Community Group Meeting for Phase I: Mobilizing the Community

Handouts

Planned Approach to Community Health

Program Summary

PATCH Program Summary

Definition and Goal of PATCH

PATCH is a process that many communities use to plan, conduct, and evaluate health promotion and disease prevention programs. The PATCH process helps a community establish a health promotion team, collect and use local data, set health priorities, and design and evaluate interventions. Adaptable to a variety of situations, the PATCH planning process can be used when a community wants to identify and address priority health problems or when the health priority or special population to be addressed has already been selected. It can also be adapted and used by existing organizational and planning structures in the community.

The goal of PATCH is to increase the capacity of communities to plan, implement, and evaluate comprehensive, community-based health promotion activities targeted toward priority health problems. CDC promotes the use of PATCH in helping achieve the year 2000 national health objectives. These objectives aim to reduce the prevalence of modifiable risk factors for the leading causes of preventable disease, death, disability, and injury. Although these objectives are national in scope, achieving them depends on efforts to promote health and provide prevention services at the local level.

Background of PATCH

PATCH was developed in the mid-1980s by CDC in partnership with state and local health departments and community groups. The purpose was to offer a practical, community-based process that was built upon the latest health education, health promotion, and community development knowledge and theories and organized within the context of the PRECEDE (predisposing, reinforcing, and enabling constructs in educational/environmental diagnosis and evaluation) model.

PATCH was built on the same philosophy as the World Health Organization's Health for All and the Ottawa Charter for Health Promotion, which specifies that health promotion is the process of enabling people to increase control over their health and to improve their health. To plan effective strategies, each community must go through its own process of assessing needs, setting priorities, formulating solutions, and owning programs. A key strategy in PATCH is to encourage links within the community and between the community and the state health department, universities, and other regional and national levels of organizations that can provide data, resources, and consultation.

In 1984–1985, PATCH was piloted in six states and communities by CDC staff working in partnership with the state health departments and the communities. Subsequently, PATCH was revised by CDC staff, and additional tools and materials for carrying out PATCH in a community were developed. CDC staff expanded the delivery of PATCH to include 11 more states and communities. Beginning in 1988, three evaluation studies were performed by the University of North Carolina, the Research Triangle Institute, and the PATCH National Working Group to assess the effects of PATCH and to recommend refinements on future directions. Since 1991, CDC no longer delivers PATCH directly in communities. Instead, CDC provides limited training and consultation to state health departments and to the public and private sectors on the application of PATCH. Presently, most state health departments have staff trained in PATCH.

PATCH is widely recognized as an effective community health planning model and is used by many states, communities, and several nations. It is used by diverse communities and populations to address many health concerns, including cardiovascular disease, HIV, injuries, teenage pregnancy, and access to health care. It is used in states with and without a local health department infrastructure. Its community development approach is largely consistent with those of many community agencies, such as the agricultural extension services, hospitals, universities, and voluntary health agencies. Many state health departments work with agencies such as these to carry out PATCH. Universities, hospitals, worksites, military communities, area agencies on aging, voluntary health organizations, and other such groups have also adopted and used the PATCH process. Although many of the references and examples in these materials may describe its use by local health departments in conjunction with their state health department, we encourage any group or organization to use PATCH.

Elements Critical to PATCH

Five elements are considered critical to the success of any community health promotion process.

- *Community members participate in the process.*

  Fundamental to PATCH is active participation by a wide range of community members. These people analyze community data, set priorities, plan intervention activities, and make decisions on the health issues of their community.

- *Data guide the development of programs.*

  Many types of data can be used to describe a community's health status and needs. These data help community members select health priorities and develop and evaluate program activities.

- *Participants develop a comprehensive health promotion strategy.*

Community members analyze the factors that contribute to an identified health problem. They review community policies, services, and resources and design an overall community health promotion strategy. Interventions, which may include educational programs, mass media campaigns, policy advocacy, and environmental modifications, are conducted in various settings, such as schools, health care facilities, community sites, and the workplace. Participants are encouraged to relate intervention goals to the appropriate year 2000 national health objectives.

