stand in the way of treatment, including:

- A lack of awareness of what depression looks like and how to seek help
- Negative attitudes and misconceptions surrounding depression
- Lack of affordable and appropriate treatment

As a result of these barriers, mothers are not getting the help they need; rather they suffer in silence. There is hope, however, if communities approach maternal depression as a public health problem—a health issue that significantly affects their community and warrants immediate action. Instead of waiting until a mother's depression worsens, communities can take a proactive approach. It is important to recognize that maternal depression is an urgent health issue that needs to be addressed even beyond the traditional public health system. Employers, Temporary Assistance for Needy Families (TANF) programs, the faith-based community, schools, friends, neighbors and other caregivers can all play a role in preventing and lessening the impact of depression.

The purpose of this guide is to help communities mobilize and create a strategic plan for local action. It proposes a coordinated, comprehensive approach involving numerous stakeholders who share a common vision to strengthen the health and well-being of all mothers and families in the community.

To help in this effort, the Substance Abuse and Mental Health Services Administration (SAMHSA) has supported *Maternal Depression—Making a Difference Through Community Action: A Planning Guide,* which aims to:

- Build awareness and acceptance of the need for a family-focused, community-driven approach
- Strengthen the capacity of communities to mobilize around a significant public health issue
- Promote the use of state, local and even neighborhood partners
- Spur strategic thinking that leads to effective community action and change

This *Planning Guide* offers community organizations and other stakeholder groups an easy-to-use, practical framework to create a well-thought-out plan of action that is customized to your community. It provides:

- An in-depth look at the issue of maternal depression
- Examples of outreach programs and practices
- An easy-to-follow roadmap for action
- Tools and resources to use in all stages of the planning process

We suggest reviewing all the steps and adapting those relevant to your program at a level of effort appropriate for your specific community.

Through your efforts, mothers with depression will know what a difference a community makes!

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I. Understanding Maternal Depression

UNDERSTANDING MATERNAL DEPRESSION

Maternal depression is a widespread public health issue that takes a toll on a mother's well-being, livelihood, attitude and outlook on life. Depression can cause great sadness and rob a mother of her energy, motivation and enthusiasm for parenting. It also can lead to hopelessness, self-doubt, confusion and guilt over not being the kind of parent she wants to be.

Maternal depression is also a family issue. When a mother struggles with depression, the symptoms she experiences can affect the entire family.

But there is hope. Maternal depression is highly treatable, and mothers and their families can heal, thrive and live fulfilling lives.

-One mother's experience
"I felt completely consumed by a dark fog. I lost interest in everything and pulled away from my children and my husband. I stopped calling friends. I just wanted to disappear. I believed I was the worst mother and wife in the world. The guilt I felt was overwhelming."

Q: What are the symptoms of maternal depression?
A: Depression can cause the following symptoms:

- Restlessness or irritability
- Profound sadness and frequent crying
- Withdrawing from loved ones and social isolation
- Feelings of hopelessness and powerlessness
- Loss of motivation and interest in normal activities
- Irregular sleep patterns and constant fatigue
- Lack of interest in one's self or children

DID YOU KNOW? The negative effects of maternal depression on children's health and development can begin during pregnancy.[5]

Q: How common is maternal depression?
A: Maternal depression is very common and most often begins in early adulthood during the childbearing and childrearing years. It is estimated that more than one-third of women in their childbearing and childrearing years have depressive symptoms.[6] Therefore, it is important for communities to start talking about depression early and bring it out of the shadows to help women and their families get necessary help and support.

DID YOU KNOW? Over one-third of mothers caring for toddlers experience depression.[7]

Q: Among mothers, who is most at risk for developing depression?
A: While any mother can experience depression, the rate varies across age, socioeconomic status and race/ethnicity and is higher among:

- Mothers under the age of 30[8]
- Parents of young children[9-12]
- White, non-Hispanic women[13]
- Latina adolescent mothers[14]
- Low-income women and women with low levels of education[15-22]
- Immigrants, especially Asian and Latina immigrant mothers[23]

DID YOU KNOW? Mothers living in poverty are over three times more likely to have depression than other mothers.[24]

Although rates of depression are higher among white, non-Hispanic mothers, African American and Mexican American women have high rates of dysthymic disorder—chronic, mild depression that is present for at least two years—which can have a significant impact on a mother's livelihood and well-being.[25]

The social, economic and physical environments in which a mother lives can impose significant barriers to her well-being. For example, social norms about seeking help may prevent mothers from accessing treatment early. The high cost of care and lack of health insurance also may deter mothers from seeking help. In addition, a neighborhood that lacks transportation services and healthcare providers can impede the ability to access care. Therefore, in addressing maternal depression, it is important for communities to consider a mother's unique circumstances and work on removing the barriers that impact her well-being and get in the way of seeking necessary help.

Q: Why do mothers experience depression?
A: There are a variety of explanations for maternal depression, including heredity, hormonal changes, biological factors, trauma, loss and life stresses. As with other illnesses, a mother needs family and community assistance and care to find appropriate services and support to achieve recovery.

Q: How does maternal depression impact children and other family members?
A: Depression in mothers (and parents, in general) is a family issue. While mothers struggle with the symptoms of depression, their families can struggle as well. Maternal depression often affects multiple generations of family members, and its impacts can cut across all ages and developmental or life stages.

Impact on Infants
Depression affects a mother's role in raising children. The symptoms of depression in mothers can disrupt parent-child bonding, which occurs in infancy and is critical for healthy child development, by creating an environment in which it is difficult for mothers to provide a consistent, nurturing and empathic relationship. Also, when depression overwhelms a mother, she is less likely to engage in safe and healthy parent practices. She is less likely to:

- Breastfeed, or will breastfeed for shorter periods of time than non-depressed mothers[26-27]
- Follow the back-to-sleep guidelines for prevention of sudden infant death syndrome
- Engage in age-appropriate safety practices such as using car seats or electrical socket covers[28-31]
- Follow preventive health advice for managing her children's chronic health conditions or disabilities[32-34]
- Give children daily vitamins[35]

Impact on Children
The impacts on infants can continue into childhood. Children whose mothers are depressed may:

- Act out more
- Have problems learning
- Have difficulty forming friendships and getting along with peers

When maternal depression co-exists with other risk factors during a baby's first year, the likelihood increases that by age three, a child will show significant behavioral, attention or anxiety problems.[36] Children of parents with depression also are at an increased risk for developing depression.

DID YOU KNOW? Three-year-old children whose mothers were depressed during their children's infancy performed more poorly on cognitive and behavioral tasks compared to children of mothers who did not have depression.[37]

Other impacts on children can be caused by increased exposure to stress and family discord, and a lack of communication between children and parents about the mental health condition.[38] Also, depressed mothers are more likely to:[39]

- Miss routine pediatric and well-child visits
- Visit the emergency room and use it as a routine source of care for their children
- Smoke cigarettes

DID YOU KNOW? Even young children experience depression, and the risks are higher for children of parents with depression.

Impact on Adolescents

Depression affects a mother's role in raising adolescents. When mothers are overwhelmed by the symptoms of depression, adolescents may have to take on more responsibility and act as caregiver. They may also miss out on social interaction with friends and peers. In addition to potential changes in daily routines, maternal depression can lead to depression in adolescents. Up to 50 percent of youth whose parents have serious depressive disorders will experience an episode of depression.[40]

Impact on Partners and Other Caregivers

Fathers or other partners are affected when a mother becomes depressed. Depression can lead to family discord and undermine individual responsibility. Whether due to this increased strain or due to seeing a loved one suffer, partners often experience depression when women have maternal depression. When women suffer from postpartum depression, anywhere from 25 to 50 percent of fathers will experience depression.[41] In families where both parents are depressed, the effects of maternal depression on children are compounded.[42]

Non-parental caregivers, such as grandparents, also have high rates of depression, so it is important to reach out to them as well. Depression in low-income grandparents who are primary caregivers is particularly high. In one study, over one-quarter of grandparents involved in Head Start were mildly depressed, and another quarter were either moderately depressed or severely depressed.[43]

DID YOU KNOW? The strongest predictor of paternal depression is the presence of maternal depression.

Q: Can maternal depression be treated?

A: Maternal depression is highly treatable and treatment can help restore a mother's livelihood, well-being, attitude and outlook on life. Many evidence-based treatments for depression exist, including cognitive and interpersonal therapies, medication, peer-to-peer support programs and support groups.[44-45] These treatment options will be discussed in more detail later in the document.

Q: If effective treatments exist, why aren't mothers and their families seeking help?
A: Even though effective treatments for depression exist, mothers and their families are not getting the help they need. It is estimated that up to 80 percent of mothers with depression are not receiving treatment.[46] Barriers to treatment include lack of awareness, inaccessible treatment and stigma. These barriers can be overwhelming and make seeking help difficult or impossible for families living with maternal depression.

Lack of Awareness about Maternal Depression
Lack of awareness about maternal depression can prevent families from recognizing the signs and symptoms of maternal depression. It also can prevent them from knowing when and how to seek help. Lack of awareness in community members, such as family, friends, neighbors, healthcare providers, social services agencies, schoolteachers or childcare providers, can also play a role in whether or not a family gets help.

