Meeting Guide for Phase II

Collecting and Organizing Data

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Introduction to phase II meeting guide

Gathering information is an important task and one of the five critical elements of the PATCH process. The tasks in phase II of PATCH include collecting certain types of information, analyzing them, and arranging the data in ways that will be meaningful to the community group. Your working groups should be a major help in completing all parts of this process. Encourage chairpersons or members of working groups to present the groups' data as appropriate. Chapter 3 of the Concept Guide provides background information on the types of data the community group needs to collect and on how to analyze and display the data. If you have questions, identify expertise within your community, or call your state health department, college, university, or other resources for assistance.

Once data are collected, you will hold a meeting of the community group to discuss the information. This Meeting Guide for Phase II is designed to assist you with planning and conducting the community group meeting(s) related to phase II 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. Many of the overheads and handouts for the meeting need to be developed to display your community's data. This meeting guide is not comprehensive but is designed to reduce the amount of time you need to prepare for the meeting and help setting the tone for the additional text you develop. Review and adapt it as necessary for your community. You may want to modify meeting goals, change the agenda, and hold more than one meeting to complete the tasks related to phase II. For example, the group may have collected morbidity data from multiple sources and may require more time on the agenda. Although it is a lot of information to discuss at once, some community groups want to include behavioral data in this meeting. If your group does, refer to phase III meeting materials of information concerning behavioral data. The relationship between behaviors and leading causes of death and disability should be emphasized.

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 II.

Preparations for the community group meeting for phase II

Suggested agenda:

Community Group Meeting

Agenda

Welcome and announcements	10*
Participant feedback (optional)	25
PATCH update and meeting goals	10
Mortality data	45
Morbidity data	30
Opinion data	45
Prioritizing health problems	45
Updates from working groups	20
Wrap-up and closure	15
Meeting as working groups	varies

*Estimated time in minutes

Time required: About four hours.

Preparation: In the Concept Guide, review Chapter 3, Chapter 4 and the Monitoring the Phases of PATCH section of Chapter 6 (page CG6-3). Assist working groups to complete tasks and, as appropriate, to present results or an update of accomplishments at the meeting. Also review the Program Documentation located as Appendix 3 of the Concept Guide. In this Meeting Guide, review the sections on Meeting Reminders (page MGO-2) and on Evaluating the Community Group Meetings (page MGO-3). Develop a meeting evaluation form. Review the content in this Meeting Guide for Phase II for recommendations concerning each segment of the suggested agenda. Prepare an agenda. ■

Welcome and announcements

Preparation: Provide name tags or table tents for participants. Allow participants several minutes to arrive, casually converse with others, and find a seat. Provide newcomers with a notebook of PATCH materials, including the PATCH Program Summary and other relevant materials. ■

Distribute the agenda.

Call the meeting to order, welcome attendees, and thank them for their interest. Make brief introductions as needed. Make any general or administrative announcements.

Display and review overhead "Meeting Goals."

Our plan for today is ambitious:

• *To interpret the data collected: mortality, morbidity, opinion, and other data.*

• *To begin to identify leading health problems for our community.*

Briefly review the agenda.

Participant feedback (optional)

Preparation: The purpose of this optional exercise is to get participants actively involved in the meeting right from the beginning. They have spent weeks working hard on PATCH activities and may want to share their experiences. Be aware of successes or problems that may have occurred during this time. ■

Sometimes people are slow to volunteer to describe their own feelings and experiences. You may have to prompt someone to describe an experience that you are already privy to in order to get things going.

Before we begin to hear from our working groups and look at the data the groups have collected, I would like for anyone who wishes to share comments about your experiences in undertaking any of the activities in PATCH, collecting opinion data, performing public relations functions, collecting behavioral data, and so on.

Limit discussion to 20 to 25 minutes. Ask others to contribute their comments throughout the day as the appropriate subjects arises.

PATCH update and meeting goals

Preparation: Review The PATCH Process section of Chapter 1 of the Concept Guide. ■

Display and review overhead "PATCH Wheel."

We have accomplished a great deal since our last meeting. We have

- *defined our community.*
- *worked together as a team.*
- *gathered information on the health status of the community.*
- *surveyed community leaders regarding their opinions concerning health problem.*
- *compiled data on causes of death and disability.*

Display overhead of PATCH wheel that lists tasks for phase II.

We have already completed much of phase II. As part of phase II we have collected and analyzed data. Today we will examine mortality, morbidity, community opinion, and other data that we will use to select priority health problems and later design interventions to address those health problems.

We also will begin to identify health priorities and other information that we might want concerning those health priorities. We will develop a wealth of information on our community and will want to discuss how best to share the data with the community.

Distribute handout "List of Health Problems."

Display overhead "List of Health Problems."

The "List of Health Problems" is a tool to help us identify health priorities as we review our community data. As we examine our data during the meeting, we will fill in health problems in the appropriate column on the list. After we look at each type of data–mortality, morbidity, opinion, and other data–we will discuss criteria for determining which items we consider to be health problems. More items will be added to the list during phase III as we discuss the behavioral data and any additional data you request we collect. Any health problems that the group identifies will fit in one of the columns on the list.

Mortality data

Preparation: Prepare a matching set of overheads and handouts, referred to as the Mortality Data Packet, to display your community's data. Review Chapter 3 of the Concept Guide, Mortality and Morbidity Data and Presenting Data sections, for suggestions as to what to include and how. Encourage the working group chairperson or a working group member to present the data as appropriate. Have mortality sections in the Program Documentation available in case detailed questions are asked. Have your state coordinator, epidemiologist, or other resource person available as needed. ■

Distribute the Mortality Data Packet.