- *Evaluation emphasizes feedback and improvement.*

  Timely feedback is essential to the people involved in the program. Thorough evaluation can also lead to improvements in the program.

- *The community capacity for health promotion is increased.*

  The PATCH process can be repeated to address various health priorities. PATCH aims to increase the capacity of community members to address health issues by strengthening their community health planning and health promotion skills.

  The first and last critical elements, related to community participation and capacity building, are essential to ensure community ownership. Although the local coordinator facilitates the program, the community directs the program and the program belongs to community members. Their decisions determine how the program progresses. All participants in the PATCH process share in its success.

The PATCH Process

Although PATCH can be adapted to various health problems and communities, the phases of the process remain the same. Thus, once the mechanisms of the PATCH process are in place, only a few modifications are needed to address additional health issues. Phases can be repeated as new health priorities are identified, new target groups are selected, or new interventions are developed. The activities within phases may overlap as the process is carried out. Each of the five phases that constitute PATCH is described.

Phase I: Mobilizing the Community

Mobilizing the community is an ongoing process that starts in phase I as a community organizes to begin PATCH and continues throughout the PATCH process. In phase I, the community to be addressed is defined, participants are recruited from the community, and a demographic profile of the community is completed. By collecting this information, participants learn about the makeup of the community for which health interventions will be planned. Knowing the makeup of the community also helps ensure that the PATCH community group is representative of the community. The community group

and steering committee are then organized and working groups are created. During this phase, the community is informed about PATCH so that support is gained, particularly from community leaders.

Phase II: Collecting and Organizing Data

Phase II begins when the community members form working groups to obtain and analyze data on mortality, morbidity, community opinion, and behaviors. These data, obtained from various sources, include quantitative data (i.e., vital statistics and survey) and qualitative data (i.e., opinions of community leaders). Community members may identify other sources of local data that should be collected as well. They analyze the data and determine the leading health problems in the community. The behavioral data are used during phase III to look at effects of behavior on the health priorities. During phase II, PATCH participants also identify ways to share the results of data analysis with the community.

Phase III: Choosing Health Priorities

During this phase, behavioral and any additional data collected are presented to the community group. This group analyzes the behavioral, social, economic, political, and environmental factors that affect the behaviors that put people at risk for disease, death, disability, and injury. Health priorities are identified. Community objectives related to the health priorities are set. The health priorities to be addressed initially are selected.

Phase IV: Developing a Comprehensive Intervention Plan

Using information generated during phases II and III, the community group chooses, designs, and conducts interventions during phase IV. To prevent duplication and to build on existing services, the community group identifies and assesses resources, policies, environmental measures, and programs already focused on the risk behavior and to the target group. This group devises a comprehensive health promotion strategy, sets intervention objectives, and develops an intervention plan. This intervention plan includes strategies, a timetable, and a work plan for completing such tasks as recruiting and training volunteers, publicizing and conducting activities, evaluating the activities, and informing the community about results. Throughout, members of the target groups are involved in the process of planning interventions.

Phase V: Evaluating PATCH

Evaluation is an integral part of the PATCH process. It is ongoing and serves two purposes: to monitor and assess progress during each phase of the process and to monitor and assess PATCH intervention activities. The community sets criteria for determining success and identifies data to be collected. Feedback is provided to the community to encourage future participation and to planners for use in program improvement.

Using PATCH to Address a Specific Health Issue or Population

The phases just described outline the steps to identifying and reducing community health problems. When you use the PATCH process to address a particular health issue of high priority, modify the steps in phases I–III accordingly. For example, make it clear to the community that you are mobilizing members to address a specific health issue. Continue to recruit broad-based community membership for your community group while identifying and including community members or agencies who have a special interest in the specific health issue. Modify the forms provided in this guide and collect data for the specific health issue. Once the risk factors and target groups are selected, the PATCH process is the same for phases III–V when the health priority is not selected. Similarly, when using PATCH to address the health needs of a specific population, such as older adults, you should modify phases I–III as needed.

