



National Alliance on Mental Illness

**nami**

# Multicultural Outreach Planning Guide



**For NAMI States & Affiliates**

**NAMI Multicultural Action Center  
2008**

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## Introduction

The U.S. population has significantly increased in size and diversity. As a matter of fact, in some parts of the country, like Los Angeles and Washington D.C., white Americans are the minority population. Diversity goes beyond race and ethnicity. People that share similar characteristics may develop a culture for the group. For example, we can say that there is a consumer culture, a college students culture, and a sexual orientation culture. In this multicultural society, our challenge is how to effectively engage across groups. If NAMI is truly to become the Nation's Voice on Mental Illness, we must engage diverse communities.

This manual will equip NAMI states and affiliates with information and tools to meaningfully engage diverse communities. Specifically, this manual focuses on cultural competence and on how to develop a successful multicultural outreach plan.

## Cultural Competence

*Adapted with permission from the Report of a Cultural Competence Panel by Dr. Ernest Quimby, Dr. Albana M. Dassori, and Dr. Annette B. Primm. November, 2001.*

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations. (Cross et al., 1989). Every person is influenced by his/her culture. Cultural Competence allows us to recognize similarities between cultures; acknowledge and respect differences; and value diversity. This helps organizations adapt programs and services to fit the cultural context of others.

- Cultural competence is a process.
- Cultural competence is not stereotyping.
- Cultural competence is not synonymous with race and ethnicity.
- Cultural competence implies awareness of one's own preconceptions and biases.
- Cultural competence requires recognition of the impact of the organization's assumptions and practices.

Cultural competence implies:

1. Cultural self-awareness
2. Awareness of cultural context of 'the other'
3. Understanding the dynamics of the difference
4. Development of cultural knowledge
5. Ability to adapt and practice skills to fit the cultural context(s) of consumers

### **Cultural self-awareness**

Understanding the assumptions and values upon which one's behavior and worldview rest. These values and assumptions are long ingrained in our worldview and affect how we perceive ourselves and our consumers. Whenever we come into an interaction, we bring our own preconceptions about 'the other' and these preconceptions can impact our behaviors and communication styles. As much as we want to think of ourselves as culturally sensitive, we all have biases.

### **Awareness of the cultural context of the 'other'**

This encompasses a wide range of elements including ethnicity, race, country of origin, language, acculturation, gender, age, sexual orientation, religious and spiritual beliefs, socioeconomic class and education. Awareness of 'the other's' cultural context also implies awareness of the consumer's own explanations of the illness/problems, (i.e., perceived causes,

idioms of distress, local illness categories, meaning and severity of symptoms in relation to cultural norms), as well as cultural interpretations of social stressors, social supports and levels of functioning.

### **Understanding the dynamics of the difference**

Unfortunately, many times we assume that culture is not relevant. Some well-meaning people are concerned with the risks of stereotyping. Although, a valid concern, we cannot conclude that there is no need for having basic knowledge of common beliefs/norms/values held by members of the sociocultural groups we come most frequently in contact. A key to cultural competence is to be flexible and constantly check whether our basic knowledge on the cultural background of the individual fits his/her reality.

### **Development of cultural knowledge**

To be culturally competent we must familiarize ourselves with the individual's culture and country of origin, history and pertinent psychosocial stresses, family life and intergenerational issues, culturally acceptable behaviors, role of religion, beliefs about causes and treatment of illness, etc. The changing demographic characteristics of the U.S. makes it very difficult to be knowledgeable about all the potential groups. Therefore, as a first step, we should attempt to become familiar with one or two of the groups that we most commonly encounter.

### **Ability to adapt and practice skills to fit the individual's cultural context**

As an initial step, we need to assess the cultural context of the individual. We have to attend to nonverbal and verbal cues and interpret them within the appropriate cultural context. For example, rules for eye contact and other feedback behaviors (smiling, nodding, and leaning forward) may differ across cultural groups. Mainstream Anglo-Saxon listeners are taught to maintain eye contact with the speaker. In fact, avoidance of eye contact may be misperceived as a sign of dishonesty or psychopathology by certain non-minority providers and practitioners. However, some Asian and Hispanic/Latino consumers may show deference by not engaging in eye contact with the speaker. Personal space is another variable that can be defined differently. In mainstream U.S. culture, we tend to stand about three feet apart to have an ordinary conversation. In Hispanic/Latino cultures, people typically stand closer. This can be interpreted as threatening or intrusive, if the other person is not aware of the specific norms.

