

ATTACHMENT 4
SAMPLE PRESS RELEASE
(or radio script)

FOR IMMEDIATE RELEASE

Note

This could be used BEFORE, DURING, or AFTER the site visit: modify as appropriate (grammar, points, etc.); add the list of meeting times and locations or have readers call to RSVP.

Day, Month, Date, Year
Community, State

Community has (had) a unique opportunity for it's local leaders, health care consumers and health care providers to share their perceptions and experience in obtaining access to health services with a team of state and national health partners.

In order to address the increasing health needs across **State**, (list **health partners**), is seeking to increase awareness and build support for health needs and health access improvement strategies. The community discussions in **Community** is a step in this broader health improvement strategy.

The purpose of the community discussion groups is (was) to increase awareness and build support for health needs and improvement activities (including the potential of **Community** to be the home for a community health center), and to gather input, reaction and advice around health needs and improvement ideas.

Meetings will be held (were held at) **names of towns or location** on **dates**.

More than **number of participants** participated (are planned to participate) - - leaders, providers and consumers from **Community** - - shared (will share) their thoughts on what they believe are the health issues. Discussion participants also shared their ideas on how to make **Community** a healthier place with representatives from **list health partners**.

A follow-up report will be developed from the information shared during the community meetings, for **Community** to consider as part of efforts to improve health access and decrease health disparities. The reports should be available in **date**.

The meetings will be (were) facilitated by Charles J. "Chuck" Wiltraut, a community development specialists from Allentown, Pennsylvania. Chuck organized similar meetings across the country for the Bureau of Primary Health Care, hospital and health systems, state primary care associations, rural health associations, and others engaged and interested in community development.

For more information please call contact name and telephone number.

OR

The meeting schedules is:

- | | | |
|----|------|----------|
| 1. | TIME | LOCATION |
| 2. | TIME | LOCATION |
| 3. | TIME | LOCATION |
| 4. | TIME | LOCATION |

If you would like to participate in one of these meetings, please call (**Name**) at (**phone number**) as soon as possible with the time and place that is most convenient for you. Thank you in advance for your participation in this very important project!