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## ARTICLE

## EXPANDING SELF-HELP GROUP PARTICIPATION IN CULTURALLY DIVERSE URBAN AREAS: MEDIA APPROACHES TO LEVERAGING REFERENT POWER

Keith Humphreys, Sue Macus, Eric Stewart,  
and Elizabeth Oliva

*Veterans Affairs and Stanford University Medical Centers*

*Accumulating research attests to the benefits of self-help groups for people who have various chronic health problems. Expansion of self-help group participation may enable a broader portion of society to experience these health benefits. The Media and Education for Self-Help (MESH) Project was an effort to increase interest in health-related self-help groups among middle- and lower-income people in two California urban areas with minority-majority populations. A diverse coalition of self-help group leaders designed English- and Spanish-language radio public service announcements and posters that were disseminated in Oakland and Los Angeles. The outcome measures in each urban area were self-help-group-related telephone inquiries to local information and referral agencies (English and Spanish language) and the number of individuals attending self-help groups at agencies hosting many groups. Telephone caller data were also gathered in a nonintervention control urban area (Sacramento). Los Angeles experienced an overall increase in telephone calls about self-help groups during the MESH intervention, whereas the control urban area had no change in the number of telephone calls over the same period. The initial sharp increase in self-help-group-related telephone calls was not sustained in Oakland, however. The number of Spanish-language calls about self-help groups increased 821% in*

The MESH Project was funded primarily by the California Wellness Foundation, with additional support from the Department of Veterans Affairs Health Services Research and Development Service. We are extremely grateful to the individuals who participated in our community coalitions and donated their time and energy to our evaluation component.

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*Los Angeles and 149% in Oakland in the period from the 6 months that preceded the project through the first 6 months of the MESH Project. In the MESH Project urban areas, the number of visits to self-help groups was significantly higher in intervention months than in the same calendar months of the preceding year, particularly in Oakland, where the increase exceeded 300 visits to self-help groups per month. These intriguing findings are discussed in terms of their health policy and program evaluation implications. © 2004 Wiley Periodicals, Inc.*

Self-help groups (also known as mutual help groups) are a major resource for individuals who have chronic health problems. More than 10 million U.S. adults participate in mutual help groups each year (Kessler, Mickelson, & Zhao, 1997), and accumulating research evidence indicates that such participation has significant benefits. Evaluations focused on individuals who had epilepsy, sickle cell anemia, alcohol dependence, diabetes, chronic mental illness, and other serious conditions link self-help group participation to improved health knowledge and behavior, augmented coping, more appropriate use of the health care system, and enhanced well-being (for reviews see Kurtz, 1997; Kyrouz, Humphreys, & Loomis, 2002). Increasing the number of people who participate in self-help groups is therefore a desirable goal for public health policy. Such an increase may be particularly important in those lower-income urban areas where health-related self-help group attendance is less prevalent (Jason et al., 1988).

Self-help group participation can be increased by interventions that link a current self-help group member to a potential member. For example, Powell and colleagues (2000, 2001) demonstrated that an in-hospital visit to a patient who had a serious mood disorder by a current member of the Manic-Depressive and Depressive Association (MDDA) increased the posthospitalization MDDA involvement rate. Similar projects linking potential participants with experienced self-help group members have been successful in the addiction field (e.g., Blondell et al., 2001; Sisson & Mallams, 1981).

Mutual help group linking projects have been shown to be effective for different health problems and for different demographic groups (e.g., men and women, African Americans and Caucasians, middle- and lower-income people). Their basic rationale could be described from a number of theoretical vantage points; as Powell argued, the most useful may be French and Raven's (1959) classic theory of social power. French and Raven (1959) posited multiple types of social power, the best validated of which is "referent power." Referent power derives from the perception by an object of influence that an agent of influence is similar to him or her (e.g., also has an alcohol problem) and the object's response to that perception of emulating the agent in some fashion (e.g., also identifying as an alcoholic and attending Alcoholics Anonymous meetings). The experiential knowledge of self-help groups resonates with French and Raven's conceptual analysis. For example, many mutual help groups' meetings and literature emphasize the value of support from someone who "has been there, too," and the positive influence of senior members on newcomers.

