Preventive Health and Health Services Block Grant FY 2010
How to Write Your Best Story Ever!

Success Story Book Tool Kit

Revised April 29, 2010

How to Write Your Best Story Ever!
Success Story Book Tool Kit

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GO T.E.A.M. Success!
Together **E**very **A**chieves **M**ore

February 2010

Dear Grantees,

This year we're focusing on bringing dynamism and energy to your Success Stories. Remember, an appealing and informative success story can be an effective tool to engage potential participants, partners, and funders. We are producing a book of your best successes from October 1, 2008 – September 30, 2009.

This tool kit is an easy reference for you to use as you prepare your best stories for publication and distribution in your communities. Follow the Success Story Criteria and the CDC Requirements sections and we're confident your stories will shine!

Together, we can make a more powerful impact in your community.

The Preventive Health and Health Services Block Grant Team
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10 Key Things to Know About the Book
New: Success Story Tool has been updated to submit quotes, photos and footnotes.

- **Success Story Submissions Deadline** – **April 1, 2010**
  Early submissions are encouraged – one page or no more than **541 words**.

- **Publication** – Features one story per grantee being reviewed on a first-come, first-serve basis.

- **Story Coverage Period** – Please report on interventions conducted or continued between October 1, 2008 and September 30, 2009. If past stories can be updated, you are welcome to re-submit into BGMIS as a revision.

- **Funded Programs Box** – This information will be exported from the Block Grant Management Information System (BGMIS). It is not necessary to e-mail this list, *unless* your programs have changed from what is listed in BGMIS.

- **Quotes** – Remember to include the author's full contact info, advanced academic degrees, and affiliation, *if applicable.* 60 words count limit.

- **Photos / Release Form –** BGMIS allows you to insert up to three pictures. TIFF, EPS or high resolution JPG formats only. **We CANNOT accept** photo content imbedded in Microsoft products. Clearly name each photo with short story title and number 1, 2, etc. See Success Story Criteria and CDC standards & consent form in this tool kit.

- **Footnotes** – In each section, enter the footnote number using the superscript key (x^2) and place all of the numbered footnotes with full references in this box. MS Word footnote features do not completely transfer to BGMIS. See CDC Style Guide in BGMIS for format instructions.

- **Contact Info** –For the story's author information, please include name, title, department or affiliation, email address and phone number. See Success Story Criteria for format instructions.

- **Book Release** – Late 2010 – early 2011.
  Timing is dependent upon the receipt of all *revised* grantee stories and completion of the CDC clearance system, often a four to six-month process. *Early submissions and quick turnarounds of story revisions are greatly appreciated.*

- **Story Bank** – Continue to submit your stories throughout the year.

How to Maximize Your Success Story's Impact

- ***Engage the Right People***
  Push down to the **community level** – ***expand the training invitation*** to those who will be writing the story, at the level where the action and impact is taking place. Engaging this group will improve the quality of stories.

- ***Relevancy – Timeliness***
  Capture your audience's attention with the latest information available. Only stories from FY09 will be considered for the Success Story Book. Where appropriate, provide updates and new perspectives to stories currently in the BGMIS.

- ***Strong Performance Measures***
  Ensure you have data collection systems in place; show year-to-year or baseline comparisons to demonstrate progress and movement.

- ***Highlight Successes in Top Three Funded Areas***
  Attract greater exposure and opportunities to promote your effort with this simple key. This is **strongly recommended**, but not required.

- ***The Human Interest Factor***
  Use a central character, community leader or organization to weave into your story. Readers will have better recall of your story, when there is a good story line and an emotional connection.

- ***Quotes Capture Attention***
  Bring stories to life with a meaningful quote from someone involved in the issue or success of your program. With the creative format, a quote is needed for each program highlighted. Answer the question, "How has the intervention made a difference? How will it make a difference once implemented?"

- ***Photos Say it All***
  Take your best action shot(s) of what your program is doing to ***make a difference*** in the community. There's truth to "a picture is worth a thousand words." Readers spend more time with stories that have interesting visuals.