Inventory of Collaborating Groups

	Recruit for community group	Request mailing list	Ask for letter of endorsement	Request newsletter	Request data	Collaborate on intervention	Recruit volunteers
Agricultural extension services							
Businesses, chamber of commerce							
Charitable organizations							
Civic groups							
Government officials (e.g., mayor, commissioner)							
Health agencies (e.g., health department, voluntaries)							
Health councils/coalitions							
Labor unions							
Medical facilities (e.g., hospitals, clinics)							
Medical societies							

Inventory of Collaborating Groups (Continued)

	Recruit for community group	Request mailing list	Ask for letter of endorsement	Request newsletter	Request data	Collaborate on intervention	Recruit volunteers
Mental health services							
Neighborhood associations and leaders							
Older-adult groups							
Organizations of faith							
Professional associations							
Public safety agencies (e.g., departments of police and fire)							
Schools, colleges, and universities							
Service groups							
Social service agencies							
Others							

Communitywide Opinion Survey

1. Where do you usually go for health information?

   _____ Friends

   _____ Health department

   _____ Magazines or other publications

   _____ Pharmacist

   _____ Private doctor or health professional

   _____ TV or radio

   _____ Other:

2. From the list below, choose three areas that you believe should receive more emphasis in the community than they do now. Rank them 1, 2, and 3, where 3 is the least emphasis.

   ___A. Alcohol misuse
   ___B. Cigarette smoking
   ___C. Cost of medical services
   ___D. Drug abuse
   ___E. Drunk driving
   ___F. Environment
   ___G. Health problems of older adults
   ___H. Heart disease
   ___I. Injuries (other than traffic injuries)
   ___J. Mental illness
   ___K. Unhealthy diet and weight control
   ___L. Physical inactivity
   ___M. Poverty
   ___N. Teen pregnancy
   ___O. Traffic injuries
   ___P. Unemployment
   ___Q. Violence
   ___R. Other:

3. Where do you go for health services–that is, nonemergency services?

   ___ Health department
   ___ Health maintenance organization
   ___ Hospital emergency room
   ___ Private physician
   ___ Walk-in clinic
   __ Other:_____

4. Which specific health services and health education programs or activities are most needed in our community?

5. How could the existing health services be improved?

Community Leader Opinion Survey

1. What do you think the main health problems are in our community?

2. What do you think are the causes of these health problems?

3. How can these problems be reduced or eliminated in our community?

4. Which one of these problems do you consider to be the most important one in our community?

5. Would you please suggest three other people I might talk with about the health problems in our community?

Thank you for your help. Right now I do not have any more questions, but may I contact you in the future if other issues come up?

Making an Interview Appointment

My name is _____. I am a member of a group of citizens who are interested in improving the health of our community. We are undertaking a process developed by the Centers for Disease Control and Prevention in collaboration with state health departments and communities throughout the United States. This process is called PATCH, the Planned Approach To Community Health.

I am presently working with many other members of our community to identify health priorities and determine what we can do to improve the health of our community. I have volunteered to interview people–leaders like you–about the health problems of our community. Would you be willing to allow me 20 to 30 minutes of your time for a personal interview?

Which day and time would be the most convenient for you?

Where would you like to meet?

Thank you. I look forward to seeing you on _____
at _____. .

Interview Introduction

My name is _____. I am a member of a group of citizens here in _____who are interested in improving the health of our community. As I mentioned when I set up this interview, we are undertaking a process developed by the Centers for Disease Control and Prevention in collaboration with state health departments and communities throughout the United States. This process is called PATCH, the Planned Approach To Community Health.

I have volunteered to interview people–leaders like you–about the health problems of our community. Information from this interview will be used along with other health data to identify priority health concerns. We will then design programs to reduce these problems.