Linking interventions demonstrate that referent power can be leveraged to promote self-help group involvement by connecting individuals in distress to experienced self-help group members who share their condition. However, one-to-one linking interventions require extensive coordination and are too costly to cover an entire

community. The current project was an effort to retain the use of a referent power intervention while breaking away from the constraints of one-on-one intervention. A media and education campaign seemed the ideal method of applying a self-help-group-promoting intervention to the community level because mass media marketing has wide coverage and easily incorporates referent power, as evidenced by the proportion of product advertising that is in the form of testimonials of people portrayed as being “just like” the intended purchasers.

Media and public education efforts on behalf of self-help groups have been sporadic. In many countries, radio and newspaper ad campaigns, television programs, billboards, fliers, and the like, have been used to publicize self-help groups and self-help clearinghouses (Humphreys, 2004). Yet we could find only one such effort that was subject to serious evaluation: Leonard Jason’s innovative Chicago-area radio program (Jason, 1984; Jason, La, Pointe, & Billingham, 1986). Jason hosted a radio show in which a self-help group held a live meeting for the first half of the program and fielded telephone calls from listeners for the second half. The program spread the referent power of experienced self-help group members over whole communities rather than focusing it in individual face-to-face interactions. An additional strength was that the group members could “do their own thing” and be in control of their own message, rather than have it imposed on them by an outside expert.

Jason (1985) assessed the impact of the radio show by tracking telephone inquiries to each featured self-help organization over a 10-week period. In the weeks after each group was on the radio show, telephone calls to that group showed a significant increase. Whether this increase was maintained over time or translated into greater attendance at groups is not known, but the findings are nonetheless suggestive that media promotion can fuel interest in self-help groups.

The Media and Education for Self-Help (MESH) Project attempted to build on Jason’s work. We retained his use of radio, along with his sharing of control with mutual help group members and his maximization of experienced members’ referent power. We also added several features. First, we coupled radio promotion with other promotion (i.e., posters for buses and clinics). Second, we made some efforts to tailor our social marketing to Spanish-language speakers, people of color, and low-income communities. Third, we evaluated telephone call inquiries in relation to those in a control urban area and gathered data on actual attendance levels in self-help groups.

## METHODS

### *Design*

The MESH Project was evaluated in a quasiexperimental design that focused on three outcomes: (1) telephone inquiries (in any language) about self-help groups made to information and referral agencies, (2) Spanish-language telephone inquiries about self-help groups, and (3) number of visits made to self-help groups. The first of these outcomes was evaluated in an untreated control group design with dependent pretest and posttest samples (Shadish, Cook, & Campbell, 2002). Specifically, the overall number of self-help-group-related telephone inquiries was assessed before and during the MESH Project in the intervention urban area as well as in a control urban area that received no intervention. The latter two outcomes were only measured in the urban areas that received the MESH Project intervention and thus were evaluated by using a one-group pretest–posttest design (Shadish, Cook, & Campbell, 2002).

### **Procedure**

*Selection and Description of Intervention and Control Sites.* Three urban areas were chosen as sites because of their diversity and their significant level of economic distress: Sacramento, Oakland, and Los Angeles. We typically refer to them as urban areas rather than cities to reflect the reality that the intervention could not be precisely constrained to the formal city limits (e.g., bus routes cross cities, and some city radio stations have wide broadcast ranges). County-level data (U.S. Census Bureau, 2003) indicate that all three urban areas have high poverty rates (17.9% in Los Angeles, 11.0% in Oakland, 14.1% in Sacramento). The largest year 2000 U.S. Census–defined subpopulations in Los Angeles were Hispanic or Latino Origin (44.6%), non-Hispanic Caucasian (28.0%), and Asian or Pacific Islander (12.7%). In Oakland, 39.5% were non-Hispanic Caucasian, 21.0% were Asian or Pacific Islander, and 19.0% were Hispanic or Latino Origin. In Sacramento, 56.4% were non-Hispanic Caucasian, 16.0% were Hispanic or Latino Origin, and 11.6% were Asian or Pacific Islander. About 5% of people in each city identified themselves as multiracial.