DID YOU KNOW?
Among women who were screened and identified as depressed, less than half report that they recognized their depression.[47]

Lack of Access to Treatment
Lack of access to treatment in families living with maternal depression is a significant barrier to seeking help and may hinge on the following:

- Cost and affordability of treatment
- Lack of health insurance or inadequate coverage for mental health services
- Availability of transportation
- Availability of childcare
- Availability of appropriate treatment, including culturally and linguistically competent treatment for diverse families
- Availability of quality treatment

Tips for Communities to Address Barriers to Treatment:

- Provide childcare and transportation
- Offer phone therapy
- Start with engagement strategies that explain and build relationships necessary for therapy to work
- Provide reminders about meetings
- Offer services in non-stigmatizing settings (e.g., home, health clinics and other primary healthcare settings)
- Offer workshops to help young parents deal with stress and the challenges of raising small children
- Be respectful of cultural (i.e., beliefs about the causes of depression and attitudes about seeking help) and linguistic differences[48-50]

Stigma

Stigma can prevent families from acknowledging and talking about what they are experiencing. It also can prevent them from seeking help. Stigma can be a particularly significant barrier for low-income families and families of color. For instance, focus groups with low-income women from multiple ethnic groups reveal that many women:[51]

- Are wary of the stigma involved in admitting they have a problem
- Are fearful of what admitting to depression will mean for their children. They fear that if they are not seen as good parents, the child welfare department will take their children away.
- Are reluctant to take medications because they fear that the side effects will impair their parenting

WHAT CAN HELP? USING A PUBLIC HEALTH APPROACH

Because maternal depression is so widespread, affecting millions of families in communities nationwide, a comprehensive public health approach is needed. A public health approach aims to promote population health and well-being, prevent illness and reduce disability from illness through coordinated efforts that reach and engage all people affected by a particular issue. Because maternal depression impacts mothers, their children, their partners and other family members, it is important for communities to intervene at each of these levels.

A public health approach to address maternal depression should include efforts to:

- Identify maternal depression in women
- Intervene early and link mothers and their families to treatment
- Prevent mental health problems from occurring in children of mothers with depression

Early Identification for Mothers and Their Families

Early identification and intervention are critical to helping mothers get necessary treatment and halt depression's disabling symptoms. Being able to identify depression in mothers, as well as its impacts on children and other family members, helps ensure that families will receive necessary supports, services and treatments early on. Families have a better chance at recovery if intervention happens early. Responsive communities can engage a variety of stakeholders to make this happen. Local organizations can play an important role in increasing community awareness about maternal depression, the importance of early identification and intervention and how to get help and help others.

Screening for Maternal Depression

Regular screening for maternal depression and depression in the family is one way to ensure that problems will be identified early. Screenings can occur in doctors' offices and clinics during regular check-ups, through home visits with parents, and even at events and health fairs in the community. Screenings at Women, Infant and Children (WIC) Centers and TANF offices may be particularly effective given the high rates of depression among low-income women. Many local organizations already host regular depression screenings in the community.

Wherever screenings occur, it is important that trained professionals (e.g., nurses, social workers, health technicians, clinicians) conduct them and that validated instruments be used. For more information on the most common validated screening tools used to detect maternal depression, please refer to Appendix B.

Despite the availability of validated screening tools and recommended practices, many doctors fail to use them. One study of primary care physicians found that 80 percent did not use any formal screening tool to assess depression among patients who recently gave birth.[67] And only 4 percent of pediatricians reported using a formal screening tool or even formal diagnostic criteria.[68]

Pediatricians and OB/GYNs have regular access to mothers and have an important opportunity to intervene early and find out how they are doing. A short two-question paper-based screen in pediatrician's offices, followed by a brief discussion with the mother by a pediatrician, can be an effective way to identify mothers who need follow-up or referrals.[69] Even asking parents questions about how they are feeling and what they are facing can help.[70] Along with educating families, local organizations can play an important role in educating doctors and community health workers about the importance of screening.

DID YOU KNOW? The American Academy of Obstetrics and Gynecology recommends the screening of pregnant women for depression at least once per trimester, using a simple two-question screening tool.[52]

Early Intervention and Treatment

A number of effective treatments for maternal depression exist, including traditional cognitive and interpersonal therapies, medication, peer support and support groups. Before a mother receives any of these treatments she must be screened and assessed by a healthcare provider.

Cognitive Behavior Therapy (CBT)

CBT is a widely used therapy that works to reduce an individual's negative thoughts, feelings and behaviors. CBT is considered one of the most effective treatments for depression, and is often used in combination with antidepressant medication.

Interpersonal Therapy (IPT)

IPT is an evidence-based treatment originally designed for adult depression. IPT focuses on education about depression, the interpersonal aspects of an individual's history that contribute to depression and developing ways to manage depressive symptoms.[53] IPT has been successfully used to treat depression and postpartum depression in adults and adolescents.[54-55]

DID YOU KNOW? Helping depressed parents with treatment and support can also improve outcomes for children.[56]

Medication Interventions

Medication is a highly effective treatment for depression, and several types of medications are used. By talking to a mental healthcare provider, women can learn about their options and start exploring what might work best for them.

For women who are pregnant, there are special considerations, and it is best for them to consult their treating physician.

Peer Support

Peer support is an evidence-based approach based on the concept that an individual who has experienced a mental health condition can contribute to the well-being of others who have the same condition. Peer support specialists may lead support and skills-building groups, help individuals navigate the healthcare system and provide counseling and other services. Peer support group participation is associated with:

- Increased knowledge about mental health and service availability[57]
- Increased use of mental health services[58]
- Better outcomes for people with mental health conditions[59]

Peer support strategies using peer volunteers with a group of mothers experiencing post-partum depression has been associated with a significant reduction in depressive symptoms.[60] Research points to the positive impact of peer-to-peer support groups that help women not only cope with depression but also with the other challenges of life.[61]

PROGRAMS IN ACTION
One set of culturally relevant peer-to-peer support groups, frequently called Sister Circles, has been shown to reduce depression in African American and Latina women.[62] The groups provide support and social networks, and they may particularly appeal to women who fear the stigma of traditional mental health services.[63]

Support Groups for Parents
Support groups for parents can provide a safe and comfortable place for parents with depression to connect, learn, and provide and receive support. Many support group programs have undergone rigorous evaluation and have been found to be effective in improving a mother's mental health and well-being.

PROGRAMS IN ACTION
ROAD: Reaching Out About Depression, based in Massachusetts, works with depressed low-income women who are transitioning from welfare to work. The group was developed by community members from the Kitchen Table Conversation Project (a discussion group for women affected by welfare reform) and has grown over time. ROAD has four main components:[64-66]

- Supportive Action Workshop Series, a 12-session workshop on depression that educates participants and develops a support network
- Social Action Event to promote self-empowerment and positive change in the community
- Resource Advocacy Team, a one-on-one relationship between participants and counseling or law school students, which directly addresses immediate crises and helps participants achieve goals
- Leadership Development, training for participants to become facilitators and community leaders

For more information, go to http://www.challiance.org/comm_affairs/comm_affairs.shtml.

DID YOU KNOW? Approximately two-thirds of adults who experience mental health conditions are parents. And yet, rarely in their treatment are they asked about how their children are doing or about challenges they face with parenting because of their illness.[71]

Prevention in Children
Although children of parents with depression are at an increased risk for developing mental health conditions and other poor health outcomes, many can develop strengths that help protect them and keep them resilient during times of stress and crisis. These "protective factors" may include a child's own intelligence, sense of humor, ability to reach out to others, sustained competence in activities, and a long-term consistent, caring relationship with a non-depressed adult.

Decades of research suggest that one of the most effective ways to promote resilience in children is to build on these protective factors. For some children, protective factors are innate or readily available. For others, protective factors may need to be developed.

PROGRAMS IN ACTION
Early Head Start (EHS) is a comprehensive program designed to promote parent and child development among low-income families with babies and toddlers or women who are pregnant. Research has found that mothers involved in EHS who were depressed improved their parenting skills and their children's behavior and cognitive performance.[72]

Using Evidence-Based Programs and Practices
SAMHSA has developed the National Registry of Evidence-Based Programs and Practices (NREPP), a searchable database of interventions for the prevention and treatment of mental and substance use disorders, including depression. SAMHSA has developed this resource to help people, agencies and organizations implement programs and practices in their communities.

The information provided by the NREPP is designed to help you begin to determine whether a particular evidence-based program or practice may meet your needs. If you're considering an evidence-based program or practice, it is advised that you contact the individuals who developed the intervention and others listed as contacts before making any decisions regarding selection or implementation of that program or practice. A list of potential questions to ask developers is available at http://www.nrepp.samhsa.gov/help-questions.htm. For more information about SAMHSA's NREPP, visit http://www.nrepp.samhsa.gov.

One such evidence-based program is the Clinician-Based Cognitive Psychoeducational Intervention for Families, developed by Dr. William Beardslee from Boston, Massachusetts.[73] Dr. Beardslee's public health approach—intended for parents with mood disorders, such as depression—includes the following components:

- Assessing the mental health of all family members
- Teaching families about mood disorders and impacts on the family
- Decreasing feelings of guilt and blame in children
- Helping children to develop relationships within and outside the family to facilitate their independent functioning in school and in activities outside the home

Based on long-term follow-up, the intervention has shown sustained effects in families and has received high ratings from the National Registry of Evidence-based Programs and Practices. For more information, visit http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=88.

II. A Strategic Framework for Action

A STRATEGIC FRAMEWORK FOR ACTION

To help communities mobilize and begin to address maternal depression, *Maternal Depression – Making a Difference Through Community Action: A Planning Guide* offers a strategic planning framework, based on SAMHSA's Strategic Prevention Framework (http://prevention.samhsa.gov/about/spf.aspx). This planning model, which is outlined in the next five sections, includes the following five steps:

A. Assessment: What does the problem look like and what is driving it?
B. Capacity: What do you have to work with and who can help?
C. Planning: What are you going to do about it?
D. Implementation: Do it!
E. Evaluation: Did it work?