I would like to ask you a few questions. Everything you say will be kept anonymous; we will not be able to connect your name with your answers. However, I would like to put your name on a mailing list so that you will receive a summary of this survey and be invited to a meeting to discuss our community health problems. May I do that? ___ Yes ___ No

(If taping)

I would like your permission to tape our interview. You can stop the tape recorder at any time by pressing the pause button. Would taping our interview be all right? ___ Yes ___ No

Thank you for your time and your help.

Description of Respondent

Respondent's name_____

Record the following information for each respondent, without input from the respondent, if possible. To ensure confidentiality, separate this page from the rest of the survey before returning both to the survey coordinator.

1. Sex: ___Female ___Male
2. Race: ___White ___Black ___Hispanic
   ___American Indian or Alaska Native
   __Asian or Pacific Islander __Other
3. Age: ___<18 ___18–24 ___25–44 ___45–64 ___65+
4. Affiliation that resulted in respondent being selected:

___ A. Business person
___ B. Citizen activist
___ C. City/county official
___ D. Civic association member
___ E. Community outreach worker
___ F. Health professional; specify:
___ G. Law enforcement person
___ H. Leader of organization of faith
___ I. Local celebrity
___ J. Media/news person
___ K. Neighborhood formal/informal leader
___ L. School board member/administrator/teacher
___ M. Social services provider
___ N. Voluntary health agency representative
___ O. Youth peer leader
___ P. Other:

5. Member of community: _____<3 _____3-9 _____10+ years
6. Geographical area:_____ urban _____ rural
   Neighborhood: _____

Interview Self-Assessment

Did I. . .

- introduce myself, PATCH, and the purpose of the survey?
- explain that responses are kept confidential?
- appear familiar with the questionnaire?
- wait for the interviewee to answer?
- clarify questions without making leading remarks?
- appear interested?
- understand all the interviewee's answers?
- probe for details or clarification?
- thank the interviewee?
- invite the interviewee to attend PATCH meetings?

Opinion Survey Working Group

Guidelines for Interviewers

The success of an interview depends greatly on the ability of the interviewer to communicate well with the person being interviewed and to keep the conversation on target. Guidelines for interviewers include the following.

1. Test your questionnaire before conducting interviews. Practice on people who are similar to your target group. These dry runs can be used to point out any difficulties in language or length of the interview.
2. Introduce yourself and PATCH to the respondent. Clearly state the purpose of the interview and that all information will be confidential. Results of the interviews will be reported for the group and not for individuals.
3. Interviewers must always be courteous and careful not to offend in any way. It is important not to do or say anything that could be regarded as judgmental. Reassure people that it is their opinions you want.
4. Do not allow the respondent to interview you. Turn questions around to clarify the respondent's position. If a respondent tries to solicit your opinion, you need to be polite, but move quickly on to the question you were asking.
5. Never try to reproduce the respondent's slang or dialect.
6. Know the reason for each question so that you can anticipate or recognize when a respondent has misinterpreted a question. Repeat or restate the question as needed to ensure that it is understood.
7. Be prepared to ask follow-up or probing questions to clarify a respondent's answer. Follow-up questions are especially valuable when a respondent sites a nonbehavioral risk factor as a health problem. For example, a respondent might state "the lack of recreational facilities." When asked "would you explain this further?" the respondent might state that teens are abusing drugs and alcohol because they have nothing to do. In this case, drug and alcohol abuse is the health problem, and the lack of facilities is perceived to be a contributor to the problem.
8. Respondent should do 90% of the talking.
9. Close the interview with thanks and casual conversation. Ask permission to contact the respondent in the future if needed.
10. Record the interview as soon as possible after completing the interview. You can take notes and write up the interview based on your notes, or you can tape record the interview. Before you tape an interview, get permission to record the interview, familiarize yourself with the mute or pause button, show the respondent the mute or pause button, and let him or her control the tape recorder.