*Description of MESH Intervention.* A MESH Project member began the intervention in each urban area by networking with a limited (e.g., half a dozen) number of known local self-help organizations and leaders. The general nature of the project was described to each contact, who was asked to provide the names of several potentially interested individuals and any local knowledge he or she considered likely to be helpful to the project. Each individual identified was contacted and asked the same questions, until the various networks of self-help groups in the community were identified and the project staff had a good understanding of the local self-help scene in the area.

After this process of snowballing, a subset of identified individuals was asked to join a coalition that would promote self-help groups in the community. The target size for each coalition was set at eight to 10 members because of the well-established principle that small groups lose cohesion and effectiveness when they exceed this number. Deciding whom to invite into the coalition was difficult; in Oakland, for example, it involved reducing a list of 75 impressive candidates to 10. In forming the coalitions, the project team prioritized (1) prior experience with self-help-group-related outreach, (2) level and variety of experience leading self-help organizations, and (3) race- and health-related diversity of the coalition as a whole.

In the first coalition, in Oakland, 10 leaders agreed to participate; four were African American, four were Caucasian, and two were Latina. These members had experience in self-help groups for human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), cancer, diabetes, hepatitis C, high blood pressure, arthritis, psychiatric disorders, and substance dependence (both general 12-step recovery groups and groups focused specifically on Latinos/as). A MESH Project staff member who was also experienced in the self-help group arena facilitated the work of the coalition, which occurred in face-to-face meetings and by telephone and e-mail. The staff member also was responsible for any legwork between meetings that the coalition required in order to implement its ideas.

From an evaluation perspective, the “intervention” in the MESH Project entailed the formation and funding of the coalition, not the precise result of the way funds were expended, over which the coalition members were given very broad discretion. They were told that the grant had budgeted for use of radio promotion and for “health education material” (type, medium, and nature undefined). Other than that

general guideline, the coalition was asked to spend the advertising budget in whatever way they thought would expand participation in self-help groups in the urban area. It was expected that as self-help experts from diverse communities, the coalition would have the referent power and experiential knowledge to engage in successful social marketing of self-help groups, but these theoretical terms and other academic jargon were intentionally avoided in coalition meetings.

The early work of Project MESH in Oakland was devoted to helping coalition members understand the intervention and the intent of the project team. The coalition members were all extremely busy community leaders, whose initial response to the project was that they were overcommitted and did not have the time and resources to take on all the responsibilities of yet another project. When it was clarified that a university-based team would pay them an honorarium, fund a meeting planner and facilitator, pay for lunch, and fund the project, the community leaders were puzzled and suspicious at first. This attitude was partly attributable to the broader history of research universities' interactions with low-income communities of color; but at a more general level it reflected the near-universal human suspicion of strangers bearing gifts (e.g., that generated by junk mail announcing that "you may already have won money").

In the end, however, the leaders' initial skepticism was overcome by their perception that the MESH Project might increase mutual help group participation and by their desire to ensure that the media messages would be relevant to their community. They were also attracted by the unusual opportunity to draw external resources into their communities without attendant paternalistic control over the resources' deployment. With encouragement from the project team, they accepted the uncertainties of a new venture and began designing the promotional materials (and here it is worth emphasizing that these were all accomplished local leaders who by temperament and experience were accustomed to taking risks when there was a chance to benefit their communities).

The Oakland coalition developed posters with tear-off information sheets for a local helpline and radio public service announcements (PSAs). Both forms of media featured individuals with different health problems and of different racial or ethnic and gender backgrounds, emphasized that health problems did not need to be confronted alone, and provided the telephone number of a local agency that provided referrals to self-help groups and/or hosted meetings of groups. A selection of the posters generated by the MESH Project can be viewed on the World Wide Web (<http://www.chce.research.med.va.gov/chce/content/mesh.htm>). Most of the materials (80%) were developed in English; 20% were written in Spanish and designed to appeal to the Spanish-speaking segment of the local population. The materials advertised all self-help groups in general or broad classes of groups (e.g., "for people feeling overwhelmed, alone and having difficulty coping" and "if you have a health problem that no one understands") rather than specifically promoting involvement in the self-help groups in which coalition members were involved.