The strategic planning framework will provide the foundation for a community group and stakeholders to come together to begin the process of addressing maternal depression. The next five sections will walk you through each step of the strategic planning framework. You will find detailed descriptions as well as tips on how to move forward based on your own needs and resources. SAMHSA recognizes that all communities have different needs and resources, and what works for one community may not work for another. As a result, the strategic planning framework is designed to be a flexible approach that each community can use and adapt as needed.

While this strategic planning framework at its core is a planning process, in order for the process to be effective it is essential that two central concepts are embedded in every step of the process. The concepts are sustainability and cultural competence.

Cultural competence relates to the idea that all of the steps in the process must be carried out in ways that take into account the culture and beliefs of the people you are trying to help. The assessment process must fit within the context of the community and its norms or you may not accurately understand or discover the real issues in the community. Developing capacity may look very different in a Native American community compared to an urban neighborhood. Planning, implementation and evaluation activities should *change to fit the people and the circumstances in the community* and to do that planners must value differences and listen for important distinctions and act on them.

Sustainability must also be embedded in the thinking and execution of each step in the process so that it is not an afterthought at the end of the project tantamount to wishful thinking, but an active reminder to make decisions all along the process that increase the likelihood of *sustaining the outcomes* of the plan. Such thinking encourages the development of inexpensive solutions, mutually beneficial financial arrangements, collaborative decision-making, and partnerships that ensure that the program, policies and practices continue to operate over time and generate the outcomes needed to create supportive communities and healthy people.

A. ASSESSMENT: DETERMINING YOUR COMMUNITY NEEDS

Determining your community needs is an important part of planning a successful program and starts with assessing the problem and identifying your population(s) of concern.

Determine the Impact of Maternal Depression in the Community

The more you understand the impact of maternal depression in your community, the better you can design a program that will address it successfully.

Collecting data on the following questions will help you determine the magnitude and impact of maternal depression in your community and who is affected:

- What is the incidence or prevalence of maternal depression in your community?
- Who is affected by the problem, including age, sex, race/ethnicity, economic situation, educational level, place of work and residence?
- What is the impact of maternal depression in your community? What are the effects on individuals, families and the larger community?
- What are the factors that put people at risk for maternal depression? What are the factors that help protect people from maternal depression?
- What are the barriers to accessing treatment and supports for those affected by maternal depression?

For a complete list of questions to consider, see Appendix C.

Identify and Learn About Your Population(s) of Focus

Review the information you collected to identify who in your community is experiencing or is impacted by maternal depression. Select from this your population(s) of focus. By asking the above questions, you will be able to determine which populations in your community are in need of programs and what their specific needs are.

Once you've identified your population(s) of focus, you will need to learn about the factors that motivate and prevent them from seeking treatment and supports. Collecting data on what your population(s) of focus thinks and feels about maternal depression and seeking help will enable you to create programs and messages that resonate among the people you are trying to reach.

One factor to consider is the cultural context—the shared values, ideas and beliefs—of your population(s) of focus. Think about the following considerations:

- The cultural context and readiness of your population(s) of focus. Are they aware of and knowledgeable about maternal depression?
- The values and traditions that affect how your identified group regards health promotion issues. What do they consider to be appropriate ways to communicate and provide helping services?
- The extent to which the community is ready for the program. Are they willing to accept help and/or programs that ask for changes in their behavior, attitudes and knowledge? What is their level of resiliency and their capacity to make these changes?

Please refer to Appendix C for additional questions to consider.

Tips on Collecting Data

Collecting data can sometimes be time-consuming and costly. Whenever possible, use existing data that may have been gathered for other purposes, but are relevant to your issue. The list below provides helpful sources of local and national data that may already be available to you.

National Data

- Sources of national health statistics from SAMHSA, the National Institute of Mental Health, the National Center for Health Statistics on the Centers for Disease Control and Prevention website and Postpartum Support International (see Appendix A for more information)
- National clearinghouses
- Polling companies (for intended audience knowledge and attitudes)
- Corporations, trade associations and foundations
- Health-related resources on the Web

Collecting New Data on a Limited Budget

- Do the legwork yourself. Convene focus groups and train your staff to moderate them.
- Use the help of volunteers and interns.
- Recruit participants through partner organizations, friends, family and other contacts.
- Seek professionals with qualitative research experience who might donate their time.
- Recruit low-cost experts (e.g., a graduate student who needs a dissertation topic) from local colleges or universities.

Local Data

- Sources of local health statistics from a community hospital, or a local or state health department
- Community service agencies (for related service-use data)
- Nurse practitioners and physicians, including internists, family practitioners, obstetricians/gynecologists and pediatricians (for service-use data)
- Local and state government agencies, universities, and voluntary and health professional organizations
- Administrative databases covering relevant populations
- Libraries (for journal articles and texts)

Schedule a time to meet with some of these sources in person, such as doctors and hospital administrators, and bring the questions available in Appendix C to help guide your research. For more information on where to look for data, refer to Appendix A.

Gather New Information as Needed

You may find that the data you have gathered does not give enough insight into the problem. Gathering new data can help you get answers to your specific questions directly from mothers and their families. One way to gather new data is through focus groups and in-depth interviews. Well-planned and structured focus groups can help you develop your action strategy by:

- Gathering new information about the depth and scope of the problem
- Penetrating deeper into this issue, which may yield rich, real-time information
- Learning about how depression is expressed in the words of the participants
- Gaining insight into the participants' past experiences with interventions, what has been helpful and what hasn't
- Learning how best to engage women who feel stigmatized
- Identifying cultural differences that may affect one's approach to the issue
- Obtaining input into the design of the community's action plan

You might consider conducting focus groups and in-depth interviews with mothers, their partners and other non-parental caregivers, primary care providers and job-based employee assistance programs. School personnel (e.g., teachers, administrators, guidance counselors) and Head Start and Early Head Start programs may also be rich sources of information about depression in mothers in the community. The broader the range of focus groups, the greater the breadth of information obtained. For more information about conducting focus groups, see Appendix D.

B. CAPACITY: IMPROVING YOUR COMMUNITY'S CAPABILITIES

Before you can effectively plan an action strategy it is important to examine your community's capacity to bring about the changes that you would like to see. Capacity refers to the various types and levels of resources that an organization or community has to address maternal depression.

Capacity may include human, fiscal and capital (e.g., building, office space) resources. This encompasses expertise and time of staff or volunteers, facilities, transportation, office supplies, equipment and other fixed capital needed to ensure sufficient capacity to implement and evaluate sound programs.

If you are working with a coalition, look at each organization's or agency's internal capabilities to see all of the resources available. Whether working with a coalition or by yourself, you may need to seek additional resources to augment those you already have.

Benefits to Assessing Capacity

Assessing your capacity will:

- Help you make a realistic match between the needs you have identified and the capacity of your community to address them
- Provide the documentation you need to assure yourself and others that you have the ability to reach your desired outcomes
- Reveal strengths and shortfalls in your capacity in key resource categories
- Provide an opportunity to make up for anticipated shortfalls, find a way around them or select another program that better matches your capacity
- Help you maximize and leverage existing resources and expertise

How to Assess Capacity

1. Identify your program needs (i.e., staffing, facilities, training needs, time to complete the program and costs).
2. Determine your community's capacity, including:
    - Budget available to fund the program
    - Staff and other human resources (e.g., board members, existing volunteers and others who have the requisite skills and time)
    - Available resources and information about the problem, including available educational materials
3. Compare your capacity to your needs.
4. Identify additional resources that can help you meet your needs, such as partnerships with community leaders, the media, volunteers, civic associations, neighborhood health centers, women's centers, etc.

Building Partnerships

Partnerships are the backbone of nearly every successful community program. Partnerships include a variety of arrangements and levels of engagement to produce results that one organization, community group or coalition alone could not achieve.

Partnerships at Six Levels of Engagement	
1. Networking or communication links	Minimal involvement (mainly to share information)
2. Publicity	Partners may serve as channels, or go-betweens, to help spread information
3. Endorsement	Partners publicly endorse each other's programs to broaden appeal or lend credibility

4. Coordination	Partners remain self-directed but conduct mutually beneficial activities and work together with a common purpose
5. Co-sponsorship	Partners share their resources
6. Collaboration	Partners work together from beginning to end to create a vision and to carry out a program (coalition building)

Adapted from U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Division of Nutrition and Physical Activity (1999), *Promoting Physical Activity: A Guide for Community Action*. Human Kinetics: Champaign, IL.

Building a Coalition

A coalition is one type of partnership you may pursue. Coalitions allow single organizations and individuals to maximize their time, resources, reach and impact in the community. Coalitions also help create a shared vision with agreed-upon goals, which increase community buy-in and a solid foundation to implement an action plan. The more a strategy represents the whole community and shares a common goal, the more powerful and respected it will be.

Each member of a coalition brings unique resources and expertise to the table that can be used to address maternal depression and accomplish each of the strategic planning framework steps. You don't have to go it alone. And remember, depression in mothers is a community issue and thus requires community-wide collaboration and action.

If a coalition focused on maternal depression doesn't already exist, consider forming one yourself. Before forming a coalition, think about the following questions:

- What is the vision or mission of the coalition?
- What will the coalition accomplish?
- How, when and where can you call people together?
- How long will you be together?
- How often will you meet?
- How will decisions be made?
- Who will be the leaders and spokespeople?
- How will you support the coalition?