### **Cultural competence involves several characteristics. These are:**

- Recognition of and respect for cultural differences
- Cultural introspection by administrators, supervisors, case managers, vocational specialists, NAMI leaders, advocates and support staff.
- Awareness of the differences, similarities and issues brought by consumers, families, practitioners, and service providers
- Knowledge about the role of culture in prevention, diagnosis and treatment interventions
- Adaptation of effective services which incorporate diverse cultural realities

### **Cultural competence includes the following principles:**

- Each person is a unique individual.
- Individuals exist within a cultural context.

- Treatment involves a holistic perspective of mental, social and physical health care.
- Attention to cultural details and knowledge helps to inform and facilitate engagement and retention of consumers and their families.
- Mental health treatment involves a relationship between the consumer and clinician.
- Families and support groups can promote treatment.
- Differences and similarities between people are recognized, honored, respected and validated.

### **Achieving cultural competence**

Achieving cultural competence depends on the following:

- Commitment displayed by the organizations leadership (administrators, board members, and other leaders)
- Clarity of the agency's goals, objectives, and procedures
- Generation of support from staff and members
- Collaborative planning and communication
- Creation of structural mechanisms to monitor and reinforce accomplishments (e.g., advisory board)
- Identification of cultural attributes of the agency, staff and consumers
- Assessment of how cultural factors affect service delivery and utilization
- Development of and access to resources and educational opportunities
- Attentiveness to perceived spiritual/religious needs
- Utilization of culturally sensitive and relevant materials

### **Methods of achieving cultural competence**

Multiple approaches can be used to implement cultural competence at the level of systems and programs. These include, but are not limited to, the following:

- Identify and acknowledge the needs, interests, concerns and preferences of diverse communities.
- Conduct cultural competence trainings for NAMI staff and leadership.
- Incorporate values clarification sessions among NAMI staff and leadership.
- Identify and utilize articulate 'cultural informants.'
- Hire a culturally diverse staff, and provide them with regular education.
- Minimize judgments of others.
- Identify and confront one's own biases and prejudices.
- Identify cultural clues which enhance cultural competence -- e.g., non-verbal communication through body language and facial clues; bi-lingualism.
- plan.
- Develop methods of assessing cultural competence efforts.
- Perform a cultural assessment and based on this assessment develop a cultural competence

Cultural competence requires:

**Organizational commitment:** This commitment is demonstrated through the attitudes and beliefs held by the organization in regards to cultural competence. Do the organization's mission statement, guiding principles, and practices acknowledge the importance of culture? Does the top leadership embrace and champion cultural competence? Does the organization conduct periodic cultural competence trainings? These are all components of the commitment an organization must make to achieve cultural competence.

**Community participation:** Efforts made by an organization should include active and meaningful participation of diverse communities. People with mental illness, their families, and the community at large should be able to provide input into the programs and services they receive. Community representatives should be part of the planning, implementation and monitoring of cultural competence and the overall delivery of services. To truly achieve community participation, the organization should actively initiate community engagement.

**Human resources:** An organization's efforts should include staff training on cultural competence. Staff at all levels in all functions of the organization should be part of such trainings. In addition to training staff, the organization should strive to create a culturally and linguistically diverse workforce. Recruitment, hiring, training, and mentoring practices that foster diversity, retention, and promotion of people of color should all be taken into account.

**Planning, monitoring, and evaluation:** In order to achieve cultural competence in service delivery, an organization should develop a cultural competence plan, closely monitor its implementation, and evaluate results. An organizational cultural competence assessment can be a great aid to this process. An important element to consider is the importance to monitor for quality and improvement of practices and programs. Community stakeholders, individuals with mental illness and their families should be part of the monitoring efforts.

**Cultural Competence Advisory Committee:** Acting in an advisory role to the organization, this committee should provide direction, input and oversight. The committee should reflect the diversity of the communities in which the organization operates and it should have direct and meaningful access to the organization's leadership.

The following pages provide you with a step by step approach to develop a culturally competent outreach plan.