Buses were selected as the primary venue for the posters in Oakland because many lower-income individuals rely on buses, and buses travel to all neighborhoods and therefore would offer wide coverage of the MESH posters. These announcements were posted in buses through a contract with the regional transit service. The radio PSAs were distributed on compact discs to local radio stations for broadcast in whatever time slots were available. Radio stations donate time for PSAs, so this component involved no cost to the project. Several coalition members, as well as two members of

other Oakland self-help groups, created the scripts for the PSAs, in which each person told the story of his or her mutual help group involvement and its benefits. Each individual told the story personally in the ads. Even had there been sufficient funds to hire professional actors for the PSAs, the referent power of first-person stories was felt to outweigh whatever benefits the smoothness or poise of a professional actor might have produced. Further, coalition members wanted to tell their own stories in the PSAs, and the project team did not want to undermine their control over their own message.

The Los Angeles phase of the project began about 6 months after the Oakland phase. Here, a small group of culturally diverse self-help group members adapted the materials developed by the Oakland coalition to fit local realities. For example, because buses were deemed a less useful promotional avenue in Los Angeles, the posters were used instead in clinics, hospitals, unemployment agencies, and social service agencies. Again, it must be emphasized that the standardization in the intervention across urban areas was the provision of resources for mutual help group promotion, not precise control of what each coalition chose to do. The Los Angeles coalition included six core members, as well as perhaps a dozen other members who attended only one of the meetings to provide input and expertise.

In all, 400 bus posters, each with 50 tear-off sheets per pad, were distributed in the Oakland area. About 1,000 posters were disseminated in Los Angeles. A total of 12 PSAs were developed. The PSAs were distributed to 41 radio stations, about half in each city. The project did not have the resources to monitor closely which stations played the PSAs or the times they were run.

In terms of resources, it cost about \$35,000 per urban area to provide the MESH Project intervention. The largest expense was for the MESH Project staff member who recruited all members, scheduled and facilitated their meetings, and implemented their plans, for example, by finding graphic artists, radio stations, and bus companies interested in using MESH materials; arranging for recording studio time for the PSAs; and completing contracts for the production of the materials. In addition to this staff support, each coalition received \$10,000 to spend on designing and producing their self-help group promotion efforts, and each member received a \$400 honorarium. Total food and transportation costs were about \$1,000 per coalition for the series of meetings.

*Measures.* Telephone calls per month about self-help groups to the information and referral agencies mentioned in the media materials were tracked from 6 months before the intervention in the first urban area (Oakland) until the end of the first 6 months of Project MESH intervention in Los Angeles, which started to have the intervention about 6 months after Oakland did. The telephone lines were operated by a local mental health association (Sacramento), by a self-help clearinghouse (Los Angeles), and by a community agency that provides services to families (Oakland). As mentioned, in the intervention urban areas only, staff members recorded whether the self-help-group-related calls were from Spanish or English speakers.

In the intervention urban areas only, data were also gathered on the number of visits per month to a variety of local self-help groups holding meetings at a single community agency. Visits were the unit of measurement because the MESH Project did not have sufficient resources to track individuals over time, so if the same individual attended a group four times in a month, four visits were counted rather than one. In Oakland, these data were from a substance abuse-focused community agency

that provided meeting space to many self-help groups. These groups were not limited to substance abuse in focus, but almost all of them were of the “12-step” variety (Kurtz, 1997). All individuals who went to the Oakland agency for a self-help group signed a pseudonym in a registration log, from which monthly counts of visits were tabulated. Group attendance data for Los Angeles were collected monthly at a self-help clearinghouse that hosted meetings of a wide variety of self-help groups. The facilitator of each group filled out a form indicating the number of individuals who had attended the meeting and then returned it to clearinghouse staff. Project staff tabulated monthly counts of visits from these forms by hand for the first 3 months of the MESH intervention and for the same 3 calendar months of the previous year.