Public Relations Working Group—Media Channels Worksheet

Identify by category the various media in your community.

Newspapers:

Radio stations:

TV stations:

Newsletters and bulletin boards (of businesses, churches, community groups, agencies, etc.):

Computer bulletin boards:

Flyer distribution points:

Identify other channels for information sharing besides the media.

Posters:

Bus cards:

Mailing lists:

School announcements:

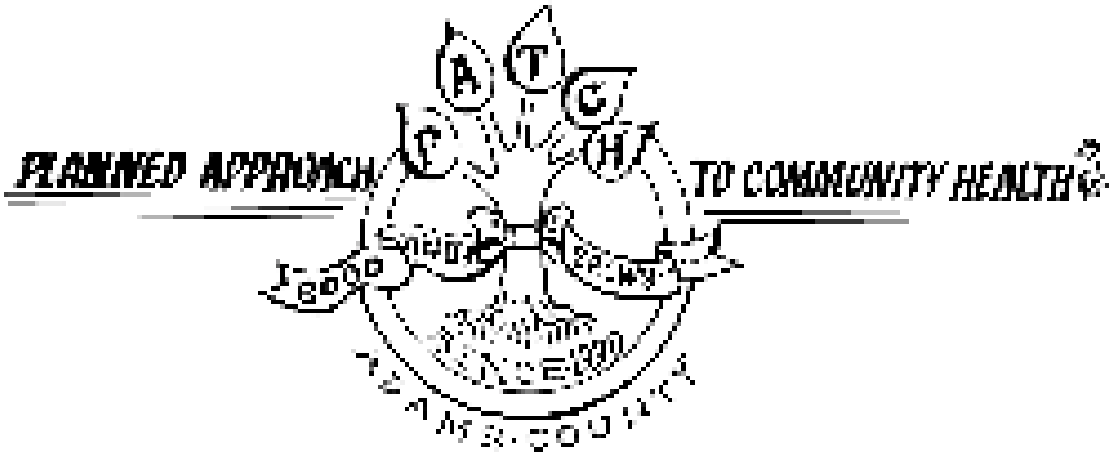
Billboards:

Ads in movie theaters:

Other:

Sample PATCH Logos

Planned Approach To Community Health



Mortality and Morbidity Data Working Group—Responsibilities

Review and revise the program documentation

- If the population or health problem to be addressed is preselected, determine the data to be collected and revise the program documentation accordingly.

Identify sources of data

- Obtain and analyze mortality data, including trends in the data.
- Obtain and analyze morbidity data–primarily data for the main reasons for hospitalization.
- Collect and analyze other sources of community data (e.g., motor vehicle collision reports and public health clinic records).

Prepare data for presentation

- Determine the best ways to express the data. Review the following terms, as appropriate: ICD codes, rates, frequency, prevalence, and incidence.
- Prepare the data for presentation to the community group. Review the Preparations for the Community Group Meeting section of Chapter 3 of the Concept Guide and develop a Mortality Data Packet.

Opinion Survey Working Group—Responsibilities

Finalize survey instrument

- Alter or add to the survey, especially when the population or health problem to be addressed has been preselected. Have someone experienced in instrument design review the modifications.
- Arrange for typing and printing.

Finalize the list of interviewees

- Make sure the people to be interviewed represent different segments of our community.

Select and train interviewers

Coordinate interviews

- Set a deadline for completing interviews.
- Assign interviewers to interviewees.
- Distribute copies of survey to interviewers and arrange for collecting the completed surveys.

Analyze data

- Tally responses. Simple rank the problems according to how often they are stated as being a problem. If similar responses are grouped together, do so in a reasonable and consistent fashion.
- Summarize results, and complete section VI of the program documentation.