After you answer these questions, start thinking about which groups or individuals in your community might be a good fit for your coalition and what each could contribute. Make sure to engage a broad group of key stakeholders, such as members of your population(s) of focus, the local health department, organizations that specifically address maternal depression and mental health, organizations that address child and family health issues, local researchers, school administrators and staff, physicians and employers.

If joining or forming a coalition is not feasible, you can still move forward on your own. However, as you go through the strategic planning framework steps, occasionally revisit the possibility of taking part in or forming a new coalition. For more information on coalition building, see Appendix E.

Tips for Building and Maintaining a Coalition[74-75]

- Engage a broad group of key stakeholders.
- Think about groups or individuals you already know. Who have you successfully collaborated with in the past?
- Shape a collective identity tied to goals of reducing the negative impact of depression.
- Talk about roles and responsibilities of the coalition up front, and immediately acknowledge and address turf issues.
- Re-examine your process for decision-making and shared rules of engagement.
- Celebrate success.

COALITIONS IN ACTION

Broward County, Florida: Founded in 2002, the Maternal Depression Task Force of Broward County, Florida aims to raise awareness around maternal depression and improve access to quality resources. Consisting of individuals from various agencies in the community working with maternal and child health, the Maternal Depression Task Force has been able to maximize resources and expertise to:

- Provide training to all Healthy Start provider staff on identifying and screening women for postpartum depression
- Host a forum with renowned speakers in the field for medical providers and mental health providers in the county
- Launch a six-month bus ad campaign
- Develop educational materials for mothers and families including a brochure, poster and resource guide.

For more information see www.mhabroward.org.

COALITIONS IN ACTION

Milwaukee, Wisconsin: The Milwaukee Mental Health Task Force is made up of over 45 organizations and agencies that have come together to address issues facing people with mental health conditions, break down barriers to treatment and empower mental health consumers and their families to advocate for their own treatment and recovery. Participants include representatives from the criminal justice system, mental health consumer groups, healthcare providers, advocacy organizations and the Milwaukee County Behavioral Health Division.

For more information see http://www.milwaukeemhtf.org.

C. PLANNING: DEVELOPING A STRATEGIC PLAN

The planning you do now will provide the foundation for your entire program. Planning involves identifying your goals and objectives and determining your strategies and activities for moving forward.

Planning Checklist

- ☐ Identify your goals, objectives and strategies.
- ☐ Design or select your activities.
- ☐ Create a logic model that explains, visually, how the program activities will meet your goals and objectives.
- ☐ Establish timelines for your implementation.
- ☐ Review the details of implementation and compare them to your budget; identify resources available and training needs.
- ☐ Identify the barriers to your implementation plan, and make a plan to address these barriers.
- ☐ Review the program materials and logic model and make any adaptations that will be needed within your own community setting, to fit in with the culture of the community.
- ☐ Establish a plan for process evaluation.

Adapted from SAMHSA's Sample Readiness Roadmap (https://preventionplatform.samhsa.gov/macro/csap_dss_files/tool_builder_redesign/buildpage.cfm?sect_id=1&page_id=415&topic_id=88&httpFlag=1&usesampledata=1&CFID=1301349&CFTOKEN=81282671).

Identify Your Goals and Objectives

Before coming up with activities you want to accomplish through your program, it is important to first identify your *program goals* and *objectives*.

Program goals are behavior changes you hope to see in your population(s) of focus over the long term that lead to the overall goal. They may take a long time (years, even) to achieve. Program goals are measurable and may include:

- Increase the *percentage* of mothers who are screened for depression by their primary care doctors.
- Increase the *percentage* of mothers who seek help for depression.

These are just a couple of examples. You should choose goals that fit your community's specific needs.

Objectives are short-term and intermediate changes in (1) *awareness* and (2) *attitudes* that lead to the behavior changes you hope to see in your program goals. Objectives are measurable and may include:

- Increase *awareness* among families of the signs and symptoms of maternal depression.
- Increase *awareness* among families of how to seek help for maternal depression.
- Increase the percentage of families that *believe* it is okay to seek help for maternal depression (this relates to attitudes).

Again, these are just some examples. You should choose objectives that fit your community's specific needs.

Designing and Adapting Programs for Culturally Diverse Families

Before planning your program or activities, it is important to think about the cultural context and readiness of your population(s) of focus, the values and traditions that affect how your identified group regards health promotion issues, and the extent to which the community is ready for the program. Programs and approaches that work for some populations may seem irrelevant or even threatening to others. Keep this in mind as you develop your program to help ensure that you come up with strategies and activities that resonate with your population(s) of focus. This will enable you to design programs that feel relevant, meaningful and safe to the people you are trying to reach.

PROGRAMS IN ACTION

In New York City, the Caribbean Women's Health Association organizes the Community Mom's Program, a program for immigrant women who are pregnant and parenting children from birth up to age two. The program provides health education workshops, support services, home visiting, and screening and referrals for women with maternal depression. Active, older community members are recruited to provide direct services, such as home visiting and community engagement. The Health Workers build strong connections with mothers to both build social support networks and to provide education about maternal depression at the one-on-one and community level. Since the health workers come from the communities within which they work, they are uniquely equipped to understand the roles of racism, cultural gender roles and stress of the daily lives of the women with whom they work.[76] http://www.cwha.org

Determine Your Strategies

While goals and objectives identify *what* you hope to accomplish, strategies identify *how* you plan to accomplish them. Strategies may include mass media, advocacy, public education or partnership building. These are just some examples. You can select multiple strategies to address the issue of maternal depression.

Select Your Activities

Once you've identified your strategies, determine the activities you will undertake to meet your goals and objectives. These activities should correspond to the strategies you've selected. For instance, if one of your strategies is partnership building, your activities may include bringing together a coalition of community stakeholders and planning regular meetings. If your strategy is public education, you may choose to conduct a series of educational seminars for parents that increase awareness about the signs and symptoms of maternal depression.

If you're not sure where to start, the good news is that you don't have to come up with activities from scratch. A wide range of programs designed to build resiliency and support families with depression exist in communities around the country, and maybe even within your own community.

Find out what programs are already in place and how they fit in with what you are trying to accomplish. Gather enough detail on programs or activities that best fit your goals and objectives to find out how well they can be adapted to your community, what the costs of the program materials and training will be, and what the costs of the adaptation will be. Ask yourself:

- Do they serve the same population?
- Are they complementary to your program? Are you competing for the same population?

- What are the risk and protective factors that the programs target?
- What cultural settings have they been adapted to fit within?
- Who are the key players and leaders in these programs?

Remember, as you develop your program or activities, keep in mind the cultural context and readiness of your population(s) of focus. Take time to learn about the shared values, ideas and beliefs in which your population(s) of focus lives to help ensure that you design programs that feel relevant, meaningful and safe to the people you are trying to reach.

Plan Your Internal Process

Once you have selected your activities, develop a plan that guides your internal process—how your activities will be carried out on a day-to-day basis. Identify who will staff the activities and each person's responsibilities, how the activities will be funded and your timeline for implementation.

Examples of Community Programs and Activities Addressing Maternal Depression

To address maternal depression using a public health approach, you have many options that range from planning support groups to hosting depression screening events and from holding educational presentations for parents to designing and launching a public awareness campaign. In this section, you will find program and activity ideas along with specific examples of how they were implemented by organizations at the local level.

Increase Early Identification and Intervention through Depression Screenings

Plan a depression screening open to the public and invite parents and families to attend. Partner with a hospital or health clinic to make it happen. And make sure that the individuals conducting the screenings are trained. Please note that screening for depression does not diagnose depression. Diagnosis can only be made by a licensed mental health or medical professional.

- MOMobile, a program of the Maternity Care Coalition (MCC), reaches out to pregnant women, new parents and families with infants to provide support in the communities in which they live. MOMobile screens for maternal depression; helps families come up with a plan for getting treatment; refers families to healthcare, education, job training, childcare and housing; educates families on healthy child development; and distributes baby supplies and food to families in need. http://www.mommobile.org

- Mental Health America in Montgomery, Alabama collaborates with local public health clinics to provide free depression screenings and referrals to families. The screenings also provide the opportunity to educate participants about depression and how to seek help. www.mhamontgomery.com

Help Parents Cope through Education and Support Services

Educating parents about depression and providing support can help them better cope during times of stress and crisis. Building parenting skills also can help increase the capacity to parent well even when faced with adversity. Topics might include how to recognize maternal depression, how to seek help, how to recognize problems in children of parents with depression or even general parenting skills to help parents cope with daily stress. Education may occur in person through a presentation or support group, online through a website or through informational brochures and other publications. Find what works best for your needs and resources.