Importantly, the telephone and group attendance data collection procedures at both experimental sites had been in place for years and were not created by Project MESH. By drawing on preexisting data collection procedures, the project was able to find a nonreactive, inexpensive measurement strategy.

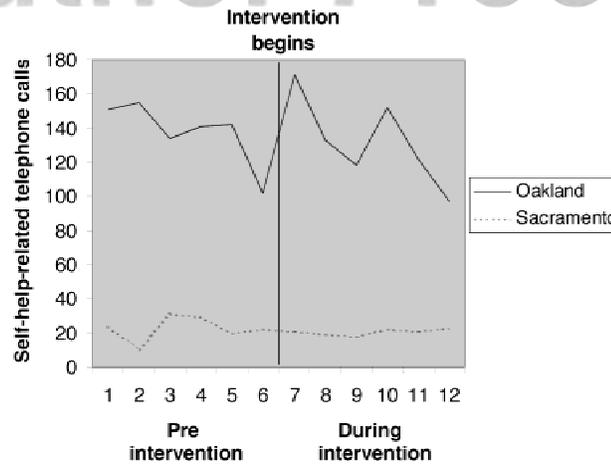
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**RESULTS**

The number of observations was small, limiting statistical power. Formal testing of group by time interactions was fruitless with the small number of observations available (see Cohen, 1992). Hence we rely heavily here on descriptive presentation of the data.

*Telephone Referral Calls About Self-Help Groups in the Control and Experimental Urban Areas*

Figure 1 compares the self-help-group-related telephone calls made in the 6 months before and during the intervention in Oakland and the control city of Sacramento. In the first month of the intervention, a sharp spike in calls about self-help groups is evident in Oakland only. Indeed, in absolute terms, the agency had not received so many calls in 1 month about self-help groups (171) in a number of years. The subsequent



**Figure 1.** Number of self-help-related telephone calls per month for Oakland (intervention condition) and Sacramento (control condition) in the 6 months before and during Project MESH intervention.

drop in the number of calls was steep, however, and there is no evidence of a long-term effect. Average number of telephone calls per month about self-help groups actually dropped slightly from preintervention to intervention in both urban areas, from 22.8 ( $SD = 7.7$ ) to 20.7 ( $SD = 1.9$ ) in Sacramento and from 137.5 ( $SD = 18.9$ ) to 132.2 ( $SD = 26.2$ ) in Oakland.

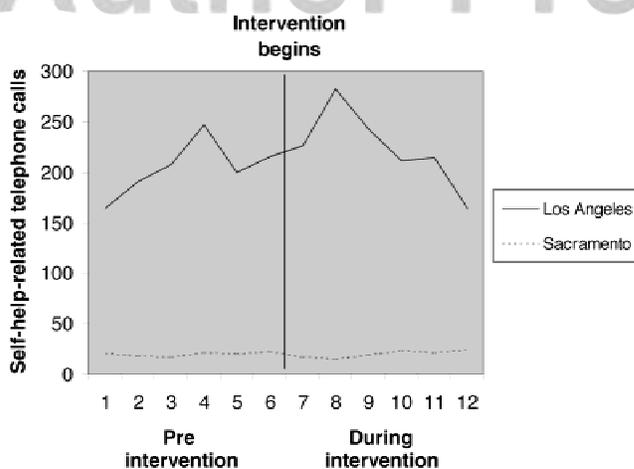
Figure 2 shows that Los Angeles experienced a significant rise during the Project MESH promotional effort, whereas the number of telephone calls about self-help groups per month was flat in Sacramento (20.7 for the 6 months before intervention versus 20.8 during intervention). Self-help-group-related telephone calls per month to the Los Angeles agency increased from 204.2 ( $SD = 27.5$ ) in the 6 months before intervention to 223.3 ( $SD = 39.0$ ) during the ensuing 6 months. Again, the change was accounted for mainly by a very large initial spike, after which the number of calls soon returned to a normal level.