## Formulating Your Outreach Plan

The following steps will aid you in successfully starting an outreach plan. Take time to go through these steps with your state or affiliate leaders.

### 1. Decide Whether or Not to Embark on an Outreach Effort

In order to begin planning for your outreach activities, it is necessary to develop an agreement within your organization to embark on such effort. This phase is crucial to the future development of your project. This is because outreach activities often appear attractive "in theory" to affiliate members when, in actuality, such efforts can be quite time consuming and demanding. For these reasons, it is imperative that a unanimous or near-unanimous agreement exists among the membership that an outreach effort is needed and desired. It is also necessary to be clear about the amount of time, resources, and commitment that this will entail.

Steps to follow:

1. Hold a series of meetings to discuss the idea of engaging other communities and explore your organizational readiness. The questions provided on the next page can help guide the discussion.
2. Be very clear and honest about the pros and cons of developing such an effort.
3. Be aware that some of your affiliate's members may be hesitant to openly express their reluctance or disagreement with the decision to conduct outreach activities.
4. Encourage open discussion. It is important that everyone is given a chance to express negative feelings about the potential of doing outreach, without fear of being accused of insensitivity to the needs of diverse communities.
5. Even if the group is unable to reach a consensus about embarking on the effort, you will gain awareness of which affiliate members are enthusiastic about the effort and which have some reservations. Allowing everyone's opinions to be heard will help to ensure that as many members as possible "buy-into" the plan.

**Questions for Discussion With Your State and/or Affiliate Leaders:**

Do we extend services to consumers and/or family members from diverse communities? If yes positive, what type of services? *(Note: While we say our affiliate is open to everyone, if we are not culturally competent, we are creating barriers that prevent people from diverse communities to join us.)*

Do we have special committees that address the specific concerns/issues of multicultural communities in our area?

Do we have materials (fact sheets, membership application forms, etc) in any languages other than English? Do these materials meet the needs of local minority community members?

Do we have education programs or support groups for diverse populations?

Do we have a diverse memberships? In not, why? *(Take some time to really explore the reasons for this. You may hear responses such as “We invite them but they do not come,” “We are open to everyone that wants to join us?, and “The levels of stigma are too high in that community and that is why they don’t come.” Responses like these are quite frequent. The put the blame on diverse communities for not coming. This prevents us from having to look at what we may be doing that is not inclusive of others. While this question may be uncomfortable to answer, it is very important that we take an honest look at ourselves.*

Do we offer a safe environment for gay, lesbian, bisexual, and transgender community members?

Why is it important to engage other communities?

What communities should we target?

## 2. Identify Your Target Group

Be realistic and specific when choosing a community. Your outreach plan will be based on the specific segment of the community that you want to reach. For example, if you decide to reach educated and upper class families within the target community, the strategies that you need are different than the strategies that you would use when reaching individuals in the inner city.

What are the demographics in your state and/or city?

What group do you want to target? Why?

What are your current resources for this community?

Do you have any members from this community who could help you?

### **How to Find the Demographics of Mental Illness Among Diverse Communities in Your State:**

- Contact the Department of Mental Health Services
- United States Census Bureau  
[www.census.gov](http://www.census.gov)
- Mental Health Stats by subject (Mental Health)  
[www.cdc.gov/nchs/fastats/mental.htm](http://www.cdc.gov/nchs/fastats/mental.htm)

### 3. Study the Community You Want to Reach

Once your affiliate has discussed and decided to reach a specific community in your area, you need to learn as much as you can about this group, its characteristics and history. The more you know about your targeted audience, the more successful you will be at engaging them in meaningful ways. Read as much as you can about your target community in order to become more familiar with it.

#### **Learn about:**

- Your target's group culture (history, traditions, values, family systems, artistic expressions, etc.).
- The impact of racism, poverty, and discrimination on the group's behavior, attitudes, values, and disabilities.
- The help-seeking behaviors of this community.
- The roles of language and communication styles.
- The resources (i.e., agencies, persons, informal helping networks, research) available for this community.

#### **Find out what prompted your current members from your target group to join NAMI and what encouraged them to remain involved.**

What attracted them to join your affiliate?

How did your affiliate reach these individuals?

Why did they remain active?