- Mental Health Association in Dutchess County, New York runs EMERGE: Parents With Psychiatric Disabilities. EMERGE uses a curriculum to assist parents with mental health conditions to establish and work toward parenting goals that will improve the quality of life for their families. www.mhadc.com

- Mental Health Association of Montgomery County, Maryland offers the Mothers Offering Maternal Support (MOMS) mentoring program. Through MOMS, experienced mothers mentor and support young women between the ages of 12 and 24 who are pregnant or have children. The MOMS Program focuses on providing services and referrals in the areas of family planning, building self-sufficiency, promoting the health and well-being of children and attaining educational goals. MOMS also offers case management and educational workshops. www.mhamc.org

- Mental Health Association of Illinois Valley, Illinois, runs the Saturday Strollers program, a peer-to-peer support group for new parents and caregivers of young children designed to prevent post partum depression. Participants come for support, information and exercise once a month. The program also offers depression screenings, educational materials on post-partum depression and information on where to receive counseling services. www.mhaiv.org

- Mental Health America of Wisconsin launched the Specialized Family Resource Center, which provides support to families living with mental health conditions through education, advocacy and social networking opportunities. Educational classes are also offered that focus on wellness and recovery, understanding mental health conditions and self-advocacy. The center also provides fun activities for parents and their children. www.mhawisconsin.org

- Mental Health Association in New Jersey developed Programs for Emotional Wellness and Spirituality (PEWS), an initiative designed to educate African American clergy and other faith leaders on how to:
    - Promote the mental health and well-being of congregants
    - Identify mental health conditions
    - Link congregants to necessary help

  www.mhanj.org

Reach Out to Providers

Increasing awareness of maternal depression among healthcare providers, including pediatricians, OB/GYNs and nurse practitioners, can help increase the likelihood that depression will be identified early and treated in mothers and children.

- Mental Health America of Georgia, in partnership with the Georgia Postpartum Support Network, has developed Project Healthy Moms. Project Healthy Moms aims to disseminate screening and educational materials regarding postpartum depression to OB/GYNs, pediatricians, primary care providers, pharmacists and the county health departments; and to train healthcare and mental healthcare providers to screen for postpartum depression and provide information and referrals as necessary. www.mhageorgia.org

Help Children and Adolescents Cope

Building coping skills among children and adolescents can help strengthen their resiliency and ability to cope with depression in the family. Researchers have successfully implemented a number of approaches to helping school-aged and older children cope with parental depression.

- Mental Health America of Georgia runs Kids on the Block, a program that utilizes puppets to teach children about mental health, good decision-making, problem-solving and understanding towards others. Children interact directly with the puppets, which dress and act like real children, during question-and-answer sessions. www.mhageorgia.org

- Mental Health America of Licking County, Ohio established Youth Engaged in Service (YES), a service-learning and mentoring program, in response to the need for a safe haven for children and adolescents after school. Staff and adult volunteers provide mentoring, tutoring, life skills and anger management classes, along with a daily meal. Membership is free to accommodate low-income families. Children and adolescents who attend YES are required to participate in service projects in order to maintain membership. www.mhalc.org

- Mental Health Association in Tulsa, Oklahoma developed Safe Team, a school-based program designed to promote early identification of mental health conditions in students; provide timely counseling for students in need; facilitate communication between students, parents and school staff; and offer information and referrals to students and parents. Safe Team also includes a student-run group that works to promote school safety through education and outreach as well as peer mediation. www.safeteam.org

Raise Awareness among Gatekeepers of Children

Gatekeepers are individuals who have immediate and regular contact with children. They may include teachers and school staff as well as childcare providers. Because gatekeepers interact regularly with children, they may more readily notice changes in behavior and mood, which may be a result and indication of problems at home.

Many schools already have in-service trainings throughout the school year for teachers and staff. Contact your local school district to see if you can take part. For childcare providers, offer a free seminar in the community or contact daycare centers to see if you can lead a workshop for employees.

- Mental Health America of Illinois offers trainings for school counselors, psychologists, social workers, teachers, parents and administrators on how to provide a social-emotional learning curriculum for students to prevent select mental health conditions, bullying behavior and to help children deal with conflict. Mental Health America of Illinois provides consultation to schools, which includes staff development, regular meetings with school administrators, assistance in forming leadership planning teams and help in evaluating their efforts. www.mhai.org

- Mental Health Association of Broward County, Florida provides a 90-minute presentation on mental wellness, stress and postpartum depression to the staff and providers of Healthy Start. www.mhabroward.org

Launch a Public Awareness Campaign

Public awareness campaigns can be a great way to maximize your reach and impact in the community around maternal depression.

- The Mental Health Association of Maryland's Healthy New Moms: Maryland's Campaign to End Depression During and After Pregnancy is a new program funded by the Health Resources and Services Administration. The website features fact sheets on the diagnosis and treatment of perinatal depression, a screening tool, and resources for providers and new mothers, including contact information for the Postpartum Depression Helpline. The website is also available in its entirety in Korean and Spanish language versions. www.healthynewmoms.org

- Speak Up When You're Down is a public awareness campaign in Washington state designed to educate women and their families about the symptoms and treatment of postpartum depression. The campaign provides educational materials and runs a warmline for mothers suffering from postpartum depression.[77] The program also supports healthcare

provider training in order to meet the increased needs for services that would come out of a successful public awareness campaign. Therefore, they have partnered with a local university to support a Web-based provider training developed by the university. The self-directed, culturally competent training educates providers about postpartum mood disorders and teaches them how to screen women using the Edinburgh Postnatal Depression Scale. www.wcpcan.wa.gov/ppd

Putting It All Together: Mental Health America of Greater Houston

Mental Health America of Greater Houston conducts several programs around maternal depression and women's mental health, including:

- **The Women's Mental Health Initiative.** The Women's Mental Health Initiative aims to increase mental health awareness among women through public education.

- **Partnership with Postpartum Support International (PSI).** Mental Health America of Greater Houston partnered with PSI to co-sponsor the 2008 PSI annual conference in Houston, Texas.

- **City of Houston Women, Infants, Children (WIC) Clinic Activities.** Mental Health America of Greater Houston is collaborating with the City of Houston Health and Human Services to provide screening, training for clinic staff and support groups for women who receive services in the city of Houston's WIC clinics.

- **Web Course: Your Emotions After Delivery.** This online course offers detailed information on women's mental health and was developed by experts in the mental health field. The course consists of two elements: (1) an informative presentation and (2) a 10-question multiple choice test that is self-grading and can be taken as often as needed to master the material. By correctly answering eight of the 10 questions on the quiz, individuals are awarded a certificate of completion.

- **Additional Resources.** Mental Health America of Greater Houston provides the community with multi-lingual print and online resources as well. Highlighted resources include a brochure entitled Your Emotions after Delivery, printed in English, Spanish and Vietnamese, along with a Well Mom Checklist. www.mhahouston.org.

Educate Policy Makers

Organizations like yours can work to change policies that affect how at-risk families are supported and how maternal depression and its impacts are addressed by state and local governments. Most policy makers know very little about mental health-related issues and the impact that they have on people's lives. They have much to learn from you and other key stakeholders.

Q: What can smaller organizations, like mine, do to educate policy makers?

A: Smaller organizations can do a lot to educate policy makers at the state and local level. Besides meeting with state and local representatives face-to-face, they can hold rallies and attend town hall meetings held by legislators.

Also, consider forming a coalition of key stakeholders and organizations in the community and throughout the state. This will enable you to maximize your resources, expertise, reach, visibility and impact. For more information about building a coalition, please refer back to Section B, Capacity: Improving Your Capabilities.

Q: What should I focus on?
A: For maternal depression, policy maker education can focus on:

- How widespread the problem is
- The impact on individuals and families
- The impact on communities and the state, including direct costs (i.e., healthcare costs) and indirect costs (i.e., lost productivity in the workplace)
- Possible solutions: System changes, services and supports can make a difference in the lives of families dealing with depression.
- Specific policy recommendations
- Ways to fund proposed programs and mandates

Q: How can I get my foot in the door with policy makers?
A: It's extremely helpful to have strong allies in the state and local legislatures. Get to know where legislators stand on issues and find those who are sympathetic to mental health issues, particularly maternal depression or children's mental health. Legislators interested in working on these issues often have a personal connection to mental health. Building relationships with legislators opens the door to working more closely with them to get bills introduced, to help in drafting the bills' language, in shaping the debate on the issues and in getting legislation signed into law.

Q: Once I'm in the door, how can I get policy makers to listen?
A: The following are some tips on communicating with legislators on legislation and policy issues:

- **Keep materials brief, straightforward and simple.** When sharing printed materials with legislators, try to keep messages brief and concise. Legislators are extremely busy during session and cover a multitude of policy issues, and lengthy materials are often not read.

- **Share personal stories.** Facts, data and figures all help to make the case for your issue, but family and personal stories also are extremely powerful and are often remembered. These stories tend to have a deep impact on how a policy maker feels about an issue or bill, particularly during oral testimony. It is important to keep stories very brief (less than two minutes) and tied to pending legislation and policy issues or budgets. Personal stories can also be shared during a scheduled meeting with a legislator (group meetings have greater power) or via a letter, email or phone call.

- **Identify constituency.** Constituents are given top priority by legislators. In all communications with legislators, advocates should identify themselves as a constituent whenever applicable. Legislators want to feel like they have a good sense of what is going on in their district and will be more likely to focus on a legislative issue if they hear from their constituents about it.

- **Increase contacts.** The more calls, letters and emails that legislators receive on an issue, the more likely they are to act on that issue. To increase the number of contacts to a legislator, advocates often form coalitions with organizations that have similar interests. Coalitions can provide additional resources, more constituents and broader expertise. This may lead legislators to be more confident in supporting the coalition's cause.

- **Be persistent.** The number of times that legislators hear about an issue, from the time they are elected to office until they leave office, plays a key role in whether they favor a cause or issue. Therefore, it is important that advocates communicate on a consistent basis with their legislators and keep them updated and informed about an issue during all stages of the legislative process. Consider asking friends and family to help in contacting legislators on important issues.