The Creative Brief

This Creative Brief is a guidance document for writers, graphic designers, editors, and those engaged in the production of the Success Story Book FY 2009. The book will reflect your successes from October 1, 2008 – September 30, 2009. This information was presented at the "How to Write Your Best Story Yet!" training conducted February 2-4, 2010 and is available from your Block Grant Coordinator.

For an explanation of the terms, please refer to the template at the end of this section. This template also can be used for future creative products such as radio and television public service announcements, brochures, information kits and more.

Success Story Book FY 2009 Creative Brief

TARGET AUDIENCES:
- Elected Officials, policy makers, potential funders, partners/collaborators.

OBJECTIVES:
- Motivate target audiences to action!

- Increase, attract and maintain funding.

- Engage community partners and volunteers.

- Increase public awareness.

OBSTACLES:
- Policy makers and health officials face increasing pressure to cut budgets in the wake of decreasing revenues.

- External audiences often do not understand the magnitude of the public health issues facing their communities.

- External audiences do not know that all too often these funds are the only monies that exist to provide basic public health services.

KEY PROMISE:
- **If** I support PHHS Block Grant funding, **then** I promote healthier communities, help to lower health care costs, and improve the quality of life for my neighbors and future generations.

REASONS WHY: PHHS Block Grant funds are valuable and essential to:

- Address basic health issues such as fluoridating water supplies, improving food safety.

- Respond rapidly to emerging health threats in states.

- Fund critical prevention efforts that lack categorical state funding to address specific health issues, such as skin cancer, child safety, and untreated dental decay.

- Protect investments in and enhance the effectiveness of categorically funded programs that address specific health problems.

Success Story Book FY 2009 Creative Brief

REASONS WHY:
(cont'd)

- Leverage other resources of money for greater preventive health impact.

- Provide flexible funding to 61 grantee communities—50 states, DC, two American Indian tribes, and 8 U.S. territories.

TONE:

- Hopeful, emotional, heroic, upbeat.

MEDIA:

- Book, CDs, 1- or 2-sided Page Slicks, Web site

OPENINGS:

- Legislative sessions, grant proposals, information kits, National "Disease Type" Month media tours, *your ideas.*
- Develop your local "times and dates" schedule for promotional and informational opportunities.

CREATIVE
CONSIDERATIONS:

- Central character, hero and/or partner organization.
- Photos – One - two (1-2).
- Quotes – How has this program made a difference?

KEY THINGS TO
KNOW:

- **Success Story Deadline** – **April 1, 2010**).
  Early Submissions encouraged – one page or no more than **541 words.**
- **Funded Programs Box** – Information will be exported from BGMIS by the editor.
- **Quotes –**Please include full contact info, advanced degrees, and affiliation, *if applicable.* 60 word limit.
- **Photos –** TIFF, EPS or high resolution JPG formats only. **We CANNOT accept** photo content imbedded in Microsoft products. See Success Story Criteria and CDC standards & consent form in this tool kit.
- **Footnotes** – In each section, enter each footnote number using the superscript key (x^2) and place all of the numbered footnotes with full references in the Footnotes box.
- **Contact Info** – Provide complete information for the story's author/program contact. See Success Story Criteria for format instructions.
- **Book Release** – Late 2010 – early 2011 Pending receipt of all *revised* grantee stories and processing through the CDC clearance system.

The Creative Brief Template

Definition of Terms
1. Target Audience(s) Whom do you want to reach with your communication? Be specific.
2. Objective(s) What do you want your target audiences to do after they hear, watch, or experience this communication?
3. Obstacles What beliefs, cultural practices, pressure, misinformation, etc. stand between your audience and the desired objective?
4. Key Promise Select one single promise/benefit the audience will experience upon hearing, seeing, or reading the objective(s) you've set? Should be "If I do this (the behavior), then I will be, have, gain, (benefit), etc."
5. Support Statements/Reasons Why These are the reasons why the Key Promise/Benefit outweighs the obstacles; the reasons that what you're "promising"/promoting is beneficial. These often become the messages.
6. Tone What is the feeling or personality of your communication? Should it be authoritative, light, emotional…? Pick a tone.
7. Media What channel(s) or form will the communications take? Television? Radio? Newspaper? Poster? Point-of purchase? Flyer? All of the above?
8. Openings What opportunities (times and places) exist for reaching your audience?
9. Creative Considerations Anything else the creative people should know? Will it be in more than one language? Should they make sure that all racial and ethnic groups are represented?

