

Meeting Guide for Phase IV

**Developing a Comprehensive
Intervention Plan**

Meeting Guide for Phase IV: Developing a Comprehensive Intervention Plan

Introduction to phase IV meeting guide

In phase IV of PATCH, community participants will decide what intervention activity to conduct to achieve the objectives they set. The tasks in this phase include

- identifying contributing factors to the priority health problem and related risk factors.
- reviewing intervention strategies and existing programs in the community.
- involving the target group in designing or choosing the intervention.
- completing the “Checklist for Designing a Successful Intervention.”
- identifying new alliances, and revising organizational and functional structures.

This Meeting Guide for Phase IV is designed to assist you with planning and conducting the community group meeting(s) related to phase IV of the PATCH process. It is intended to be used in conjunction with the other two parts of the PATCH materials: the PATCH Concept Guide, which includes information and tools for carrying out the PATCH process, and the Visual Aids packet, which includes camera-ready copy of overheads and handouts. This guide includes a suggested agenda, an estimate of the time required to complete the agenda, and suggested text or activities you can use to facilitate each segment of the agenda. When conducting the activities described in this meeting guide, feel free to adapt the materials in this guide to meet your own needs and circumstances. Carefully review Chapter 5 in the Concept Guide for discussion points and examples not repeated in this meeting guide. Based on the level of understanding of your community group and on the level of detail appropriate for the community group and for the working groups, expand, shorten, or omit topics on the agenda.

You should plan to review working group accomplishments before this community group meeting and debrief after the meeting with such groups as your steering committee, partners, and working group chairpersons. At the end of this guide, see the section on Topics for Discussion After the Community Group Meeting for Phase IV.

Preparations for the community group meeting for phase IV

Suggested Agenda:

Community Group Meeting Agenda

Welcome and announcements	10*
PATCH update and meeting goals	10
Designing a successful intervention	15
Selecting the target group	25
Determining contributing factors	30
Involving the target group	20
Intervention settings and strategies	10
Matrix of the existing community programs and policies	30
Community resource inventory	20
Checklist: tools for developing the intervention activity	15
Conducting effective interventions	10
Updates from working groups	15
Wrap-up and closure	10
Meeting as working groups	varies

*Estimated time in minutes

Time Required: About 4 hours. The time needed will vary depending on the level of understanding of the group members, the dynamics of the group, and the work already completed by working groups. Some topics on the agenda, such as the Checklist for Designing a Successful Intervention, might be discussed generally with the community group and in more detail with the working groups. Add time for invited speakers. If you would like to divide the agenda between two meetings, you might want to break after the section on Determining Contributing Factors (see note on page MG4-9).

Preparation: Review results of previous meetings before proceeding. Carefully review Chapter 5 in the Concept Guide and Checklist for Designing a Successful Intervention handout. Valuable discussion points and examples provided in Chapter 5 are not repeated in this meeting guide. Determine the level of understanding of your group, and expand or shorten the discussion of topics such as strategies of a comprehensive intervention. Determine the level of detail that is appropriate for the community group and for the working groups.

Many communities have found it helpful and enriching to involve **invited speakers** in the meetings. Experts and interested persons might talk to the group about the chosen health problem, risk behavior, target group, interventions, or such specialized topics as the use of media. Speakers may include major service providers, experts in dealing with the health problem or target group, and experts in designing interventions. Provide the speakers with guidelines for time allowed for presentation and for discussion, specific subject area, and questions and concerns of the PATCH group. Request that at least one-third of a speaker's time be devoted to a question-and-answer session. Adjust the agenda accordingly.

In the Concept Guide, review the Monitoring the Phases of PATCH section of Chapter 6 (page CG6-3). In this Meeting Guide, review the section on Evaluating the Community Group Meetings (page MGO-3). Decide on a meeting evaluation method to obtain feedback from participants, and develop an evaluation form or plan a group discussion or both. Review the content in this Meeting Guide for Phase IV for recommendations concerning each segment of the suggested agenda. Prepare an agenda. ■

Welcome and announcements

Preparation: Be prepared to give an overview of the agenda. Review and revise the meeting goals, and prepare them as an overhead or write them on a flip chart. ■

Welcome participants, thank them for their efforts, and make general announcements.

Distribute and briefly discuss the agenda.

PATCH update and meeting goals

Preparation: Determine the accomplishments to be highlighted. Make an overhead displaying any community and behavioral objectives developed in phase III. Provide the level of review appropriate for your group. Review the Meeting Guide for phase III and chapters 4 and 5 of the Concept Guide for valuable talking points and examples. Alter the meeting goals, as appropriate. ■

Display and discuss overhead “Five Phases of PATCH.”