Promising Legislation: Examples from Five States

Raising awareness among legislators about maternal depression may not be enough to effect change. However, providing legislators with concrete examples of legislation enacted in other states may improve your chances. This section provides promising legislation that states have enacted to address maternal depression. These case studies can serve as examples organizations can use in reaching out to their legislators.

Minnesota

Great Start Minnesota integrates mental health screening into pediatric care by making mental health professionals available in pediatric clinics. While the focus is on children's mental health, parents are screened for mental health issues during the prenatal and perinatal periods, and for postpartum depression. In addition, the state also passed the 2005 Postpartum Depression Education legislation, which requires physicians, traditional midwives and other licensed healthcare professionals providing prenatal care to have information about postpartum depression available. Hospitals also are required to hand out written information about postpartum depression to new parents as they leave the hospital after birth.[78] http://www.health.state.mn.us

New Jersey

New Jersey enacted the Postpartum Depression Law in April 2006, which requires physicians, nurse midwives and other licensed healthcare professionals to screen new mothers and to educate pregnant women and their families about postpartum depression.[79] This was the first law in the country to require healthcare providers to screen all women who have recently given birth and to educate women and families. The bill provides funding for a comprehensive program, including the establishment of a statewide perinatal mental health referral network. http://www.state.nj.us

North Carolina

Through participation in the Assuring Better Child Health and Development (ABCD) initiative, a program funded by the Commonwealth Fund and administered by the National Academy for State Health Policy, North Carolina has mandated that pediatric practices across the state deliver and pay for developmental screening for all young children and screening for depression in parents. Pediatric practices are required to use a formal, standardized developmental screening tool for children up to age six. Parents can receive up to six mental health visits through their child's Medicaid benefits. http://www.ncgov.com

Rhode Island

Through the Early Childhood Comprehensive Systems grant program, Rhode Island implemented screening in childcare and primary care settings, and increased the capacity of service providers to address parent and family behavioral health issues through treatment and referral. Also, Watch Me Grow Rhode Island trains participating pediatric and family practices to screen parents using the Early Childhood Screening Assessment, which has four questions that directly screen for maternal depression. Providers are also trained in how and where to refer parents who screen positive for depression.[80] http://www.ri.gov

Illinois: Putting it all Together

Illinois has taken a number of steps across multiple agencies and communities to develop a "putting it all together" strategy, largely driven through public-private collaborations. Efforts include:

- State mandated perinatal depression screening and developmental screening of young children, referral and treatment, with ongoing monitoring and tracking.
- A law requiring the state's Department of Healthcare and Family Services to develop a plan to improve birth outcomes. Addressing perinatal depression is among the strategies outlined in the plan.[81]

- Passage of the Perinatal Mental Health Disorders Prevention and Treatment Act, which was enacted to increase awareness and to promote early detection and treatment of perinatal depression.[82]
- Development of a comprehensive perinatal depression initiative, which includes the following components:
    - Reimbursement for screening for perinatal depression using an approved instrument
    - Consultation service about use of medications operated by psychiatrists and available to primary care providers
    - A 24-hour crisis hotline available to women experiencing perinatal depression. Referral and treatment resources for referral of women who call the hotline
    - Provider education and training on the healthy development of young children, which includes addressing perinatal depression
    - Continued funding to support the state's perinatal depression initiative
    - Support for provider training on perinatal depression, telephone consultation and referral coordination for its participants with support from private foundations and federal matching funds. http://www.illinois.gov

Health Literacy: Developing Educational Materials
If you plan to develop educational materials to support your efforts, it is important to consider the literacy of the populations you are trying to reach. Millions of Americans have trouble reading and understanding health information—whether it's prescription labels or a brochure about depression.

It's not just individuals with limited literacy skills who may have difficulty comprehending health information. Even well-educated people with strong reading and writing skills may have trouble filling out medical forms or understanding a doctor's instructions. Stress and fear can lower a person's ability to comprehend information.

Health literacy is fundamental to quality mental health care. In developing educational materials, make sure to provide your audience(s) with information they can understand.

1. **Limit the number of messages.** Present your readers with no more than three or four main ideas per document or section of your document. Tell readers only what they need to know.
2. **Tell readers what you want them to do.** State clearly the actions you want your readers to take. Accentuate the positive.
3. **Tell readers what they'll gain by reading your material.** Readers want to know how reading your materials will benefit them.
4. **Choose your words carefully.** Use words with one or two syllables. Make most sentences eight to 10 words. Limit paragraphs to three to five sentences. Limit the use of jargon and technical language.
5. **Be sensitive to cultural differences.** Use terms that your audience is familiar and comfortable with and tailor messages to each cultural or ethnic group or subgroup.

From *Simply Put* by the Centers for Disease Control and Prevention. For more information, go to http://www.cdc.gov/od/oc/simpput.pdf.

D. IMPLEMENTATION: GETTING TO ACTION

Your work so far brings you to the process of implementing your selected action plan. Implementation involves:
- Launching your action plan and carrying it out
- Keeping track of how your effort is being delivered through process evaluation
- Making adjustments along the way

Before launching your action plan, consider creating a spreadsheet to track specific tasks. Include a description of each task, the person responsible for completing the task, deadlines and when each task is completed. This will enable you to more readily evaluate whether components of your action plan are being carried out effectively.

Launching Your Action Plan

A launch is how you will kick off your action plan. You may choose to launch your program slowly and on a limited basis by conducting an activity in one geographic area to test the program. Using a limited approach will permit you to make adjustments before you fully commit your resources. Or you may choose to launch with a highly visible kickoff event, such as a press conference. Before you launch your program make sure to develop a launch plan outlining what you will do and when. Also be sure to prepare your staff for the work ahead.

Process Evaluation

Good implementation involves much more than simply carrying out the components of your action plan. It means that you will need to keep track of how your activity is delivered, also known as process evaluation.

Process evaluation monitors the functioning of program components. It includes assessment of whether messages are being delivered appropriately, effectively and efficiently; whether materials are being distributed to the right people and in the right quantities; whether the intended program activities are occurring; and other measures of how well the program is working. Use process evaluation to track the following:

- Partner/coalition involvement
- The effectiveness of publicity, promotion and other outreach efforts
- Media response
- Intended audience participation, inquiries and other responses
- Expenditures and adherence to budget
- How staff are carrying out their assigned tasks
- Whether deadlines are being met
- Environmental factors that are inhibiting or promoting project success

Develop your process evaluation plan before you launch your program. This will enable you to act quickly if adjustments need to be made.

Examples of Process Evaluation Measures

Dissemination

- Quantities of educational materials distributed
- Number of presentations given
- Number of special events
- Size of audiences at presentations and events

Response

- Number of telephone, mail and email inquiries (how people heard of the program, what they asked)
- Number of people visiting websites
- Number of organizations, businesses or media outlets participating in the program
- Response to presentations (measured by completed participant feedback forms)
- Number of publications requested and distributed

Audience

- Demographic or other characteristics of the responding audience (to find out whether the intended audience responded)

Making Adjustments
The implementation stage will not always proceed as you expect. A new priority may delay community participation, materials may be delayed at the printer, or a major news story may preempt your publicity (or focus additional attention on your issue). A periodic review of your planned tasks and time schedules will help you revise any plans that might be affected by unexpected events or delays.

E. EVALUATION: MEASURING OUTCOMES

Outcome evaluation is important because it shows how well the program has met its objectives and what you might change to make it more effective. Learning how well the program has met its objectives is vital for:

- Justifying the program to agency management and leaders
- Providing evidence of success or the need for additional resources
- Increasing organizational understanding of and support for the program
- Encouraging ongoing partnerships with other organizations

Evaluation Constraints
Even on a limited budget, communities can evaluate their efforts. Keep in mind that every program planner faces obstacles when conducting an outcome evaluation, such as:

- Limited funding
- Limited staff time or expertise
- Length of time allotted to the program and its evaluation
- Restrictions on hiring consultants or contractors
- Policies that limit the ability to collect information from the public
- Difficulty in isolating program effects from other influences on the intended audience in "real world" situations

Think about whether these limitations apply to your community. If they do, and conducting a large-scale evaluation is unrealistic, you still have the option of evaluating outcomes on a smaller scale. The following sections will help you get started.

Tips for Evaluating Outcomes

- Start thinking about your outcome evaluation early.
- Learn more about evaluation instruments, tools, measures and resources available to you.
- Ask other organizations in your coalition for recommendations on evaluators.
- Collect, organize and retain data from throughout the life of your program.

How to Evaluate Your Program
To determine changes in awareness, attitudes and behaviors, you will need to collect data. Collecting data at the beginning and end of your program will allow you to see whether progress was made.

Define the data you need to collect. Determine what you can and should measure to assess progress on meeting objectives. Use the following questions as a guide:

- Did awareness of the problem increase in the community?
- Did attitudes about the problem change?
- Did the community take actions?
- Did awareness of the program name, message or logo increase?

- Were policies initiated or other institutional actions taken?
- Did mothers experiencing depression feel more support from families and communities?

Decide on data collection methods. Most outcome evaluation methods involve collecting data about participants through observation or a questionnaire. Select a method that allows you to best answer your evaluation questions based upon your access to your population(s) of focus and your resources. Seek help to decide what type of evaluation will best serve your program, if possible. Sources include university faculty and graduate students (for data collection and analysis), local businesses (for staff and computer time), state and local health agencies, and consultants and organizations with evaluation expertise.