Are they happy with their membership? Why? Why not?

## 4. Cultural Mapping

Cultural mapping is an approach used to identify the characteristics of a community's resources and features. When you finish your cultural map you will be more familiar with your target group and you will have identified some key elements for your plan.

In order to do your cultural map:

1. Identify some community members (cultural brokers) to help you navigate it and who can also respond to your questions.
  - Make sure these respondents are representative of the community and that they are able and willing to share their knowledge with you. These people can help you determine where to go, who to contact, how you should interact with the group, what type of questions you can ask, what is culturally appropriate, etc.
2. Remember to enter the community with humility and be ready to learn about it.
3. It is important that you enter the community with a clear agenda of what you want to learn from it. This will help you stay focused, not feel overloaded with information, and to not seem as if you are “watching” or “studying” it.

Below are examples of questions that you should respond to in order to map the group you are targeting. *Be as specific as possible.*

### Identify the location of the target community

- In your city, where do members of your target community live? Which neighborhoods?
- What are the characteristics of these neighborhoods?
- Are they safe neighborhoods?
- Are they quiet neighborhoods?
- What is the neighborhood area like?
- What are the boundaries of the neighborhood?
- Is there easy access to public transportation?

### Identify community organizations

- Where do community members congregate?
- Where are the schools, hospitals, community centers, and churches?
- Are there any community-based organizations?
- What types of social services are available?

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- Where are the schools, hospitals, community centers, etc.?
- Are there any community-based organizations?
- What types of social services are available?
- Are there any neighborhood associations?
- Are there other less formal social groups? (e.g. clubs, fraternities/sororities, book clubs, etc.)
- What do these organizations and clubs do? What needs do they address?
- Who runs these organizations?
- What are some important businesses patronized by community members? (e.g. beauty salons, restaurants, grocery stores, etc.).
- What are their media outlets (newspapers, TV, radio)?

Identify community leaders

- Where does your target group look to get reliable information?
- Who are the community leaders? (e.g. pastors, local legislators, commissioners, teachers, school counselors, business owners, artists, professionals, media personalities, etc.).
  - List leaders by name and location.
- What other leadership roles are evident?

Identify prevailing beliefs expressed by the community

- Is it a largely spiritual community?
- What are the community's symbols and ceremonies?
- What other characteristics and beliefs do community members have?
- What is the community's relationship with the rest of the population?

Identify community beliefs toward mental illness

- Does the community have information about mental illness?
- Is the community aware of mental illness?
- Is there discrimination toward people with mental illness?
- What are the levels of stigma about mental illness?
- Does the community see mental illness as an important issue?
- If this NAMI group were truly representative of the population of this community, how might its support and advocacy functions expand or change?

Identify community needs

- What are the major issues that affect this community?
- What are the priorities of the community?
- What are the biggest needs of the community?
- Where does mental health fit within the community framework?
- Are there any community coalitions you could join?

Compile the answers to all of these and any other questions that you think may be important and share them with your group. The answers to these questions will help you in your planning and strategizing process.

## 5. Cultivate Relationships with Key Community Leaders

Thanks to your cultural map, you should have already identified key community leaders. Approach those leaders who could partner with you. Cultivate relationships with them. It might take time to gain their trust, but it is essential to have their support and buy in.

These leaders are your community experts. They should be part of the entire outreach planning process. They can help you identify the community needs and how to successfully reach the group. Because they are respected and recognized by the group, these leaders can help you gain access, trust, or attention from the group.

- Review the previously compiled list of leaders in your target community.
- Do you have contact with them?
- How can you contact them?
- How can you establish a working relationship with them?
- Do you share common goals/interests?

## 6. Formulating Your Basic Outreach Plan

Now that you know more about your target community and their needs, you can begin a series of planning meetings to start formulating your plan. These meetings should involve members of your affiliate **along with your cultural brokers, your key community leaders** and any other members of your target community who are willing to provide you with feedback and suggestions.

It is important to involve community members at this stage, in order to ensure that plans are relevant, responsive to the community's needs, and as culturally meaningful as possible. It was not suggested that community members attend the initial planning meetings, because their presence may inhibit people who are opposed to the effort from making their feelings known to the group. However, at this point, affiliate members will have been given ample opportunity to air their opinions and concerns, and the attendance of community members can enrich the planning process without stifling opposition.