- Review PATCH phases and where in the process the group is.
- Review the results to date, including highlights of decisions made during phase III.
- State that the public relations and other working groups will report on their accomplishments later in the meeting.

Display overhead “Phase IV: Developing a Comprehensive Intervention Plan.” Discuss what will be accomplished during phase IV.

During this phase, we identify the target group and ways to involve members of the target group in the planning. We will review the inventory of existing community programs and policies, and we will design interventions that will meet unmet needs or build on what is ongoing in the community. We will develop a comprehensive strategy for addressing the health problem that will include educational, policy advocacy, and environmental measures—strategies that can be used in different settings, such as schools, health care centers, the community, and worksites.

Summarize decisions made during phase III. Display overheads of community and behavioral objectives. Provide as much explanation or review as needed.

Display and review the meeting goals, which might include the following:

- Select a target group and ways to involve the target group in designing interventions.
- Identify factors that contribute to the health problem.
- Discuss components of a comprehensive health promotion strategy.
- Review tools that will help us design our intervention.
- Establish working groups to design comprehensive interventions.

Designing a successful intervention

Preparation: Review Chapter 5 of the Concept Guide and the handout “Checklist for Designing a Successful Intervention.” ■

Explain that the health of your community does not depend just on the health of individuals but also on whether the physical and social aspects of the community are supportive of people living healthy lives. Therefore, a comprehensive intervention plan should

- include the use of multiple strategies, such as educational, policy, and environmental strategies, within various settings, such as the community, health care facilities, schools, and worksites.
- target the community at large as well as subgroups within the community.
- address the factors that contribute to the health problem.
- include various activities to meet your audiences’ levels of readiness.

Distribute and review sections of handout “Checklist for Designing a Successful Intervention.”

Explain that through the PATCH process, a lot has been learned about the needs of the community and possible target groups and the reasons why those needs exist. But to ensure that the interventions designed are appropriate and will be used by the target group requires careful planning by the community group and working groups. The “Checklist for Designing a Successful Intervention” is a tool to help the group plan intervention activities. Once the health problem, related risk factor, and target group to be addressed are known, the checklist can be used to identify

- factors that contribute to the presence or absence of the risk factor in the target group.

- programs and policies presently in the community that address the risk factor and target group.
- partners and resources.
- ways to involve the target group in designing the interventions.
- ways to enhance the program by coordinating with other local, state, or national activities and media.
- ways to coordinate and monitor activities through use of timetables, work plans, and evaluation plans.

Selecting the target group

Preparation: Review decisions made during phase III. Review Chapter 4 of the Concept Guide. Prepare to display and discuss data collected on priority target groups. Make copies of phase III products. Review the Tipsheet on the nominal group process from Appendix 2. ■

As we design our intervention, we will want to make sure it is appropriate for our target groups. We will want to target the community at large as well as at least one specific group within the community. This specific group may be identified based on mortality, behavioral risk factor, community opinion, and other information.

Summarize the results of phase III activities. Review information collected on priority target groups. Ask for discussion of groups to be targeted. Determine the initial target group. Use the nominal group technique if needed to reach agreement.

Explain that choosing a particular target group does not mean that it will be the sole focus of the interventions. Some interventions may actually be geared toward people who influence the target group. For example, if motor vehicle injuries are selected as the health problem and 18-to-34-year-old men who drink and drive as the target group, an intervention might address those who influence 18-to-34-year-old men who drink and drive. It might include training bartenders to manage people who drink too much or producing community public service messages such as “friends don’t let friends drive drunk.”

Determining contributing factors

Preparation: In the Concept Guide, review the Determining Contributing Factors section of Chapter 5 (page CG5-6). Review section on contributing factors and Table 1 in the handout “Checklist

for Designing a Successful Intervention.” You may wish to replace examples provided with ones that relate to your community’s selected health problem or risk behavior. Prepare to lead the exercise with several small groups or with the full group, and alter the guide appropriately. If working in small groups of at least five persons per group, you might want to train a member of the steering committee or another person to help lead each group. If you are addressing two or more behavioral risk factors or target groups related to the initial health problem, you might ask that participants form groups according to which risk factor or target group they would like to analyze. Make a set of overheads and handouts for each group. If working with the full group, you might wish to ask for a volunteer to record responses on a flip chart. ■

Group exercise (small group)

Summarize the need to identify contributing factors, both positive and negative.

Ask participants to turn to “Table 1: Contributing Factors” in the checklist handout, and display it as an overhead.

