# Community Group Meeting for Phase IV: Developing a Comprehensive Intervention Plan

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#### **Checklist for Designing a Successful Intervention**

This document provides tools for examining a health problem and related risk factor (e.g., smoking, physical inactivity, poor nutrition) and designing effective community intervention activities. Additional information on how to complete and use this document is provided in Chapter 5 of the PATCH Concept Guide. This document is divided into the following sections:

- Introduction
- Determine contributing factors
- · Identify existing programs and policies
- Obtain support in the community
- Involve the target group
- Determine potential barriers and solutions
- Set intervention goal
- Set specific objectives
- Develop work plan and timetables
- Assess resource needs
- Identify and train workers
- Develop the evaluation plan
- Use evaluation results

#### Introduction

This checklist provides practical guidelines for those involved with planning effective interventions. Obviously, it cannot cover all contingencies, but we do hope that it helps you to:

- develop an intervention that is appropriate for your target group.
- develop an intervention and evaluation plan for use when generating community support and resources.

When planning a community-based health promotion program, you may wish to target various groups: the community at large and a specific group such as teenagers, older adults, workers, pregnant women, sixth graders, etc.

**NOTE:** You will need to complete a copy of this checklist for each risk factor and for each group being targeted. Sections 3-12 will need to be completed for each activity being planned.

#### Please list:

the health problem:

the risk factor:

the target group:

to be addressed by this guideline.

List the intervention working group members (names, telephone numbers, times available):

Name	Phone Number	Times Available

#### 1. Determine contributing factors

List the factors that influence the presence or absence of the risk factor in the target group. Complete Table 1. Identify the factors as to whether they are motivators, enablers, or rewards.

#### **Table 1. Contributing Factors**

Risk Factor:		_
<b>Target Group:</b>		

+ Contributes to Absence of Risk Factor	- Contributes to Presence of Risk Factor

#### 2. Identify existing programs and policies

A. Fill in names of existing programs and policies that address the risk factor and target audience you have selected. Complete Table 2. (You may use another copy of Table 2 to list programs that address a particular contributing factors (i.e., motivators, enablers, or rewards) that you hope to address in your target group.)

Table 2. Existing Community Programs and Policies Matrix

Risk Factor:			Target Group:		
	School	Worksite	Health Care	Community	Other
	(Students)	(Employees)	(Patients)	(Groups)	
Education					
-Communication					
-Training					
Legislative/ Regulatory Policies					
Environmental Measures					

B. Develop a Community Resource Inventory by adding information on key items listed in Table 2 into Table 3.

**Table 3. Community Resource Inventory** 

Organization (name, contact person, address, telephone number)	Services (type and quality); Policies	Numbers Served

C. Determine the priority intervention activities to be under taken by your PATCH program:

NOTE: You may need to complete a set of the following pages for EACH major intervention activity you address.

#### Please list the activity:

#### 3. Obtain support in the community

Have you identified the necessary contacts within the community (see Inventory of Collaborating Groups in Chapter 2 of the Concept Guide) that need to be informed (in writing, telephone contact, or both) of your proposed intervention? Also you should identify gatekeepers of the target group (e.g., counselors at the YMCA) who need to be involved and whose endorsements need to be solicited.

If so, who are they? How are they willing to collaborate to reach the target group (e.g., provide donations, materials, grants, volunteers, staff time, facilities, letters of support, or endorsements)? Enter information on Table 4.

**Table 4. Collaborative Groups** 

Community Organizations	Contact Persons (name, address, telephone)	Form of Endorsement or Collaboration

#### 4. Involve the target group

The target group is your best source for determining how to make an intervention appropriate and effective. There are times when your target group is not the focus of your intervention. You may, for example, target 18-34 year olds who drink and drive by designing interventions to train bartenders. The bartender would be your intervention group or intermediate target group. Although this document may refer to the "target group," substitute the word "intervention group" where appropriate.

- A. Has the target group expressed an interest in addressing this health problem or risk factor? If so, cite the sources.
- B. If the need has not been documented, will surveys and needs assessments be carried out?

By whom?

How and when?