### **Creating an outreach/multicultural taskforce or committee**

We recommend you create an **outreach taskforce or committee** to lead these efforts. This group should include affiliate leaders, staff, your cultural brokers and key community leaders. Do not make the mistake of only including people of color on your taskforce. This group needs to be an important part of your affiliate leadership and they have to be connected to your overall efforts.

Be selective when selecting members for the group.

- Are they community leaders?
- Are they knowledgeable about mental illness, recovery, or NAMI?
- What skills do they bring to the table?
- Are they truly committed to this effort?

Once you put your committee together make sure you create a plan to keep them well informed and meaningfully engaged.

## 7. Decide the Major Focus of Your Activities

One of the most important parts of developing your outreach plan involves deciding on the major focus of your activities. Traditionally, NAMI's focus areas include: education, support groups (family and consumer oriented), and advocacy on behalf of people with mental illness and their families through lobbying for better services and a more responsive mental health system.

The decision about which components to include in your plans is totally up to you. It is important to solicit the opinions of your community members to help you make this decision. For example, they may feel that establishing support groups is more important than recruitment. A sole focus on recruitment may convey the impression that you are only interested in increasing the size of your dues-paying membership and not in meeting the needs of your target community. Also, members of your target group may not have the financial resources to pay affiliate dues. If recruitment is a major goal of your project, consider offering free membership for a year to demonstrate your sincerity and give people an opportunity to see what you can offer before they are asked to contribute financially. For another example, your target group's advisors may feel that their community needs education more than it needs advocacy. Listen to their opinions carefully because they are in the best position to accurately assess needs.

After considering their opinions, your members' preferences, available monetary resources, and the natural talents of your affiliate's members, you will be in a good position to map out the components that you want to include in your plan.

(Note: You might begin your planning with a goal in mind. Be flexible about this. After the initial planning steps you may realize that your desired goal is not applicable at the time. Be willing to change focus. For example, you may have wanted to start a Spanish language education program for people with mental illness. After your cultural mapping, dialogue with the community, and input from your multicultural taskforce, you may realize that this is not the right approach. Be willing to change plans. What works for one community may not work for another one. Meet communities where they are and not where you are or where you want them to be.)

## 8. Identify Specific Goals

After making decisions about which components will be part of your plan, it is time to identify the specific goals that your activities will address. You should try to identify one or two goals for every component. Keep in mind that goals are statements that say exactly what you expect to accomplish through each component. For example:

### COMPONENT POTENTIAL GOALS

- |  |   |
|--|---|
| <b>Education</b>                         | <ul style="list-style-type: none"> <li>- Creation of culturally and linguistically appropriate pamphlets about the causes and treatment of mental illness.</li> <li>- Creation of a videotape explaining different types of psychotropic medications and their side-effects.</li> <li>- Compilation of a resource book containing the names, addresses and telephone numbers of all community mental health treatment professionals and agencies in the community.</li> </ul> |
| <b>Community-Specific Support Groups</b> | <ul style="list-style-type: none"> <li>- Create a GLBT support group.</li> <li>- Encouragement of attendance at a support group without requiring membership in NAMI.</li> </ul>  |
| <b>Recruitment</b>                       | <ul style="list-style-type: none"> <li>- Sponsoring the first year of NAMI membership for low-income community participants.</li> <li>- Setting a target of increasing community membership by a specific proportion.</li> <li>- Making a commitment to increase the representation of African Americans on an affiliate's board of directors.</li> </ul>   |
| <b>Advocacy</b>                          | <ul style="list-style-type: none"> <li>- Lobbying state government officials to increase funding for mental health services in the target community.</li> <li>- Making surprise visits to state inpatient psychiatric facilities serving the community to assess conditions.</li> <li>- Advocating for culturally competent services at the local level.</li> </ul>   |

The aforementioned are examples of the many types of goals that your group may identify in your planning process. The exact nature of your goals is not as important as the requirement that they be specific and realistic outcomes of your activities. Start with a potential set of goals, but do not be afraid to add or subtract goals as you proceed in your efforts.