For a particular risk factor and target group, ask each group to list as many contributors as it can by brainstorming. Have participants designate if the factor contributes to the presence or absence of the risk factor. Each group should select a recorder to list the contributing factors on the overhead or flip chart.

Distribute and review handout “Types of Contributing Factors.”

Emphasize that all three types of contributing factors must be addressed in the intervention to have a comprehensive program that can make an impact on the target group.

Summarize the three broad categories of contributing factors. Each category should be included in the intervention design.

- Motivators that affect knowledge, attitudes, and values.
- Enablers that give the individual the ability to act.
- Rewards that positively or negatively affect behaviors.

Provide examples of motivators.

Knowledge - Individuals with high blood pressure may continue to eat large quantities of salt because they do not know about its effects on their blood pressure.

Beliefs - If a person with hypertension does not believe a particular medication will work, she or he is not likely to use it.

Attitudes - Persons with high blood pressure are not always willing to sacrifice existing eating habits for a more suitable diet.

Values - Although a long life and good health are valued dearly, sometimes people value certain detrimental practices (e.g., eating too much salt or smoking) even more.

Perceptions - People must perceive the potential seriousness, in terms of pain or discomfort, time lost from work, etc., as important for their behavior to change. If persons with hypertension have no sign of distress or pain, they may not perceive that stopping their medication may be damaging to their health.

Provide examples of enablers, which are those things that support a person's ability to take some actions, such as the availability and accessibility of resources or the skills necessary to undertake the action.

- To monitor their high blood pressure, people must either have the skills required to take their own blood pressure or have access to a facility where they can have it taken.
- To serve the community, clinics must be conveniently located and affordable to those who need them.
- For a family to buy low-fat dairy products, these products must be available in the stores.

Provide examples of rewards, which are the incentives or punishments that encourage or discourage certain health practices.

- Incentives may include reduced life insurance rates for nonsmokers.
- Punishments may include heavy penalties for driving while under the influence of alcohol.

We have all made certain changes (good or bad) in our lifestyles because society, family members, or friends encouraged us to do so or simply because we perceived the possibility of being praised for our actions.

There is evidence that strangers, rather than people close to us, may have more influence over our behavior in some circumstances. This phenomenon is known as the "strength of weak ties." Often, teens will adopt healthy behaviors on the basis of comments by complete strangers while ignoring health messages from parents or other people close to them.

Distribute handout "Contributors to the Risk Factor."

Have participants prioritize what they perceive to be the key contributing factors and write in each section of the handout the top five to eight factors.

Provide an opportunity for each group to present findings to the entire group. You might wish to review findings with the group. Ask groups to post the newsprint lists on the walls so that all participants can walk around and add items to the list or ask a representative from each group to report on the group's list. Ask participants if they have questions or would like to add additional factors.

NOTE: If you plan to divide the agenda into two or more meetings, you might wish to stop here, type up the small group reports, and mail them to the community group members to review. At the next meeting, discuss the reports and continue with the agenda as follows.

Distribute handout "Priority Risk Factors and Intervention Methods."

Once you have listed the key factors that contribute to the risk behavior, you can then begin to see what activities or methods might be used to influence the behavior. Have participants, working as a full group or in the same small groups, review the items that have been added to handout "Contributors to the Risk Factor." Have participants determine the factors they consider to be priority and list these on handout "Priority Risk Factors and Intervention Methods."

Help them to consider issues such as importance and changeability. The priority list should include one or more items for each category of factors: motivators, enablers, and rewards. Encourage participants also to list at least one method that could reinforce or negate each contributing factor.

Remind them that as they plan they will also want to coordinate with existing programs, strengthening them when possible and supporting them with new initiatives when appropriate. Ask participants to keep in mind the available resources such as funds, space, and volunteers but to keep from feeling totally constrained by these.

Emphasize that because there is no way that all the contributing factors on the lists can be tackled simultaneously, the group must decide which factors to address first. The group will also need to involve the target group to ensure that the correct contributing factors are being addressed appropriately.

Involving the target group

Preparation: In the Concept Guide, review the Involving the Target Group section of Chapter 5 and the Techniques for Data Collection section of Chapter 6. Review the section on target group involvement in the “Checklist for Designing a Successful Intervention.” Determine if you will give handout “Obtaining Input From Target Group” to the whole group or only to the working groups. ■

As we go through our intervention planning, we need to involve the target group. Many interventions fail because well-intentioned people plan them without involving the target group to make sure what is planned is appropriate. Why, when, and how can we get involvement from the target group?

Display and discuss overheads “Involve the target group: Why,” “Involve the target group: When,” and “Involve the target group: How.” Elaborate on ways to obtain feedback from members of the target group.