- C. How have members of the target group been involved in the development of your program (involved as key informants, in focus groups, etc.)? Describe.
- D. What additional involvement of the target group is planned?
- E. Is the target audience interested in group, individual, or combination activities?
- F. What are the current levels of awareness and knowledge about this health problem and risk factor within the target audience?
- G. Has the target group expressed an interest in changes in policies or environmental measures related to the health problem being addressed? If so, specify.

#### 5. Determine potential barriers and solutions

A. Are there social, psychological, or cultural barriers (e.g., community taboos, values, social relationships, official disapproval)? Is the intervention group receptive?

How do you know?

What barriers to participation are most frequently mentioned by your intervention group?

- B. Are there communication barriers (e.g., illiteracy, policies of local media)?
- C. Are there economic and physical barriers (e.g., inability to pay, transportation)? Are there medical or other limitations to participation? Specify.
- D. Are there legal and administrative barriers (e.g., agency policies, allocated resources)?
- E. Is it likely that sufficient resources will be available to carry out the intervention? (You may want to review Section 9 on funding.)
- F. Will the intervention compete unnecessarily with existing services? Specify.
- G. How do you plan to overcome these barriers (e.g., change service time, provide transportation, or use specially trained personnel)?

#### 6. Set intervention goal

Summarize the main purpose of the intervention activity:

#### 7. Set specific objectives

A. What specific behaviors, conditions, policies or environmental measures are you expecting to change?

	will occur and by when.
C.	As appropriate, specify your objectives concerning changes in: awareness
	knowledge
	attitudes
	behaviors
	skills
	policies
	environmental measures

B. Specify your intervention objective stating how much of what change

#### 8. Develop work plan and timetables

- A. Develop a plan for intervention preparation, delivery, follow-up, and evaluation using the enclosed **PATCH Work Plan.**
- B. Develop a timetable for your intervention activity using the following Activity Timetable. Mark on your timetable any major events that you hope to coordinate or "piggy-back" with major national events (Great American Smokeout, National Nutrition Month) or state events (state physical activity week) or local events (spring festival). Also the time frames for all activities concerning this risk factor should be put onto one timetable to ensure coordination and distribution of the activities in such a way they will not overwhelm either the community or the working groups.

**Activity Timetable** 

Risk Factor:\_\_\_\_\_

List activities in the columns

May/June

В.	Is this intervention activity coordinated with PATCH strategies that are addressing other risk factors? Develop a Master Timetable by combining the Activity Timetables that address individual risk factors or target groups. (Use the Master Timetable form located at end of Section 8.) Individual activity timetables may need to be altered to ensure coordination of activities and to guard against competition between activities and overwhelming either the community or the working groups. If multiple risk factors are being addressed in your community, you may want to emphasize activities concerning a particular risk factor during a selected time of year.
C.	List communication channels for marketing the intervention.
D.	What incentives (praise, t-shirts, certificates) will you use?
E.	How long will the intervention activity last and are the dates and times chosen appropriate (e.g., will the target group be available)?
F.	What feedback (e.g., miles completed, pounds lost, policies enacted, environmental changes made) will you provide participants?
G.	Who will design and print the educational materials? (See Section 9 on funding.)

H.	If your intervention activity includes a major media component, what is the message you wish to convey?
	What is your source for public service announcements (health department, private agency, business)?
	How will the intervention population be involved in the formation of the message and modes of delivery?
	What channels will be used to deliver the message (radio, television, print)?

# **Master Timetable**

List activities in the columns

November/December September/October July/August May/June March/April January/February

#### 9. Assess resource needs A. How much will the intervention cost? equipment \_\_\_telephone/postage \_\_\_incentives travel \_\_\_materials/printing other: \_\_\_personnel other: B. Will you need to raise funds to implement this activity? If yes, through which of the following? business donations sales \_\_\_fees to participants door-to-door grants/foundations \_\_\_events other: C. What materials will you need? brochures \_\_pamphlets \_\_\_self-help materials \_\_\_correspondence \_\_\_training manuals courses \_\_\_t-shirts, buttons, etc. \_\_\_flyers \_\_\_other: \_\_newsletters \_\_\_newspaper feature article D. How will the materials be produced and printed? How long will it take? E. Which of the following will distribute them? \_\_\_businesses \_\_\_stores health care facilities worksites \_\_\_religious organizations \_\_\_other: schools