***Spanish-Language Telephone Calls in the Experimental Urban Areas***

The Los Angeles self-help clearinghouse recorded seven Spanish-language telephone calls in the first month of Project MESH intervention compared with seven in the entire preceding year. Formal statistical comparison with paired *t*-tests showed a significantly higher ( $t = 5.056, df = 5, p = .004$ ) number of Spanish-language calls per month during intervention ( $M = 6.17$ ) than in the preceding 6 months ( $M = 0.67$ ). The mean number of Spanish-language telephone calls about self-help groups per month more than doubled at the Oakland site, a notable finding despite being below formal statistical significance ( $M = 0.67$  before intervention,  $M = 1.67$  during intervention,  $t = 1.369, df = 5, p = .23$ ).

***Self-Help Group Meeting Attendance in the Experimental Urban Areas***

As mentioned, the MESH Project did not have the resources to gather self-help group attendance data in the control urban area. Within-urban-area comparisons thus had

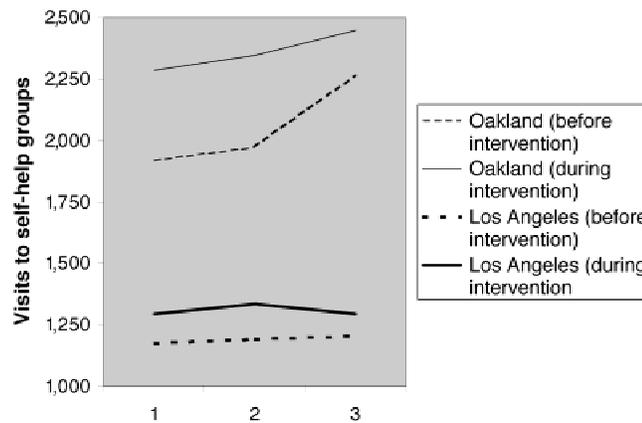


**Figure 2.** Number of self-help-related telephone calls per month for Los Angeles (intervention condition) and Sacramento (control condition) in the 6 months before and during Project MESH intervention.

to control for the effects of season and weather, which seem likely to affect people’s willingness to attend a self-help group. To adjust for this confound, the number of self-help group visits at each site over a 3-month period with intervention was compared to the number for the same months of the previous year. As shown in Figure 3, visits to self-help groups were significantly more common during the MESH Project than before it. Averaged over the 3 months of intervention, attendance increased about 15% at the Oakland site and about 10% at the Los Angeles site. Although there were only three paired observations for each urban area, results of paired *t*-tests were significant for Oakland ( $M = 2054$ ,  $SD = 183.9$ , prior;  $M = 2360$ ,  $SD = 83.0$ , post;  $t = 5.05$ ,  $df = 2$ ,  $p < .05$ ) and Los Angeles ( $M = 1193$ ,  $SD = 14.5$ , prior;  $M = 1308$ ,  $SD = 23.1$ , post;  $t = 7.24$ ,  $df = 2$ ,  $p < .05$ ). Both sites had an increase of more than a full standard deviation, which is extremely large by Cohen’s (1992) widely adopted standards for judging effect sizes in the social sciences.

**DISCUSSION**

Before any results are discussed, the MESH Project’s evaluation approach must be put into context. As are most health foundations, the primary funder of this project was more interested in providing community service than in conducting research. The evaluation team therefore began its work with energy and creativity, but little dedicated funding. The evaluation itself thus had a mutual help group ethos, in that it depended on volunteer time, took advantage of whatever skills and resources were offered, prioritized the inexpensive over the perfect, and cobbled together a series of small contributions into what was hoped to be a sum greater than the constituent parts. Because program evaluations conducted on a shoestring budget are common in the world of community agencies, many readers will probably find two lessons we drew from this project resonant: first, the results of any project evaluated on a shoestring budget almost always have to be viewed as preliminary; second, the many health foundations that have recently begun to emphasize the importance of evaluation and accountability in granting could better realize those worthy goals if they adopted the practice of ensuring that 5% of all project budgets were devoted to evaluation.