- Face-to-face interviews—individual or on-the-spot interviews.
- Questionnaires—forms filled out by the individual.
- Focus groups—8 to 12 people interviewed as a group.

Distribute and briefly review handout “Obtaining Information from the Target Group” if you deem it appropriate for the full group. Challenge members as they participate in working groups to determine how best to involve the target group.

Intervention settings and strategies

Preparation: Review the Designing Effective Interventions section of Chapter 5 of the Concept Guide. ■

Review with the group that it should strive to design a comprehensive intervention plan that

- addresses the contributing factors.
- is appropriate for the specific target group.
- uses multiple intervention strategies in various setting.

Display overhead “Health Promotion Strategies.”

Review the three categories of health promotion strategies.

Educational – to change knowledge, values, beliefs, attitudes, and opinions. This strategy includes two specific methods, communication and training.

Policy/regulatory. to help people adopt positive behavior or to discourage negative behavior.

Environmental measures: to make the environment safer or to make healthy choices easier (e.g., availability of low-fat dairy products or community recreational areas in all parts of town).

Display and discuss overhead “Program Sites.”

Emphasize that a community health promotion program is most effective when conducted in as many of the following settings as appropriate.

School – Children spend one-third of their waking time in school. It may be the most important setting for ultimately educating the entire population.

Worksite – Adults spend a large portion of their waking time at work. Work settings and co-workers have substantial impact on lifestyle. The work environment and pressures can cause physical hazards and psychological stress, but they can also provide a supportive atmosphere through policies that promote safety, an environment that promotes health (e.g., a nonsmoking environment, lifestyle and exercise areas, and team sports), and educational opportunities (e.g., screening, smoking cessation classes, and health presentations).

Health care system – The average person sees a doctor four times a year. Patients are often at a “teachable moment” and thus more receptive to education and advice.

Community - With community programs, social norms can be influenced because they reach people where they shop and play. They can also involve the entire family. With policies such as nonsmoking regulations in public buildings, peoples’ attitudes toward certain health behaviors can be changed.

Matrix of the existing community programs and policies

Preparation: Review the section of the phase III meeting guide concerning the matrix. Review the products of phase III and the working groups and vary this section appropriately. Prepare handouts or overheads based on these products. In Chapter 5 of the

Concept Guide, review the section on the Matrix of Existing Community Programs and Policies (page CG5-12). ■

Distribute and review handout “Existing Community Program/ Policies Matrix.” Also distribute copies of a matrix filled in by the community group or working group as part of phase III or of Table 2 in Chapter 5 of the Concept Guide, as appropriate.

As needed, work with the group to fill in the names of existing programs and policies that serve the target group and risk factor selected. Also identify whether each item listed affects on a motivator, enabler, or reward for the target group.

As needed, refer the task to a working group for completion.

Community Resource Inventory

Preparation: In Chapter 5 of the Concept Guide, review the sections on Broadening Alliances and on the Community Resource Inventory. ■

Use as an overhead or handout the “Community Resource Inventory.” Review the “Community Resource Inventory” and the need to have a working group describe further the programs and policies listed on the matrix, including the types and quality of services provided and the number of the target group members served.

Explain that the purpose of the inventory is twofold:

- By developing a rough idea of which programs and policies seem strong, which seem weak, and how many members of the target group are being served, the group can identify areas of need that they might wish to address.
- By identifying other groups in the community that are addressing the target group and risk factor, the group may identify new partners or collaborators.

As needed, refer the task to a working group for completion.

Checklist: tools for developing the intervention activity

Preparation: Review the handout “Checklist for Designing a Successful Intervention.” In Chapter 5 of the Concept Guide, review the sections on Checklist: Tools for Developing the Intervention Activity (page CG5-15) and on Updating Organizational and Functional Structures (page CG5-2). Make copies of the work plan example provided in Chapter 5. ■

Review with the group many of the tools located in the checklist, including the work plan, timelines, and time tables.

Distribute copies of the PATCH work plan example provided in Chapter 5. Emphasize that many communities have found that the most effective programs are those with work plans that specify what needs to be done, by when, and who has the lead responsibility. Point out that the work plan includes a timeline.

Refer to the “PATCH Activity Timetable” and the “PATCH Master Timetable” in the handout “Checklist for Designing a Successful Intervention.” Discuss efforts to coordinate or piggyback with major events and to distribute activities so that they do not overwhelm either the community or the working groups and volunteers.

Quickly review other sections of the checklist, and explain how they can be used by the working groups as a planning aid.