Develop or locate data collection instruments. Many data collection instruments already exist and you may not need to develop something new. Research existing instruments, measures, resources and other sources of help. These may include tally sheets for counting public inquiries, survey questionnaires or interview guides. You may find that it is necessary to develop a new data collection instrument or adapt an existing one. If this is the case, consider contacting an evaluator for guidance.

Collect, process and analyze the data. It is important to collect data throughout your program or activity. Use statistical techniques as appropriate to discover significant relationships. Your program might consider involving university-based evaluators, providing them with an opportunity for publication and your program with expertise.

Results will vary depending on the program, the issue and the intended audience. Don't expect instant results; creating and sustaining change in behavior takes time and commitment. Your program may show shorter-term, activity-related results when you conduct your process evaluation; these changes in knowledge, information-seeking and skills may occur sooner than more complex behavioral changes.

Refining Your Program

The program planning process is circular. The end of evaluation is not the end of the process but the step that takes you back to the beginning. Review the evaluation results and consider the following to help you identify areas of the program that should be changed, deleted or augmented.

Goals and objectives:

- Have your goals and objectives shifted as you've conducted the program?
- Are there objectives the program is not meeting? Why?
- What are the barriers you're encountering?
- Has the program met some of your objectives, or does it seem not to be working at all?

Where additional effort may be needed:

- Is there new health information that should be incorporated into the program's messages or design?
- Are there strategies or activities that did not succeed?

Implications of success:

- Which objectives have been met, and by what successful activities?
- Should successful activities be continued and strengthened because they appear to work well or should they be considered successful and completed?
- Can successful activities be expanded to apply to other populations or situations?

Costs and results of different activities:

- What were the costs (including staff time) and results of different aspects of the program?
- Do some activities appear to work as well as, but cost less than, others?

Accountability:

- Is there evidence of program effectiveness and of a continued need to persuade your organization to continue the program?
- Have you shared the results of your activities with the leadership of your organization?
- Have you shared results with partners?
- Do the assessment results show a need for new activities that would require partnerships with additional organizations?

Once you have answered the questions above, you may realize that only simple changes need to be made. You also may find that you need to go back to the beginning. If this is the case, reemploy the strategic planning framework to help rewrite and revise your program plan to accommodate new approaches, new tasks and new timelines.

III. Moving Forward

MOVING FORWARD

Maternal depression is a major public health problem, and its implications are too important to ignore. Millions of women are dealing with an illness that drains them of the joy and productivity that otherwise would be possible for them. Mothers suffer from depression at alarming rates—as many as one in three are affected—yet fear, shame and confusion prevent them from getting the support they need to heal.

Parents are the stabilizing and nurturing force in any family and a mother's depression deserves our full attention. Community stakeholders are in a unique position to increase awareness about the public health effects of untreated maternal depression and to formulate a local plan of action to begin to engage women and families who are in need of help.

Other illnesses affecting women, such as breast cancer, have benefited greatly from community mobilization and collaboration around increasing the general public's knowledge about risk factors, early identification and treatment. Maternal depression is another public health problem that, if understood by women from all sectors of society, will no longer be a silent epidemic.

Psychologist Thomas Wolff once said, "The future holds great promise for community coalitions as powerful interventions for community change."[83] We hope this guide will help concerned stakeholders move their community toward greater overall health for their citizens.

IV. Appendices

APPENDIX A: RESOURCE LIST

ORGANIZATIONS

Family Mental Health Institute (FMHI). Leader in promoting universal perinatal screening for postpartum women. Since 2001, the Family Mental Health Institute has focused on four areas to reduce the incidence of maternal depression and mental health disparities in women: screening programs for early postpartum depression detection; professional education and training; public education; and peer support groups for women and their families. http://www.ppdhope.com

Maternal and Child Health Bureau (MCHB). MCHB is a division of the Health Resources and Services Administration, U.S. Department of Health and Human Services, and aims to provide national leadership for maternal and child health; promote an environment that supports maternal and child health; eliminate health barriers and disparities; improve the health infrastructure and systems of care; and assure quality of care. MCHB resources and initiatives related to perinatal depression include Perinatal Depression: Emerging Perspectives and Practices. Includes an agenda, speakers' materials and links to additional resources related to an MCH DataSpeak audioconference about perinatal depression. http://mchb.hrsa.gov

Mental Health America. Mental Health America is the nation's oldest and largest public health organization dedicated to promoting the mental health and well-being of all Americans. Includes information and resources on depression and parenting. Also includes comprehensive FAQ section about finding treatment for specific mental health conditions. http://www.mentalhealthamerica.net

Mothers and Others. Mothers and Others is a website developed with the support of the National Institute of Mental Health (NIMH) to provide education about postpartum depression (PPD). http://www.mededppd.org/mothers

National Center for Health Statistics (NCHS). The mission of NCHS is to provide statistical information that will guide actions and policies to improve the health of the American people. As the nation's principal health statistics agency, NCHS leads the way with accurate, relevant and timely data. http://www.cdc.gov/nchs

National Healthy Mothers, Healthy Babies Coalition (HMHB). A recognized leader and resource in maternal and child health, HMHB reaches an estimated 10 million healthcare professionals, parents and policymakers through its membership of over 100 local, state and national organizations. HMHB's aims to improve the health and safety of mothers, babies and families through educational materials and partnerships. http://www.hmhb.org/

National Institute of Mental Health (NIMH). NIMH, a part of the National Institutes of Health, is the largest scientific organization in the world dedicated to research focused on the understanding, treatment and prevention of mental health conditions and the promotion of mental health. NIMH provides research information and publications for health professionals and consumers about research, clinical trials, funding opportunities and training on women and mental health, including conditions such as postpartum depression. http://www.nimh.nih.gov

National Women's Health Information Center (NWHIC). NWHIC is a service of the U.S. Department of Health and Human Services and offers a variety of women's health information online, including a fact sheet about depression during and after pregnancy and links to resources on the topic. http://www.womenshealth.gov

PEP (Postpartum Education for Parents). PEP was founded in 1977 by a group of new mothers to offer support to each other. PEP is a non-profit corporation staffed entirely by volunteers, all of whom have been trained to provide answers and act as objective, nonjudgmental listeners. PEP's services are open to any individual or family. http://www.sbpep.org

Perinatal Foundation. The Perinatal Foundation works in partnership with the Wisconsin Association for Perinatal Care (WAPC) to improve the health of infants, mothers and families from preconception to early childhood. The Perinatal Foundation provides information about the Perinatal Mood Disorders Initiative designed to advance understanding about prenatal and postpartum depression and improve the care available for women and families. Resources about perinatal depression include fact sheets, a poster collection of culturally specific narratives, a position statement, screening tools and treatment references. http://www.perinatalweb.org

Postpartum Support International (PSI). PSI is an international network of women, their families and professionals that focuses on postpartum mental health and social support. PSI offers articles, bibliographies, and other resources about postpartum mental health for women and their families. Also offers online discussion groups and contact information for state and local support groups. http://www.postpartum.net

Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA provides national leadership to ensure the application of scientifically established findings and practice-based knowledge in the prevention and treatment of mental health and substance use disorders; to improve access, reduce barriers, and promote high-quality effective programs and services for people with, or at risk for these disorders, as well as for their families and communities; and to promote an improved state of mental health within the nation, as well as the rehabilitation of people with mental health and substance use disorders. www.samhsa.gov

Additional Resources from SAMHSA:

- SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). A searchable database of interventions for the prevention and treatment of mental health and substance use disorders. http://www.nrepp.samhsa.gov
- Find Substance Use and Mental Health Treatment http://www.samhsa.gov/treatment/index.aspx
- SAMHSA Prevention Platform https://preventionplatform.samhsa.gov
- Matrix of Web Resources for Populations with Co-occurring Substance Use and Mental Health Disorders http://www.samhsa.gov/Matrix/web_cooc.aspx
- SAMHSA Suicide Prevention Resources http://www.samhsa.gov/matrix2/matrix_suicide.aspx

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Parental Depression Screening for Pediatric Clinicians: An Implementation Manual www.commonwealthfund.org/publications/publications_show.htm?doc_id=461988

Parenting with a Mental Illness: Programs and Resources Guide is a comprehensive resource to help parents, providers, and advocates find information about programs in their area. www.upennrrtc.org/resources/view.php?tool_id=128

Reducing Maternal Depression & Its Impact On Young Children http://www.nccp.org/publications/pub_791.html

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Women's Mental Health: Local Health Department Strategies in Addressing Depression among Pregnant and Parenting Women
http://www.naccho.org/pubs/documents/na148_womensmental.pdf

WARMLINES/HOTLINES

1-800-273-TALK (8255)
1-888-628-9454 (Spanish)
National Suicide Prevention Lifeline: This free and confidential service aids those who feel like there is nowhere to turn. Can be dialed toll-free from anywhere in the United States 24 hours a day, 7 days a week. Trained crisis center staff offer crisis counseling, suicide intervention and referral information.

1-800-944-4PPD (4773)
Postpartum Support International's Postpartum Depression Helpline: Callers will receive immediate support and information or a return call in English or Spanish as well as referrals to local services.

1-877-PPD-HOPE (773-4673)
Family Mental Health Institute Warmline: Women and their families affected by postpartum depression who contact the warmline will receive a call back from a mother who has experience dealing with and recovering from postpartum depression. The warmline also provides printed information and suggestions for whom to contact for additional assistance.

1-805-564-3888
Parents Educating Parents (PEP) Warmline: Free 24-hour service provides confidential one-on-one support from other parents who are trained volunteers. From basic infant care to breast- or bottle-feeding issues to postpartum adjustment, the warmline can be a great source of information and support.