**Figure 3.** Number of visits to self-help groups in Oakland and Los Angeles in the first 3 months of intervention and the same three calendar months of the year before intervention.

The MESH Project's ambitious goals in some respects outstripped its resources. Yet we believe its apparent results are of some interest. A small media and public education campaign seems to have increased interest and involvement in health-related mutual help groups in two urban areas that have large populations of people of color and significant levels of economic distress.

The findings for total number of telephone calls about self-help groups were intriguing. The MESH Project apparently caused a large spike in telephone inquiries about self-help groups in both urban areas. Averaged over 6 months of observation, this increase was statistically significant in Los Angeles but not in Oakland. Oakland probably experienced lower pre- to postintervention change because its baseline measurement period included September 11, 2001, when the terrorist attacks may have made the number of self-help-group-related calls unusually high and hence difficult to increase through the MESH Project intervention.

In attempting to explain why the initial sharp increases in number of telephone calls attenuated rapidly in both urban areas, it is useful to mention a common explanation for the parallel phenomenon that successful new self-help organizations usually experience very rapid membership growth in the first few years that is not sustained over time. When, for example, the first self-help organization for cancer was founded, its potential membership pool was the population prevalence of cancer, which had accrued over a period of years. After everyone in that pool who was likely to join the organization had done so, the pool of potential members shrank to the incidence of cancer problems, and the growth of the organization slowed accordingly. The same dynamic may operate, albeit on a more rapid schedule, when a community first receives a self-help group promotion intervention. At first, the population prevalence of all disorders addressed by the self-help groups is the potential marketing pool, but over time the promotion materials are effective only for people who first have a disorder or have had a disorder but for the first time desire to seek emotional support. For these reasons, we suspect that had Jason's (1984) evaluation of telephone call data extended over as long a period as did ours, he would also have noted a similar drop in intervention effect after a few months.

The increases of Spanish-language telephone calls were larger and more sustained than those of telephone calls in general. We suspect these increases occurred because Spanish-language speakers are a virtually "untapped market" in this arena. Before the MESH Project, Spanish-language calls about self-help groups were so rare in both urban areas that even our small intervention could increase them dramatically. We believe there is a lesson here both for policy makers and for self-help groups. First, Spanish-language speakers are apparently not aware of health-related self-help groups, and hence education alone seems sufficient to cause many of them to show interest in groups. Future media campaigns could increase their impact simply by including some Spanish-language promotions. Second, self-help organizations seeking to expand membership should consider starting Spanish-language-speaking chapters. California would seem a particularly promising place to initiate such efforts, given the large population of bilingual people who could help bridge their mutual help organizations' programs to Spanish-language groups.

The identified large increases in group attendance are exciting. The MESH Project is the first demonstration that media efforts can do more than generate telephone calls: they can also lead to increased participation in health-related self-help groups. Our analysis cannot determine whether the increases were driven primarily by participation of new members or by more frequent participation by individuals who had

attended groups in the past; in either case, they yield the benefit that groups become more broadly distributed through the community. Importantly, the increases in mutual help group attendance, unlike those in telephone calls, were largely sustained over time. Phone calls are discrete interactions, and their frequency can be increased perhaps only briefly by a media effort. However, group attendance can be ongoing and reinforce itself over time. Thus, if a media effort can cause one group visit, the normal dynamics of groups can help parlay this first step into more regular participation, thereby sustaining the benefit of the initial promotion effort.

The MESH Project was a good approximation of life in the U.S. public nonprofit sector, in that evaluation relied on taking advantage of whatever inexpensive data were available and relying as much as possible on the volunteerism of people who were committed to the self-help group model. This fact may make our project more generalizable to everyday practice and more attainable as a model to frontline social service workers. Yet it also had some weaknesses that deserve attention.