Conducting effective interventions

Preparation: Review the Conducting Effective Interventions section of Chapter 5 of the Concept Guide. Review the meeting guide information, overheads, and the handouts, and decide how much of the information to include in this session. You may choose to put different levels of emphasis on the "different curve" and on the "stages of changes." ■

Display and read overhead “Quote by Goethe.”

Discuss the various topics included in this section of Chapter 5. Provide examples from the community whenever possible with emphasis on examples related to the health problem, risk factor, or target group.

Display overhead “Diffusion Curve.”

Emphasize that people adopt new ideas at different rates and that they learn in different ways. Various types of people adopt new ideas at different rates; some immediately, some never, and most in between.

According to the diffusion theory, there are five types of individuals within a population.

Innovators – They are considered venturesome because they are eager, daring, risky, and rash; they are also willing to accept occasional setbacks when a new idea proves unsuccessful.

Early adopters – They are considered respectable; they are opinion leaders, and serve as role models. They are frequently sought out by people attempting to implement innovative programs.

Early majority – They are cautious and deliberate; they rarely take a leadership role but often interact with their peers. They often spend a great deal of time thinking and rethinking before completely adopting new ideas.

Late majority – They are often cautious and skeptical. They are often forced into adoption by economic necessity and social pressures.

Laggards – They are suspicious of innovations and are the last to adopt them; they are considered isolates who dwell in the past.

These five groups of individuals determine what different methods and channels of communication are more or less effective; for example, mass media may influence the first three groups, but outreach programs may be necessary to influence the late majority and laggards.

Discuss with the group that there are two things to remember when designing “boldness” into your interventions:

- People learn in different ways. For some, media may bring about behavior change. Others may need the support of a group or other stimulus to change. You need to provide a variety of learning experiences by using various strategies and at different sites in your community. As appropriate, distribute and review the handout "Stages of Change."
- You do not have to get everyone in the community to carry out a program for it to be effective. If you can get that first school to initiate a program, before long other schools will hear about it and want it too. If one restaurant offers heart healthy foods, soon others will want to also.

Updates from working groups

Preparation: Select and help prepare working group chairpersons or members to present an update of their activities and accomplishments since the last meeting. ■

Have the public relations working group briefly summarize what has been done since the last meeting, including updates on newsletters and press releases.

Have other working groups report on their activities. Issues you might want to discuss are whether to recruit more volunteers for specific tasks and how to recruit them, policies relating to use of your program's logo as you begin interventions, and ways to keep the community informed about PATCH.

Wrap-up and closure

Preparation: Before the meeting, develop a list of activities that need to be accomplished before the next meeting. List these items on a flip chart. In the Concept Guide, review the Monitoring the Phases of PATCH section of Chapter 6 (page CG6-3). In this Meeting Guide, review the section on Evaluating the Community Group Meetings (page MGO-3). Use a meeting evaluation method to obtain feedback from participants; for example, pass out an evaluation form and ask participants to complete it before they leave. ■

Complete and discuss the to-do list with the group. Ask for chairpersons and volunteers to carry out the tasks.

Set a date for the next meeting.

Distribute the workshop evaluation sheet, and ask participants to fill it out and return it to you before they leave.

Thank group members for their participation.

Meeting as working groups

Encourage working groups to meet at least long enough to clarify tasks and set a time and place for their next meeting. Identify participants who might be able to consult with the working groups, as needed (e.g., state coordinator, partner, or local coordinator).

Topics for Discussion After the Community Group Meeting for Phase IV

The following are topics for discussion with partners and steering committee members, including working group chairpersons.

1. Discuss what happened during the community group meeting, including group dynamics and decisions made. Discuss the results of the evaluation of community group meeting.
2. -Review plan for completing the Existing Community Programs/Policies Matrix and the Community Resource Inventory.
 - Guide the working group that will design interventions and complete work plans and evaluation plans.
 - Identify how to enlist the help of others in intervention planning and evaluation.
 - Review the Inventory of Collaborating Groups to identify potential involvement of local agencies and groups.
 - Network with other states and communities that are using the PATCH process.
3. Review tasks to be done by working groups, partners, and others and determine training and technical assistance needs.
 - Discuss the monitoring of the phases of PATCH (page CG6-3).
 - Explore resources available for interventions and evaluation.
 - Discuss any problems or needs identified by the public relations or evaluation working groups. Plan for the release of data results to the community.
- 4.. Schedule regular communications with PATCH partners, community members, and working groups. Plan to distribute a summary of the community group meeting to attendees, partners, and others in the community. Plan to update individuals absent from the community group meeting.