Prepare and present a report of results for the community group

Behavioral Data Working Group—Responsibilities: Preparing for a Behavioral Survey to Be Completed by Community Volunteers

Finalize the survey instrument

- Determine if additions or modifications to survey are needed.
- Have the state coordinator review additions and changes.
- Arrange for state coordinator to have data tape edited and analysized.
- Arrange for analysis of additional questions.

Develop a sample

- Determine sample size.
- Generate telephone prefixes and suffixes.
- Obtain a list of telephone numbers.

Collate questionnaire materials

- Code questionnaires before printing.
- Arrange for printing.
- Number questionnaires after printing.

Coordinate interviews

- Select interviewers.
- Arrange interviewer training.
- Ensure monitoring of interviews.

Coordinate logistics

- Set a deadline for completing interviews.
- Arrange for space.
- Secure telephones and lines.

Arrange for analysis

- Arrange for data entry.
- Submit data tape to the state for editing and analysis.
- Prepare written and oral summaries for presentation.

Behavioral Data Working Group—Responsibilities: Preparing for a Behavioral Survey to Be Completed by the Contractor

Finalize the survey instrument

- Determine if additions or modifications to survey are needed.
- Have the state coordinator review additions and changes.
- Arrange for analysis of additional questions.

Develop a sample

- Determine sample size.
- Generate telephone prefixes and suffixes.
- Obtain list of telephone numbers.

Prepare for a contractor

- Screen list of telephone numbers.
- Make arrangements with contractor or assist state in making arrangements.
- Prepare written and oral summaries for presentation.

Behavioral Data Working Group—Description of Point-in-Time

Behavioral Risk Factor Survey

Method	Telephone survey using randomly selected banks of telephone numbers.
Sample	400–800 questionnaires completed for adults (aged 18 years or older) representative of the community by age, sex, race, and geographic location.
Survey Period	Three to 5 months, including 4–6 weeks for planning; 2–3 weeks for interviewing; 4–8 weeks for entering, editing, and processing data; and 2 weeks for analyzing data.
Interview Schedule	10 minutes to conduct a full interview. 1.5 interviews completed per hour. 800 interviews require 520 hours (10 interviewers working four hours per day for 13 days). Best times to interview are 2 p.m. to 9 p.m. weekdays, 10 a.m. to 2 p.m. Saturdays, and 2 p.m. to 6 p.m. Sundays.
Personnel	Eight to 12 interviewers (at least one man) Required who have a good telephone personality and who will follow instructions. One supervisor to manage logistics. One editor to check for errors and missing information. One monitor to ensure that interviews are performed correctly.
Preparation	Create list of valid telephone prefixes. Create list of random telephone numbers (screened for businesses and nonworking numbers). Train interviewers in coding and numbering questionnaires.
Data	Enter data and work with state health processing department or professional survey group to edit core and analyze core questionnaire responses. Analyze any added questions.
Supplies and pencils.	Telephones and telephone lines, questionnaires,

Public Relations Working Group—Goals

Communicate

- Get as many people as possible involved in PATCH planning and interventions.
- Keep in touch with community leaders.
- Keep in touch with the community group and the steering committee.
- Recruit individual volunteers and organized groups to help with special tasks.

Publicize

- Collect information from PATCH working groups.
- Publicize the PATCH process and the health needs of the community.
- Work with representatives of local media by distributing press releases or making in-person visits.
- Disseminate health information through multiple communication channels (see "Media Channels Worksheet").

Create a community identity

- Coordinate the design of a PATCH logo and its use on materials.
- Help to publish and distribute a PATCH newsletter.

Evaluation Working Group

- Ask PATCH participants and partners what information they need and what type of evaluation would be appropriate.
- Serve as a resource for the steering committee, the working groups, and the entire community group.
- Provide technical assistance for collection and analysis of process and impact data.
  - Ensure that intervention objectives are written so that accomplishments can be measured.
  - Assist with developing written evaluation plans.
  - Determine criteria for success.
  - Determine evaluation questions.
  - Determine data sources.
- Help improve programs by incorporating evaluation results.