First, the data were not gathered by researchers devoted to the project, but by busy service professionals with heavy responsibilities in other areas. The MESH Project therefore included no measures of grand theoretical interest (e.g., a referent power assessment) and relied on a small amount of rough, month-level data that were sensitive only to very large aggregate changes and omitted many details that would have been desirable (e.g., the caller's history of self-help group participation and of chronic illness). Further, the project only had the resources to cover two language groups, thereby leaving out the many California urban dwellers who speak only Tagalog, Vietnamese, and Mandarin Chinese, to name only a few languages. Finally, the control urban area could only provide one of the outcome measures for comparison, and motivating the control agency to provide data promptly was difficult because the project essentially had nothing to offer them or their city's self-help community. A more detailed version of the MESH Project could rectify these problems as well as test whether the apparent benefits of our project would survive a more rigorous replication study.

In closing, we wish to make one comment about the concept of referent power. The MESH Project showed that mass media promotions that rely on referent power can have significant effects on self-help group participation, replicating what has been found in one-on-one linking intervention studies (Powell et al., 2000). However, we did not test whether referent power is superior to other ways of engaging in social marketing, as in the French and Raven (1959) study of reliance on expert power (French & Raven, 1959) in which physicians urged patients to join self-help groups. Although such a comparison would be of theoretical and policy interest, efforts to move away from referent power-based interventions may limit the influence of self-help group members on MESH-like promotion efforts. From a values perspective, we are averse to designing self-help-related media campaigns that may undercut the grassroots, empowering nature of self-help groups. Our findings here suggest that just as self-help groups benefit when they control their own groups, community members at large may benefit when group members control campaigns to increase participation in self-help groups.

## REFERENCES

- Blondell, R.D., Looney, S.W., Northington, A.P., Lasch, M.E., Rhodes, S.B., & McDaniels, R.L.. (2001). Using recovering alcoholics to help hospitalized patients with alcohol problems. *Journal of Family Practice*, 50, 444-447.

- Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112, 155–159.
- French, J.R., & Raven, B. (1959). The bases of social power. In D. Cartwright (Ed.), *Studies in social power* (pp. 150–167). Ann Arbor, MI: Institute for Social Research.
- Humphreys, K. (2004). *Circles of recovery: Self-help organisations for addictions*. Cambridge: Cambridge University Press.
- Jason, L.A. (1984). Using the media to foster self-help groups. *Professional Psychology: Research and Practice*, 16, 455–464.
- Jason, L.A., La Pointe, P., & Billingham, S. (1986). The media and self-help: A preventive community intervention. *Journal of Primary Prevention*, 6, 156–167.
- Jason, L.A., Tabon, D., Tait, E., Iacono, G., Goodman, D., Watkins, P., & Huggins, G. (1988). The emergence of the inner-city self-help center. *Journal of Community Psychology*, 16, 287–295.
- Kessler, R.C., Mickelson, K.D., & Zhao, S. (1997). Patterns and correlates of self-help group membership in the United States. *Social Policy*, 27, 27–46.
- Kurtz, L.F. (1997). *Self-help and support groups: A handbook for practitioners*. Thousand Oaks, CA: Sage.
- Kyrouz, E.M., Humphreys, K., & Loomis, C. (2002). A review of research on the effectiveness of self-help/mutual aid groups. In B.J. White & E.J. Madara (Eds.), *The self-help sourcebook* (7th ed.). Denville, NJ: American Self-Help Clearinghouse.
- Powell, T.J., Hill, E.M., Warner, L., Yeaton, W., & Silk, K.R. (2000). Encouraging people with mood disorders to attend a self-help group. *Journal of Applied Social Psychology*, 30, 2270–2288.
- Powell, T.J., Yeaton, W. et al. (2001). Predictors of psychosocial outcomes for patients with mood disorders: The effects of self-help group participation. *Psychiatric Rehabilitation Journal*, 25, 3–11.
- Shadish, W.R., Cook, T.D., & Campbell, D.T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Boston: Houghton Mifflin.
- Sisson, R.W., & Mallams, J.H. (1981). The use of systematic encouragement and community access procedures to increase attendance at Alcoholics Anonymous and Al-Anon meetings. *American Journal of Drug and Alcohol Abuse*, 8, 371–376.
- U.S. Census Bureau. (2003). *State and County Quickfacts*. Retrieved from quickfacts.census.gov.

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