Source: CDC, National Center for Health Marketing, Division of Health Marketing, Marketing and Communication Strategy Branch template

Six Rules for Writing

1. **Follow the 80/20 rule.**

   80% is planning and research:
   - Begin with the end in mind.
   - Review your program plan.
   - Develop facts, data, and sources.
   - Develop an angle/emotional hook.
   - Line up your interviews.
   - Talk your ideas over with others.

   20% is effective writing!

2. **Write for the reader.**
   - Use a simple, straight-forward style.
   - Find a way to make the reader care.
   - How would you explain it to your mother?
   - How would you tell your neighbor about this particular program?

3. **Don't bury the lead.**
   - Engage the reader early on.
     Before - Arkansas overall seat belt usage rate was 52.4% and the child safety seat usage rate was 64.8% in the year 2000, far below the national average. Overall, more children aged 0—14 are killed by unintentional injuries than by all childhood diseases combined.

   - Be direct.
     After – More children aged 0 to 14 are killed by unintentional injuries than by all childhood diseases combined.

4. **Use the right word.**
   - Write for a non-public health audience
   - Avoid jargon.
   - Define technical terms.
   - Clarify acronyms.
   - Do not assume your reader knows the meaning.

Six Rules for Writing

5. **Be concise.**
   - Avoid wordiness.
   - Avoid run-on sentences.
   - Avoid broad sweeping statements.
   - Use the active voice.
   - Follow the format.

6. **Use good grammar.**
   - Keep a dictionary, Thesaurus and English grammar book nearby.
   - Use a consistent style.
   - Follow CDC Style Guides in BGMIS.
   - Proofread the next day or later.

Success Story Criteria
(updated 04/29/10)

Use these criteria as a guide for writing your success stories. Stories are rated against these criteria.

TITLE
Does the title:
1. Capture your attention and make you want to read further?

2. Avoid acronyms?

3. Contain a verb?

4. Use a short, headline format?

ISSUE
Does the issue statement:
1. Have a strong lead sentence?

2. Provide state, regional, or local information about the issue? (e.g., cost burden, death rate, extent of inefficiency using current programs or methodologies)

3. Tie the health burden, training burden, or degree of threat to a cost burden?

4. Specify the affected population?

5. Provide an emotional hook in addition to public health data? Feature a central character, community leader or organization to weave the story line throughout the sections?

6. Avoid wordiness, passive language, and grammatical errors?

7. Make a clear, concise statement about a single issue?

INTERVENTION
Does the intervention statement:
1. Have a strong lead sentence that transitions the Issue section to the Intervention section?

2. Describe how PHHS Block Grant funds were used?

3. Identify who performed the intervention?

4. Identify both where and when the intervention occurred?

5. Specify steps taken to carry out the intervention?

6. Avoid wordiness, passive language, and grammatical errors?

Success Story Criteria

(updated 04/29/10)

IMPACT
Does the impact statement:
1. Give specific outcomes? (e.g., money saved, change in health status, numbers impacted)
2. Avoid broad, sweeping statements? (e.g., noticeable increase in healthy eating habits, significant amount of money was saved)
3. Provide conclusions that effectively wrap-up the story?