F.	Will they be direct mailed?
	Who will provide the addresses?
G.	Will materials be mailed only upon request?
Н.	Will you need to charge a fee for materials? How much?
I.	How will you evaluate or test your materials before they are used to determine acceptance and effectiveness?
	On whom?
	Where?
J.	Will you need additional staff? (If so, specify number and qualifications.) specialists: students: volunteers: others:
K.	Have you checked to see if all areas of liability are covered? equipment liabilityprogram liability  _facility liability

10.		entify and train workers What do you expect them to do?
	B.	What are their necessary levels of knowledge and skills?
	C.	Will you need different training sessions to accommodate the different levels of knowledge and skills?
	D.	Do they understand their roles and responsibilities?
11.		welop the evaluation plan When will you and your stakeholders consider this activit to be a success? Complete enclosed Evaluation Worksheet.
	B.	Who will be responsible for developing the evaluation plan?
	C.	What resources do you have for evaluation?
	D.	How will you determine if you are reaching your specified objectives concerning changes in:
		awareness:
		knowledge:
		attitudes:

behaviors:

skills:

	policies:
	environmental measures:
E.	Describe the tools you will use. questionnaires (pre/post)?
	screening (pre/post)?
	observational surveys?
	participation records?
	interview with participants, with providers?
	other:
F.	How will you determine the following?
	Who has participated (number and demographic information)?
	If your intervention is appropriate and effective?
	If your target groups can understand the materials?
	If your communication channels are working?
	If you need to use more or different communication channels?
	If the needs of your target group have changed?

G.	Are you using your funds cost-effectively?
	Are staff costs too high?
	Is there overproduction of material?
	Are printing costs too high?
	other fees too high?
H.	Where could you cut back?
Us	e evaluation results
A.	How will you inform the community about the results of your intervention activity (newspapers, media, presentations)?
B.	How will you share information with – gatekeepers of the target group?
	– participants of the activity?
	– individuals or agencies that provide resources?
C.	How will this information be used for program improvement?

12.

#### **PATCH Work Plan**

Risk Factor:		
Activity:		
Preparation Tasks	By Whom	By When
Delivery Tasks	By Whom	By When

# **Evaluation Worksheet**

Risk Factor: Target Group: Activity:

By When?	
By Whom?	
How will we know?	
We will consider this activity successful if	TV-LL-1

Follow-up Tasks	By Whom	By When
	D 117	
Evaluation Tasks	By Whom	By When

# **Types of Contributing Factors**

There are three broad categories of factors that affect health behaviors: motivators, enablers, and rewards.

MOTIVATORS refer to a person's knowledge, beliefs, values, attitudes or perceptions.

**Knowledge**—factual information that may or may not initiate action on the part of the target group.

Beliefs-a conviction that phenomenon or object is true or real.

Values—something held dear without regards for consequences that may or may not result.

Attitudes—a constant feeling towards a person, place, or thing.

ENABLERS refer to the skills and resources that make certain individual actions more likely.

**Skills**—the ability to perform tasks that constitute desirable health behaviors.

**Resources**—the availability and accessibility of services, facilities, and products necessary to perform a health behavior (e.g., blood pressure screening at worksites, cigarette vending machines removed from schools, and low-fat dairy products readily available at stores). These resources are influences by the willingness of the local government to provide outreach clinics and health education in the schools, while restricting such things as students smoking on school property or cigarette machines in county buildings.

<u>REWARDS</u> refer to factors that provide incentives or punishment for a behavior. Included are social as well as physical benefits, and tangible, as well as imagined or vicarious rewards. For example, the positive or negative attitudes of significant people (family, friends, teachers, ministers, etc.) are well-known factors that influence behaviors. However, a stranger's disapproval (e.g., "It's dumb to get drunk, kid") may have more influence on the future behavior of a teen than does the advice of family or friends. We refer to this phenomenon as the "Strength of Weak Ties."