## 9. Create or Join a Community Coalition

NAMI leaders know that resources are limited. We have limited funds, volunteers, staff, and expertise. Alone, we cannot fix the problems faced by the target community. For this reason, we must establish coalitions with local community organizations in order to unite our resources. Partnerships with community organizations will benefit NAMI as much as it will benefit these organizations. Example:

### **NAMI's Multicultural Partner Coalition**

NAMI's Multicultural Action Center is bringing together a cadre of national and international partners to join NAMI and its members in meeting the mental health needs of individuals from diverse communities. The primary role of the NAMI Multicultural Partner Coalition is to support community organizations and NAMI organizations in grassroots activities aimed at addressing mental health needs of racial, ethnic and cultural minority groups. The NAMI Multicultural Action Center works to improve education and understanding of mental illness and to ensure access to quality treatment and services for racial and ethnic minorities and other under-served groups.

By developing and maintaining relationships with organizations that already meet many of the needs of these individuals, NAMI Multicultural Partners will provide immediate access to community members and opportunities for improved understanding and policies addressing the research, treatment, services and support needs of these communities. We are partnering with organizations with a particular interest in engaging their local affiliates/members to meet community needs.

NAMI Multicultural Partner Coalition members will also act as advisors to the Center on strategic initiatives and opportunities. The goal is to ensure that people from all races, cultures and ethnic groups with mental illness receive the best and most appropriate treatment and services available. This group aims to eliminate stigma and discrimination, shape governmental policies to better meet the needs of people with mental illness and their family members and ensure that these individuals live with dignity and respect regardless of their ethnic, racial or cultural identities.

#### **Partner benefits:**

- Networking with multicultural and multinational coalition members
- Assistance with addressing mental health needs of organization constituents
- Collaboration on community projects with NAMI's state organizations and local affiliates
- Use of NAMI's educational materials for coalition organization's constituents
- Collaboration on special projects
- Potential for joint funding opportunities
- Access to leading information on mental illness
- NAMI support of advocacy issues relevant to diverse cultures, races and ethnic groups
- Co-sponsoring of special events

## 10. Funding For Your Outreach Effort

The next issue to consider as you proceed with your planning is how you will fund your activities. This is no easy question given that funding is limited. Some options are:

- Organize fundraising efforts such as street fairs, NAMI Walks, concerts or auctions.
- Commit a proportion of the operating budget (typically derived from dues paid by members) to pay for outreach activities.
- Obtain funds from state or local (city or county government) mental health agencies, child protection, or health agencies.
- Apply for funds from the federal government.
- Apply for funds from local philanthropic foundations such as Community Trusts or the United Way.

Given the limited funding available, it is a good idea to be aware of funding issues at the outset of your planning. However, you may wish to begin developing your plan in the absence of identified funding. This way you can establish an "ideal" set of activities and fund those you find you can afford as you go along. Having plans in place puts you in a position to apply for money once you learn it is available rather than starting from scratch after you learn of potential funding mechanisms.

Do you have the necessary resources?

Have you allocated resources through strategic planning/budgeting to minority outreach, programs, etc.?

What businesses could support your effort?

Are there any foundations that focus on multicultural communities?

## 11. Dissemination and Publicity

A final aspect of your planning should cover the ways in which you are going to inform others about your activities. The most important group you want to engage is the target community. You should pay close attention to how you are going to let community members know that your program is operating and what it has to offer. Thanks to your cultural map, your taskforce, and planning meetings, you should have a good idea of what type of messages will work for your community and where you should publicize your efforts. Design all your materials and projects based on this information.

- Your coalition members can help you disseminate the information through their networks.
- Mental health professionals and mental health treatment programs serving those communities are important to your success because they, in turn, can help you reach members of your target community.
- Still other target groups for dissemination are other local community organizations such as churches, ethnic clubs, sports facilities, and public educational institutions. Many people can be reached through groups such as these, and you should have identified them in the early stages of your planning process.
- Identify a journalist from the community who will be willing to report on your program.
- Plan to create press releases, public service announcements, and short newspaper articles detailing your efforts.
- Consider appearing on local television programs that cover local activities and events.
- Identify media outlets that are frequently used by members of your target community; advertising your program in culturally appropriate media will ensure that information reaches the people you want to inform.
- If time and resources allow, make plans for a public relations campaign that accesses the media most familiar to your target community.