FOOTNOTES
Does the success story:
1. Provide data sources for the information presented as facts?
2. Follow the CDC Style Guidelines and have numbered footnotes? Guidelines are located in the bulletins section of the BGMIS Website.
3. Provide all of the footnote references at the end of the story?
4. **Note:** In each section, enter each footnote number using the superscript key (x^2) and place all of the numbered footnotes with full references in the Footnotes box.
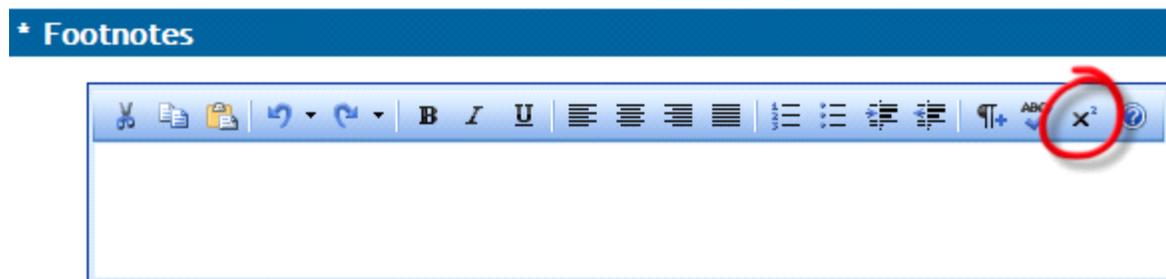
TERMS AND FORMATTING
Does the success story:
1. Use terms that are clearly understood by non-public health audience?
2. Avoid public-health industry jargon?
3. Have information in the appropriate sections (Issue, Intervention, and Impact)?

Success Story Criteria
(updated 04/29/10)

TERMS AND FORMATTING (CONT'D)
Does the success story:

4. Use just one page when printed, or not **exceed 541 words**?

   Note: CDC is aware that Web browsers have print settings that are often different from print settings in a Word document. We understand that the story will not always be EXACTLY one page in length, and ask grantees to simply adhere to the 541 words limit.

   To find the word count, use these MS Word features:
   o In MS Word 2007 version highlight the story content and look at the lower left of your screen.
   o In MS Word 97-03, go to tools and click word count.

5. Use indented bullets rather than dense paragraphs?

GENERAL*
Does the success story:

1. Relate to the chosen Health Objective?

2. Does the story contain a quote and the author?

3. Does the story contain footnotes that are numbered and in the appropriate format?

4. Does the story contain at least one photo and the corresponding release form?

*See Additional CDC Requirements below for guidance.

SUCCESS STORY CONTACT INFORMATION
Please provide the following information on who wrote the story.

   Instructions
   1. Include name, title, department or affiliation, email address and phone number.
   2. Do not use periods with advanced academic degrees.
   3. Phone numbers – Use all hyphens, no parentheses.

   Sample Format for Story Contact Information

   Jane Doe, MPH
   Public Health Advisor
   Division of Physical Activity and Nutrition
   State Department of Health and Wellness
   E-mail: jdoe@adph.org

   Note: The system automatically populates the Block Grant Coordinator's information.

ADDITIONAL CDC SUCCESS STORY BOOK REQUIREMENTS
(FY 2010)

QUOTES

Does the quotation:

1. Provide a voice of those impacted by the intervention effort, or answer the question, "How has this made a difference, or how will this make a difference?"

2. Have approval from the person being quoted? (No CDC release necessary, but keep a record in your files.)

3. **Meet the 60 words or less, limit?** It can come from the story narrative or be an added addition to the story.

4. Provide author's information including full name, advanced academic degrees, and full affiliation if applicable. Authors include participants, providers, partners or community leaders. Use the format information outlined below.

5. Place the quote and contact information in the "Quotes" section located in the Success Story Tool on the BGMIS Website.

6. **Sample format:**

   "Before the Alabama REACH 2010 project came to my community, I was afraid to even say the word 'cancer.' Now that I've been a community health advisor for 4 years, I can say that cancer is not a death sentence because there are resources and help available. Now, I tell everyone about the program that changed my life!"

   Susan Smith, MA, Community Health Advisor
   Alabama REACH 2010 Breast and Cervical Cancer Coalition

ADDITIONAL CDC SUCCESS STORY BOOK REQUIREMENTS
(FY 2010)

Photographs
Does the picture:
1. Convey the human side of the intervention effort?