# Table 1 Contributors to the Risk Factor

#### **Behavioral Risk Factor:**

#### **Target Group:**

Contribute to negative behavior

List the factors that may contribute to whether or not member of the target group has the behavioral risk factor listed above.

Contribute to positive behavior

(absence of risk factor)	(presence of risk factor)
Motivators	Motivators
·	
	•
Enablers	Enablers
Rewards	Rewards
1	I

# **Priority Risk Factors and Intervention Methods**

Prioritize the items listed on the Contributors to the Risk Factor handout and enter the top five contributors to positive and negative behaviors. List at least one method or strategy that could be used to influence each.

#### Behavioral Risk Factor: Target Group:

Method/strategy		
Method/strategy		

# **Community Resource Inventory**

#### **Behavioral Risk Factor:**

#### **Target Group:**

Generate a thorough listing of the existing programs and policies in the community that address the risk factor and target group. The final list should include the name of the organization, contact person, address, telephone number, type and quality or relevant programs provided, and the number of target group members served.

Organizations (name, contact person, address, telephone numbers)	Services (Type and quality) Policies	Numbers Served
		:

# **Stages of Change**

When undertaking a behavior change, people move through the following stages.

Stage*	Description
1. Precontemplation	People have no intention to change behavior in the foreseeable future, are unaware of the risk, or deny the consequences of risk behavior.
2. Contemplation	People are aware that a problem exists, are seriously thinking about overcoming it, but have not yet made a commitment to take action.
3. Preparation	People intend to take action in the near future and may have taken some inconsistent action in the recent past.
4. Action	People modify their behavior, experiences, or environment to overcome their problems, the behavior change is relatively recent.
5. Maintenance	People work to prevent relapse and maintain the behavior over a "long" period of time.

<sup>\*</sup>Adapted from Prochaska and DiClemente, 1986, Stages in the Transtheoretical Model

#### **Work Plan**

Intervention group: Middle-school students

Activity: Poster contest for middle-school students on the benefits of physical activity

	Preparation Tasks	Completion Date	Who
1.	Talk to someone who has managed a poster contest.  Plan to use the winning posters:	1. 8/1	Sarah
	a. arrange to have posters to be exhibited b. arrange for posters to be exhibited	2. 8/15	Sarah
3. 4.	Write down contest rules.	3. 8/15	Paul
5.	Develop plan for evaluating success.  Meet with middle-school principals.	4. 8/15 5. 8/25	Carlos Sarah
6.	Meet with sponsoring teachers to explain contest, set dates, and determine materials needed	6. 8/30	Sarah
7.	Meet with other groups (eg., PTA)	7. 9/8	Sarah
8.	Determine prizes (involve students/teachers).	8. 9/10	Arica
9.	Solicit prizes.	9. 9/10	Arica
10.	Select and arrange for judges.	10.9/20-30	Judy
11.	Finish and distribute teacher packet with contest information and lesson plan on benefits of physical activity.	11. 9/1- 10/20	Sarah
12.	Prepare PR packet for media.	12. 10/28	Yvette

Delivery Tasks	Completion Date	Who
<ol> <li>Assist teachers as needeed with lesson on contest rules and the benefits of physical activity.</li> </ol>	1. 10/1	Sarah
2. Collect posters for judging.	2. 10/30	Judy
3. Review rules with judges.	3. 11/1	Judy
4. Judge posters.	4. 11/1	Judy
5. Award prizes.	5. 11/1-3	Judy
Follow-up Tasks	Completion Date	Who
1. Arrange PR for award winner.	1. 11/3-5	Yvette
2. Deliver posters to calendar company.	2. 11/4	Nancy
3. Exhibit poster at arranged sites.	3. 11/15-3/1	Nancy
4. Send thank-you letters to sponsors, principals, teachers, and others.	4. 12/1	Sarah
5. Distribute calendars.	5. 12/1	Nancy
6. Return posters to students.	6. 4/1	Nancy
7. Write summary of this activity:	7. 4/1	Sarah,
b. PR and activities resulting from contest		Carlos
c. evaluation of success		
d. recommendations for improvement		
Evaluation Tasks	Completion Date	Who
1. Test students concerning the benefits of physical activity.	1. 9/10	Sarah
2. Count posters submitted (goal: 100).	2. 11/1	Nancy
3. Posttest students.	3. 12/1	Sarah
4. Clip and save newspaper articles concerning the activity.	4. 12/1	Yvette
5. Obtain feedback from teachers via questionnaires.	5. 12/5	Carlos