## 12. Evaluation

Whatever activities your group decides to include in your outreach project, you should plan to evaluate them. The basic idea of evaluation is to gain an understanding of how well activities worked and how participants perceived them. This kind of feedback can then be used to redesign program components that were unsuccessful and to improve activities that were successful. Another reason to evaluate activities is to show potential funding agencies that the project is successful in accomplishing its goals. We suggest that evaluation plans include at least the following: client (or participant) satisfaction surveys and outcome assessments.

### Satisfaction surveys

A major requirement of using a satisfaction questionnaire is that people should be easily able to receive, complete, and return it for analysis. One relatively foolproof way to administer questionnaires is by handing them out at the end of an event while people are still gathered together, asking the group to complete them, and then collecting them as people leave. This is the easiest way to get respondents for your survey, however, these individuals are predisposed to a more positive outlook on your efforts having been convinced to attend your programming. This must be taken into consideration when reviewing your survey results. Getting feedback from those who do not attend your activities is difficult but valuable. These individuals can inform you of what could be improved in your outreach efforts. You may wish to seek further advice from your community brokers and key community leaders in giving a voice to a wider, more representative sample of the community.

The questions or statements to which people respond on a satisfaction questionnaire are called "items." One of the simplest ways to measure how well your survey results represent the voice of the target community as a whole is to include a few demographic items. These items must be chosen with sensitivity to protect the anonymity of the survey respondents. They could include age, gender, and any other broad characteristics found when completing cultural mapping that may stratify the target community. The survey demographics should be compared to the actual community demographics to determine the level of community representation. A large body of the survey should include items that force the respondent to choose between a number of pre-specified answers; these are referred to as forced-choice items, which measure the opinion of the respondent in a standardized manner. Some examples of this type of item include: true/false or statements with which the respondent selects the most accurate response on a scale from "strongly agree" to "strongly disagree," with a middle "neutral." Another type of survey item is an open-ended question, which requests the written opinion or statement of the respondent. Some examples of open-ended items include those which ask individuals to say what they liked or disliked about something and those which ask for suggestions for improvement of a program or service. It is a good idea to include a variety of item types in any satisfaction questionnaire you design.

### **Outcome assessment**

Another type of evaluation to consider is to measure the degree of change that occurs as a result of the project's activities. This is a way to measure the outcome of efforts. In order to assess change, however, it is important to measure a desired outcome before the project begins and again at some point in time after activities have occurred. For example, suppose one of the project's goals is to increase the number of calls for information received from the target population. Here, an assessment will want to measure the volume of calls from members of the target community before outreach efforts begin and then after efforts are underway. Another type of pre- and post- project evaluation would concern outcomes such as the proportion of people of color serving on the group's board of directors or the proportion of group members who are people of color.

Whatever type of evaluation the group conducts, remember that the most important considerations are that they are done accurately and fairly.

### **Summary**

By the end of your planning process, your group will have accomplished several major objectives:

- You will have dealt with the question of whether or not to embark on an outreach program.
- Identified a target group, found a key informant, and mapped the community.
- Formulated your basic outreach plan with components and goals.
- Identified potential funding for your activities.
- Planned for publicizing your efforts to target community members, professionals, and others.

# Appendix

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## NAMI Multicultural Action Center Technical Assistance for NAMI States and Affiliates

**Story Bank:** For your state office or affiliate newsletter. If you would like to include an article related to underserved populations in your newsletter call NAMI MAC to get a story.

**Public Web Site:** You can duplicate or link to NAMI National's Multicultural Web Site and the Spanish language site. If you want to personalize the site call NAMI MAC and we will help you create 1 or 2 paragraphs that are specific to your NAMI state office or affiliate.

**Library of Resources:** NAMI MAC has created a library of minority outreach resources. This library will have all the information about NAMI outreach campaigns taking place around the country. We will have descriptions of each program, contact information, samples of materials, and more. NAMI groups nationwide have generously shared all of this information with us.

**Revision of Materials:** You can send your multicultural outreach materials to NAMI MAC. We can review them and provide feedback and suggestions.

**Speakers Bank:** NAMI MAC has a list of speakers from underserved populations that have expressed interest in participating at NAMI conferences and gatherings. Contact us if you are looking for speakers.