2. Show action?

3. Have a signed consent form from everyone in the picture for its use? If you already have a consent form, provide this one in lieu of the HHS form.

4. Upload your photos and release forms into the Success Story Tool on the BGMIS Website.

Photo Submission Guidelines
1. See CDC Digital Photo Art Standards section in this Tool Kit.

2. Clearly name each photo with short story title and number 1, 2, etc., and BGMIS will accept up to three photos to provide the editor options.

3. *JPGs will be accepted*, the file must be 300 dpi or at least 500 kilobytes (KB) to 3 megabytes (MB) in size.

4. This gives CDC Creative Services flexibility to size the photos down to the desired size for print, probably 3-4 inches wide. Do not send a low-resolution photo that is a small size.

5. **We CANNOT accept** photo content imbedded in Microsoft products, i.e., in an MSWord file or PowerPoint. The only content accepted through MSWord or PowerPoint is text, charts or graphs.

6. Signed Talent and Consent Forms are required for each person in the photograph(s), but it DOES NOT have to be notarized. See CDC Digital Photo Art Standards section in this Tool Kit.

Trouble-shooting Tips
- *You must upload the release form first*, before the system will allow you to attach a photo.
- The photos cannot exceed 5MB and must be in jpg, tiff or eps format.
- If you need to shrink or reduce your photo size, BGMIS has suggested the following website for support:
- http://www.picresize.com/. Upload your picture, and then use option 2 to choose the new size (i.e. 50%).
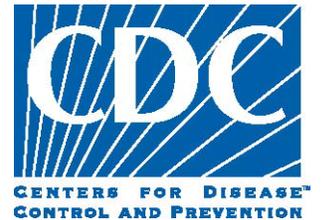
Digital Photo and Art Standards
Division of Creative Services

Photos for Print Photos for Other Formats

• To print clearly, photos submitted as electronic files must be high resolution: 300 dpi (dots per inch). A low-resolution file (72 dpi) from a digital camera may work if it is very large (≥700 k). Editors and graphic artists can help you assess photos.

• Photos should be saved as TIFF or EPS files. JPEGs can be accepted, but are not as flexible for resizing because they've been compressed.

• If you don't have an electronic file, you can submit a photo print for scanning.

• Photos **cannot** be in MS Word or PowerPoint, or downloaded from Web sites or cell phones.

• Photos on Web sites are usually low resolution: 72 dpi. But it's best to submit high-resolution photos that the graphic artist can reformat. **Follow the guidelines provided by your Health Communications Specialist.**

• Photos for PowerPoint slides or MS Word files should be low resolution: 72 dpi. But it's best to submit high-resolution photos for reformatting.

• Photos for Web sites, PowerPoint, or MS Word can be saved as JPEG files. This is a universal format for exchanging photos between different computer programs.

• Use photos sparingly in PowerPoint and MS Word. Too many photos will make the overall file too large, which can cause operational problems.

CDC Digital Photo Art Standards

How to Check Photo Resolution

•   Electronic photos sometimes open automatically when you click on them. If the photo is a JPEG, right-click the image and select Properties, and then Summary. If this section is blank, click Advanced to see image details. If the photo is a TIFF, right-click the image and select Page Properties. In the section called Image Parameters, scroll down until you see Resolution.

•   When a photo doesn't open automatically, you must choose a program to open the photo. Select Imaging. When the image opens, right-click it and select Properties, and then Resolution.

300 dpi TIFF file vs. 72 dpi JPEG file

CDC Digital Photo Art Standards

Rules for Using Photo Waivers

•   All people shown in a photo must sign a photo waiver giving permission for its public use. If the photo is from a state or community, your contact person must confirm that all waivers were signed. This confirmation can be in an e-mail.

•   A comprehensive Talent and Consent Waiver is available online at http://intraspn.cdc.gov/maso/EForms/PDF/Form1499.pdf. See sample form below.