#### **PATCH Work Plan**

Risk Factor:		
Activity:		
Preparation Tasks	By Whom	By When
		**************************************
Delivery Tasks	 By Whom	By When

Follow-up Tasks	By Whom	By When
		•
Evaluation Tasks	By Whom	By When

# **Obtaining Information from Target Groups**

As you begin to focus your PATCH activities, it is critical that you gain an understanding of the perceived needs and interests of the target and intervention groups. Gaining this understanding means asking questions directly of the persons you want to learn more about.

# **Characterize Your Target Groups**

You already know a little about these people, such as the leading causes of death or disability, their risk factors, and perhaps the reasons they practice certain behaviors. Find out more from local experts or from reading articles on the subject.

# Decide Which Intervention Groups to Learn More About

The PATCH members may have named several other types of people who should benefit from the intervention. But given limited resources, namely hours of your time, you may wish to interview only those intervention groups that will be a substantial focus of the intervention.

### Decide Which Interviewing Methods to Use

Several different interview methods are available: focus groups, individual interviews, on-the-spot interviews, and questionnaires. You may select one or more methods based on your time frame and the method you feel most comfortable with.

#### Write the Questions You Wish to Ask

What do you want to know about the target and intervention groups? Do you want general insights, reactions to materials, messages, and ideas, or suggestions for activities?

### **Identify Respondents from the Groups**

The individuals you interview should be typical representatives of the target and intervention groups you wish to learn more about. Some individuals are easy to identify, such as the elderly who live in subsidized apartments, patients at hypertension clinics, or smokers who have attended cessation clinics but have resumed smoking. Others will be more difficult to identify. Based on the characterization of your target and intervention groups, develop a brief list of key features to use in selecting interviewees. As you recruit interviewees, ask whether they have these features. The fewer people you interview, the more careful you must be in making certain the respondent is representative of the group.

#### **Individual Interviews**

**Planning** 3 weeks to design questions and arrange interviews

1 to 3 weeks to conduct interviews1 to 2 weeks to analyze interview30 to 60 minutes per interview

**Resources** question outline interviewers

10 to 25 interviewees per population meeting space tape recorder and tapes

Advantages can probe responses in depth
can obtain sensitive or controversial information
may provide a more trustful atmosphere

**Disadvantages** time-consuming to arrange, conduct, analyze cannot be used for broad generalizations

## **On-the-Spot Interviews**

**Planning** 

1 to 2 weeks to design closed-ended questions, select sites

(obtain permission if conducted on private property)

4 days to conduct interviews

2 weeks to analyze results 2

20 to 30 minutes per interview

Resources

questionnaire (interviewers) 20 to 50 respondents typical

of populations

access to a central, busy location

Advantages

can quickly interview large numbers of people

can be used in a variety of locations

use of closed ended question allows quick analysis

**Disadvantages** 

not appropriate for sensitive or controversial topics

interviews must be short

# Questionnaires

**Planning** 

1 to 2 weeks to design questionnaire

2 to 3 weeks to obtain responses

1 week to analyze results

Resources

list of interviewees

means of distributing questionnaire

at least 20 respondents per population

**Advantages** 

inexpensive

does not require interviewers

may be able to query hard-to-reach audiences

Disadvantages

response and mail delivery is slow

responses are only from those motivated to reply

inability to probe responses

# **Focus Group Interviews**

**Planning** 

2 weeks for arranging groups and recruiting respondents and planning discussion outlines 2 to 4 days to conduct groups 45 to 90 minutes per group 1 week to analyze results

Resources

4 groups per target/subtarget population 8 to 10 respondents per group respondents typical of population moderators for groups meeting rooms tape recorder and tapes

Advantages

participants are stimulated by other group members information obtained from several people at once can be accomplished in relatively short time

Disadvantages

cannot provide quantitative data can only look at trends, not absolutes