1-800-311-BABY (2229)
1-800-504-7081 (Spanish)
Maternal and Child Health Bureau: Designed to help pregnant women and mothers with newborns identify free or low-cost services for themselves and their infants in their communities.

APPENDIX B: SCREENING TOOLS[84-85]

1. Beck Depression Inventory®–II (BDI®–II)
   Number of questions: 21-item self-report
   Recommended use: Recommended for primary care clinics delivering perinatal care
   Notes: Screens for general depression. Available in English, Japanese and Spanish.

2. Center for Epidemiological Studies-Depression Scale (CES-D)
   Number of questions: 20-item self-report
   Recommended use: Epidemiologic and community studies
   Notes: Screens for general and PPD depression.

3. Edinburgh Postnatal Depression Scale (EPDS)
   Number of questions: 10-item self-report
   Recommended use: OB clinics, doulas and pediatric clinics
   Notes: Specifically designed for detecting postnatal depression. Used in 23 countries and available in English and Spanish.

4. Patient Health Questionnaire (PHQ-9)
   Number of questions: 9-item self-report
   Recommended use: Primary care clinics delivering perinatal care
   Notes: Linked to DSM-IV, tracks response to treatment.

5. Postpartum Depression Screening Scale (PDSS)
   Number of questions: 35-item self-report, Likert-scale
   Recommended use: Psychotherapists and counselors
   Notes: Developed for PPD in particular.

APPENDIX C: ASSESSING THE PROBLEM: 20 QUESTIONS TO CONSIDER

Scope of the Problem

1. What is the incidence or prevalence of maternal depression in your community?

2. Who is affected by the problem (including age, sex, race/ethnicity, economic situation, educational or reading level, place of work and residence)? What are the risk and protective factors for those affected?

3. What is the impact of maternal depression in your community? What are the effects on individuals and the larger community?

4. How and by whom is the problem already being addressed? For example, is the local health department focusing on maternal depression?

5. What happens to a mother experiencing depression? Where can she get treatment? What kind of treatment? How do community mental health centers respond? Does the typical protocol include questions about parenting issues or how well children are doing?

Community Awareness

6. Has there ever been a public awareness campaign? What was the impact? Did the campaign include attention to low-income communities? Were there culturally and linguistically responsive efforts?

Engagement and Access Strategies

7. What are the barriers to accessing treatment for those affected?

8. What approach or combination of approaches can best engage mothers who are depressed?

9. Are home-visiting programs a source of early identification for depressed mothers with babies and toddlers? Do mental health agencies provide back-up support or consultation?

10. What kind of routine maternal screening is available through healthcare providers' offices when a baby is born?

11. What happens if screening results indicate that an individual has depression? Do healthcare providers have information about a referral network?

12. Is attention given to depression in fathers, grandparents and other caregivers?

13. Are there disparities in access depending upon income or insurance status? In other words, do healthcare providers see only those who can pay?

14. What other organizations have similar goals and might be willing to work on this problem? What types of partnerships would help achieve the objectives?

Treatment Approaches

15. What are the possible treatments?

16. What kind of treatments and services are already available?

17. Do support groups for depressed families exist?

18. What kind of family-focused treatment exists for young children, school-aged children and adolescents? Is help available to children whose parents are depressed through the mental health agencies? Through the schools? Through other settings?

Prevention

19. What are the possible preventive measures, solutions or remedies?

20. Are other prevention programs being planned or implemented by other organizations?

APPENDIX D: CONDUCTING FOCUS GROUPS

Recruiting Participants

There are a variety of ways to recruit participants. You can run an ad in a local publication, work with other community organizations, purchase lists of phone numbers of individuals with certain characteristics or identify professionals through a relevant association or mailing list service. You could also work through provider offices or local support groups, senior centers and community centers.

Think about whether you want to offer an incentive, such as money or food. Follow these tips when planning the logistics:

- Schedule sessions at times that are convenient for your potential participants (e.g., at lunch or after work).
- Choose a safe and convenient site. Churches and libraries are a good choice and may provide space free-of-charge to non-profits.
- Provide transportation (or reimburse participants for agreed-upon transportation costs).
- Arrange for childcare, if necessary.
- Let participants know you'll provide snacks or refreshments.

Developing a Moderator's Guide

The moderator's guide tells the moderator/interviewer what information you want from the participants and helps him or her keep the discussion on track and on time. Before this is done, you'll need to determine:

- What you want to learn from the focus group or interview.
- How you'll apply what you learn.
- What tools (e.g., descriptive information, message concepts or other draft creative work) you'll need to provide for the sessions.

Write questions for the guide that relate to the purposes you have identified. Most questions should be open-ended, so participants can provide more in-depth responses rather than just "yes" or "no." Also make sure the questions aren't worded in a way that will prompt a particular response. For example, instead of asking, "What problems are you having with quitting smoking?" you ask, "Are you having any problems with quitting smoking?" This will help ensure that participants offer honest responses, not the answers they think you want. The time and depth of exploration given to each issue should reflect the issue's importance to your purposes.

In the focus groups, don't include questions for group discussion if you need individual responses. Instead, you can have the moderator give each participant self-administered questionnaires to be completed before the session. Participants can also be asked to individually rank items such as potential actions, benefits or message concepts on paper during a session to combine individual and group reactions.

Conducting the Focus Groups

Focus groups typically begin with the moderator welcoming participants and briefing them on the process (e.g., that there are no right or wrong answers, that it's important to speak one at a time and maintain confidentiality, that observers may be monitoring, that the session will be recorded). The moderator asks a few simple "icebreaker" questions to help participants get used to the process and to help reduce any anxiety. This also helps the moderator develop rapport with the participants.

Next, the session shifts to an in-depth investigation of participants' perspectives and issues. Following the moderator's guide, the moderator manages the session and ensures that all topics are covered without overtly directing the discussion. Participants are encouraged to express

their views and even disagree with one another about the topics. The moderator doesn't simply accept what participants say but probes to learn about participants' thinking and attitudes. The moderator also seeks opinions from all participants so that all are heard, rather than a vocal few dominating the discussion.

Near the end of a focus group, the moderator will often give participants an activity or simply excuse him or herself for a moment to check with the observers and obtain any additional questions. Notes can also be sent in to the moderator throughout the session if the observers want other questions asked or other changes made.

APPENDIX E: STRATEGIES FOR COALITION BUILDING[86]

Create

Launch the coalition.

- Recruit a core coalition planning committee.
- Put relationships first.
- Identify an initial vision and common concerns as possible organizing issues.

Build an initial framework for working together.

- Create an appropriate decision-making and governing process.
- Determine extent of decision-making by consensus.
- Share power from the very beginning.
- Honor different communication styles.
- Respect that not all partners will feel the same way about every issue.
- Take inventory and, if necessary, seek funds for the coalition's work — as a team.

Connect

Expand the circle.

- Agree on criteria for coalition candidates.
- Compile a list of potential coalition members.
- Check interest and availability of coalition candidates.
- Plan and hold an organizing meeting of the coalition.

Build trust and mutual respect.

- Establish boundaries of acceptable behavior.
- Exchange gifts.
- Identify, compare and celebrate assets.
- Share stories on advocacy and policy development successes and challenges.
- Put listening on the agenda.
- Provide support for group identification and cohesion.
- Acknowledge and respond appropriately to cultural and language differences.
- Solicit input and participation in various ways.
- Plan events and activities where people can experience success in working together.
- Remember the personal touch.

Organize around a vision, mission and goals that promote change and continuity.

- Bring the right support to the table.
- Complete and document an environmental scan.
- Take a community inventory.
- Conduct focus groups to identify specific racial/ethnic group issues and possible cross-community issues.
- Identify areas of consensus and supply supporting documentation.
- Take time to craft a coalition vision, mission and values that everyone endorses.
- Establish an action agenda with achievable goals and objectives.

Evaluate.

- Hold a group discussion about how evaluation could and should be used.
- Establish an evaluation committee.
- Recruit an evaluator to work with the coalition evaluation committee.
- Review the coalition action plan and determine evaluation benchmarks and criteria.
- Monitor progress on an ongoing basis.
- Report to the coalition and others.

Commit

Solidify the organizational structure.

- Decide on the life span and revalidate that decision periodically.
- Examine options available for organizing the coalition.
- Determine most suitable organization for the coalition.
- Hire an appropriate level of staff to work on the coalition's behalf.
- Provide training, as needed, to strengthen the coalition's capacity and skills.
- Share leadership.
- Welcome and involve new recruits as coalition members of equal standing.
- Anticipate problems that could pull the coalition apart, and develop plans to handle them.
- Plan to pass it on.

Plan for and establish financial stability.

- Take inventory of resources coalition members can offer.
- Decide who should receive funds for the coalition.
- Identify acceptable and non-acceptable donors.
- Develop short- and longer-term budgets.
- Develop business, marketing and fundraising plans.
- Seek funding from non-traditional sources.
- Provide coalition members with financial reports on a regular basis.

Communicate effectively.

- Develop an internal and external communications plan.
- Designate a communications monitor or task force.
- Identify and utilize members' specialized communications skills.
- Develop the coalition's logo and other "trademarks."
- Speak with one voice.
- Address members' special communication needs.

Celebrate

Build on success.

- Identify opportunities for victory along the way.
- Transform challenges into opportunities.
- Record the coalition's history and important events.
- Invite the community to share in the celebrations.
- Celebrate individuals, too!

V. Endnotes

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