•   A basic Photography Release form is available online at http://inside.nccd.cdc.gov/drh/Administration/PDF/photowaiver.pdf.

Stock Photos
 • Copyright-free photos, such as those on a photo CD purchased by CDC, do not require waivers. The Division of Creative Services owns CDs with a wide variety of images. See sample of a photo CD below.

Rights-Managed Photos
•   If you buy photos or get them from a source that requires credit for the photographer and/or the source, let the editor or graphic artist know. If the photo is copyrighted, the © symbol is required. See sample below.

All CDC publications are in the public domain, so we usually do not use copyrighted materials.

Graphic Elements and Logos

- Graphic elements include identity marks, logos, clip art, and original artwork.
- Graphic elements submitted as electronic files must be high resolution: 300 dpi.
- Graphic elements should be saved as TIFF or EPS files.
- If you don't have an electronic file, you can submit a high-quality hard copy for scanning.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
ATLANTA, GEORGIA 30333
TALENT AND CONSENT WAIVER

TO WHOM IT MAY CONCERN: I hereby grant full permission to the Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention (CDC), to use, reproduce, publish, distribute, and exhibit my name, picture, portrait, likeness or voice or any or all of them in or in connection with the production of a television tape or film recording, sound track recording, motion picture film, filmstrip, still photograph, or intranet/extranet posting, in any manner for training and other purposes. I understand that portrait shots and other pictures of me will initially be posted on the CDC intranet and extranet site and that those pictures may be used in CDC's internal and external written materials, including ultimately on CDC's Internet site.

Without limitation as to time, I hereby waive all rights for compensation in connection with the use of my name, picture, portrait, likeness or voice, or any or all of them, or in connection with said television tape or film recording, sound track recording, motion picture film, filmstrip, still photograph, CDC internal and/or external written materials, or intranet/extranet/internet posting, in whole or in edited form and any use to which the same or any material therein may be put, applied or adapted by the United States Government and others in the health field.

IN WITNESS WHEREOF I have hereunto set my hand and seal this ___ day of _____A.D. 20 ___

NAME: _____ **(PRINT)**

ADDRESS: _____

_____

SIGNATURE:_____

Photo Description:

_____

_____

WITNESS: _____

Date: _____

PROJECT NAME OR NO._____

Title: _____

Signature: _____

Newspaper Interviewing 101

These are tips for beginners on conducting journalistic interviews. They were written for participants in the Detroit Free Press high school apprenticeships.

The best thing to do when interviewing a source is to act naturally. An interview is just a talk with someone about a specific topic. But instead of merely hearing, the reporter is listening and writing down the pertinent details. Reporters must keep their opinions to themselves.

Preparing for the interview

Don't go to an interview unprepared.
Have some information in your head before you start. For example, if you are interviewing a person who sells furs and is annoyed by animal rights pickets, it might be interesting to know if this person has a dog or a cat.

Have your questions ready.
Don't expect your news source to tell you voluntarily what you want to know. Your questions, although you may stray from them, help you organize your thoughts. They also will remind you to get all the answers you want.

Make an appointment. You can't go into a busy official's office and get 30 minutes of his or her time unless you first set up an appointment. Then make sure you arrive on time.

Take three things with you on every assignment: a pencil, a piece of paper; and a grain of salt. Be a bit skeptical, don't believe everything you're told.

Conducting the interview

Introduce yourself and the publication for which you are writing. Look your subject in the eye. Don't be so busy taking notes that all the source sees are your flying fingers and the top of your head. It makes some people nervous to see every word being written down.

Often, the first question to ask is **how to spell the individual's name**. Don't rely on the spelling you've seen somewhere else because it could be wrong. A misspelled name is definitely the first way to lose credibility. Double-check the dates and the spelling of names. Even a name like Smith can be spelled differently. Don't be afraid to ask what you might fear is a silly question.

Start with easy, sociable questions to relax the person you're interviewing. Avoid questions that appear to have predetermined answers. Don't let your opinions determine the focus of your questioning.