**Cultural Competence Presentations and Trainings:** In order to successfully reach diverse communities, NAMI must know, understand, respect, and embrace these communities. We provide cultural competence trainings to facilitate this process.

**Materials In Other Languages:** MAC currently has materials in Spanish, Portuguese, Mandarin, and Italian. You could get the electronic versions of these materials to include your local contact information.

### Other Services:

- \* NAMI MAC staff will conduct presentations or speaking engagements for states and affiliates.
- \* Training teleconferences and town hall meetings.
- \* Briefings about diverse cultures
- \* On site outreach suggestions and planning.
- \* Coalition of organizations from underserved population.

**For more information please contact 703-524-7600 or [MACenter@nami.org](mailto:MACenter@nami.org).**

# Multicultural Action Center

## Available Materials

*Materials are available on the NAMI Web site at [www.nami.org/multicultural](http://www.nami.org/multicultural)*

For hard copies and subscription information, contact us at [MACenter@nami.org](mailto:MACenter@nami.org) or call 703-524-7600.

### Publications

- *¡Avanzamos!* NAMI Spanish-language newsletter (available electronically and in print)
- *Recovery for All*, e-newsletter of the NAMI Multicultural Action Center

### Technical Assistance Resources for NAMI Leaders

- Guidelines for Translation of Materials
- Collecting Race and Ethnicity Data
- Basic Steps for Successful Multicultural Outreach
- Multicultural Outreach Planning Guide for NAMI States & Affiliates (2008)

### Multicultural Issues in Mental Health Resources

- Mental Illness & Stigma in Diverse Communities
- Cultural Competence: A Key for Success
- Evidence-Based Practices and Multicultural Mental Health (2008 white paper)
- Overview of Multicultural Issues in Children's Mental Health (2007 report)
- Multicultural Issues in Veterans Mental Health Fact Sheet

### Linguistic Community Resources

Materials are available in **Chinese, Italian, Portuguese, and Spanish** at [www.nami.org/multicultural](http://www.nami.org/multicultural). (Go directly to [www.nami.org/espanol](http://www.nami.org/espanol) for NAMI's Spanish-language Web site content)

### Community-Specific Resources

#### African American

- Disparities in Mental Health Care for African Americans
- African American Mental Health Fact Sheet
- General Facts About Mental Health and African Americans
- A Family Guide to Mental Health: What You Need to Know (booklet)
- African American Outreach Resource Manual (2004)
- Working with Congregations to Reach African American Families with Mental Illness (2005)

## Community-Specific Resources

### American Indian and Alaska Native

- American Indian and Alaska Native Community Mental Health Fact Sheet
- American Indian and Alaska Native Resource Manual (2003)
- Proceedings Document: NAMI American Indian and Alaska Native Mental Health Listening Session (2009 report)

### Asian American and Pacific Islander

- Asian American Disparities in Mental Health Care
- Asian American Community Mental Health Facts
- Korean American Community Mental Health Facts
- Asian American Pacific Islander Outreach Resource Manual (2005)

### Gay, Lesbian, Bisexual and Transgender

- A Mental Health Recovery and Community Integration Guide for GLBTQI Individuals: What You Need to Know (booklet)
- GLBTQI Mental Health: Recommendations for Policies and Services (companion to above booklet)
- Mental Health Issues among Gay, Lesbian, Bisexual, and Transgender (GLBT) People
- Double Stigma: GLBT People Living with Mental Illness
- Disparities in Mental Health Treatment among GLBT Populations
- Mental Health Risk Factors among GLBT Youth
- Tips and Resources for Family and Friends of GLBT Persons
- Proceedings Document: NAMI's Gay, Lesbian, Bisexual, and Transgender (GLBT) Listening Session (2007 report)

### Latino/Hispanic

- Latino Mental Health Facts
- Latino Outreach Resource Manual (Updated 2004)

### E-mail Lists (Sign up by emailing us at [Macenter@nami.org](mailto:Macenter@nami.org))

- NAMI African American E-news
- NAMI Asian American Pacific Islander E-news
- NAMI Latino E-news

### Education Initiative Toolkits

- In Living Color: Depression Treatment in Primary Care (2008)
- Sharing Hope: Understanding Mental Health (2009)