Ask open-ended questions that invite a lengthy answer and can bring out anecdotes and opinions: ``How did you react?'' or ''Why do you think that happened?'' Try to take down as many direct quotes as possible.

Newspaper Interviewing 101

Don't ask questions that let your source give one-word answers.
Don't ask negative questions. That is, don't say, "No news, yet?" Don't make it easy for your subject to say "no."

Let the interviewee know you know something about him or her. This is called priming the interviewee. It goes like this: Mr. Jones, I understand you appeared in a movie about the takeover by people under 30. Do you believe this could actually happen?

Accept all facts and other data professionally. Do not argue or show undue shock or surprise. Have a note-taking system. For example, write "rr" for railroad.

Leave the door open for another talk. Ask the subject if he or she would mind if you made contact later personally or by phone for a follow-up. Get a phone number where the source can be reached later. End the interview by making sure you have a phone number to contact the source later for further facts or clarification. If you use a tape recorder; don't depend on it. Batteries run down and tape recorders can malfunction. Take notes, even if you're using a tape recorder.

Taking notes
Some kind of shorthand is a must. Most reporters use some form of shortened writing, such as "w/o" for without or "inc" for incomplete. Initials can stand for titles and symbols can be used to refer to organizations.

Set apart direct quotes with circles, quotation marks, stars or underlining. Taking notes on one side of the paper or pad makes their rearrangement to fit story structure easier.

Listen carefully. Don't note unimportant details.

Ask for the spellings on all names and titles. It is better to ask now than to have to call back to get them. Or worse, to get them wrong in the story.

Get direct quotations, especially on the main points.

Concentrate on what you are seeing and hearing. Immediately after an interview, review and supplement your notes. Arrange your notes in order of importance. It is unnecessary to write complete sentences unless you wish to get a direct quote in its entirety.

Write down specific information you cannot trust to memory: ages, names, addresses, statistics, and sums of money. Try to get biographical information where needed and look for newspaper clips and other material which may be used for background information.

Newspaper Interviewing 101

Do not be afraid to double-check unclear information even if you must make a follow-up call to do so.

Exciting writing is built on exciting anecdotes, so the interviewer is always listening for them. A really sharp interviewer also listens for clues to experiences that could make lively anecdotes. Then the interviewer directs the subject to **"give me an example"** or "tell me about a time when that actually happened."

Finding anecdotes

An anecdote is a small story. So, anecdotes can become stories within your larger story. These must be carefully "mined."

Post-interview interview

Some interviewees are masters at "pulling the wool" over reporters' eyes. So, be ready to check statements or figures with other sources. You should not take everything at face value. You should be a bit skeptical. Remember: "If your mother says she loves you, check it out!"

RESOURCES

1. Centers for Disease Control and Prevention. *Preventive Health and Health Services Block Grant At-A-Glance 2009.* Available at http://www.cdc.gov/nccdphp/blockgrant/#.
2. Directors of Health Promotion and Education White Paper. *Communicating the Effectiveness of Health Promotion to State-Level Legislators and Decision Makers*, August 2005. Available at www.dhpe.org/PolicyTools.htm.
3. Goodman, Andy. *Storytelling as Best Practice.* 2nd edition. Los Angeles, CA; 2004
4. Goodman, Andy, *Why Bad Ads Happen to Good Causes*, Los Angeles, CA; 2002.

Other Helpful References

1. Bartlett's Roget's Thesaurus.
2. Detroit Free Press Interviewing Tips, compliments of T.E.A.M. South Carolina Department of Health and Environmental Control, Owens Goff, Block Grant Coordinator.
3. Merriam Webster Manual for Writers and Editors.
4. National Association of Chronic Disease Directors or www.chronicdisease.org to find state epidemiologists.
5. Chronic Disease Indicators, Chronic Disease Indicators (CDI) is a cross-cutting set of 90 indicators that were developed by consensus and allows states and territories to uniformly define, collect, and report chronic disease data. http://apps.nccd.cdc.gov/cdi/.