Review materials in the Mortality Data Packet. Also review any relevant items on the Unique Health Events section of the Program Documentation that might have influenced the data.

Display overheads made of your Mortality Data Packet.

As you show a graphic, read and clarify it for your audience:

• Read the heading and contents of the overhead.

• Compare community data to state and national data.

• Clarify numerical units on graphics (e.g., graphic was expressed in numbers or rates and why).

• Discuss any adjustments made to the data (e.g., three years of data were grouped together because the numbers were too small).

• State any limitations of the data (e.g., data may be for county and PATCH community may not include the entire county, numbers may be small so emphasize trend data, or data may not include all subpopulations because of small numbers).

• Overview the differences in groups presented in the data (e.g., between men and women, among races, or between age groups).

As your community's data are displayed and discussed, ask participants to ask questions and note whether any additional data may be needed. For example, automobile-related injuries can be further explored to find out where the injuries occurred, at what time of day, and whether seat belts were used or whether the driver was drinking. Cancer deaths can be broken down by site of the cancer. Some of the additional information requested will not be available

on a community level, but state or national studies can be reviewed to draw inferences for the community.

Ask for a volunteer to list throughout the meeting all requests for additional data on flip chart or note pad.

Display overhead "Five Leading Causes of Death." Read and clarify the five leading causes and the numbers of each.

Why are our people dying? The top five causes of death for our community are ...

Display and clarify overheads of trends in leading causes of death.

Display and clarify overheads of mortality by race, sex, and age groups. Present an overview of differences in the causes of death between men and women, among races, and between age groups.

Display the overhead(s) showing your community's leading causes of years of potential life lost (YPLL). Alter the script depending on the method used to calculate YPLL. See Chapter 3 of Concept Guide, Measures of Mortality and Morbidity section.

We may get one perspective of our community when we look at mortality rates. Now we will examine our leading causes of death in terms of YPLL. YPLL is a way to look at premature deaths or deaths that occur before a selected age end point. Internationally this end point is usually considered to be 65 years of age. Because the average life span in the United States is longer than in many countries, premature death is often defined nationally as death before age 75.

Describe how YPLL was calculated for your community. Read and clarify overhead(s). Emphasize the five to 10 leading causes of years of life lost for deaths under 75 years of age.

Because YPLL is greater for deaths among younger persons than older persons, this concept emphasizes the impact of causes of death that affect the young. In other words, a disease that kills 40-year-olds would result in more potential years of life lost to a community than one that kills 74-year-olds.

YPLL also shows the impact of premature deaths due to certain chronic diseases, such as coronary heart disease. YPLL will help us view these causes of death not only as life lost to individuals but as valuable years lost to the community.

Identifying health problems from mortality data

Preparation: Review Chapter 4 of the Concept Guide. You may want to use the overhead provided or use flip charts to make a large version of the "List of Health Problems." Review information on brainstorming and nominal group technique in the Tipsheets, Appendix 2 in the Concept Guide. ■

Have the community group develop a list of criteria for selecting causes of death to be identified as health problems. This may be done by brainstorming criteria such as leading causes of death (i.e., magnitude or number of deaths), leading causes of YPLL, rates higher than the state and nation, or rates higher for a particular subpopulation. If more than five criteria are listed, you will want the group to set priorities within the list and determine the most important three to five criteria. The nominal group technique can be used for this step.

Have the group use these criteria to look through the mortality data and brainstorm problem statements. For example,

• "Too many people in our county die of heart disease."

• "Too many 25-44-year-olds die of vehicular injuries."

• "Too many years of potential life are lost due to cancer."

Have the group review the list of problem statements. If more than 10 are listed, you will want the group to set priorities within the list and determine the most important items, generally between five to 10 items. The nominal group technique can be used for setting priorities. When the group has finalized its problem statements, enter the identified health problems on the overhead or flip chart labeled "List of Health Problems" in the death/disability column.

It is important to have some criteria to use for determining whether a health problem is a priority for your community. We don't all have to agree on each criterion, but we should reach general agreement on a set of criteria we can all use.

Once again, briefly explain to the participants that more of the list will be filled in during this meeting and during the phase III meeting when they examine behavioral data and any other data collected by the group.

Morbidity data

Preparation: Prepare a matching set of overheads and handouts, referred to as the Morbidity Data Packet, to display your community's data. Compare community data to state and national data whenever possible. Review Chapter 3 of the Concept Guide, Mortality and Morbidity Data and the Presenting Data sections, for suggestions as to what to include and how. Encourage working group chairperson or member to present the data as appropriate. Frequently, the only morbidity data available to a community are hospital records: reason for hospitalization, length of stay, etc. If your group has obtained other community data of interest, prepare appropriate handouts and overheads and include time to display and discuss them. ■

Distribute the Morbidity Data Packet, display overheads from the Morbidity Data Packet, and describe briefly the data that have been collected and how they were obtained.

As you show a graphic, read and clarify it for your audience:

• Read the heading and contents of the overhead.

• Compare community data to state and national data.

• Discuss any adjustments made to the data.

• State any limitations of the data (e.g., hospital discharge data may be available for primary diagnosis only and not for the group of related diagnoses, people served by a hospital may not all be from the community, people in community may go elsewhere for care, or numbers may be small so emphasize trend data).

• Overview the differences in groups presented in the data (e.g., between men and women, among races, or between age groups).

As your community's data are displayed and discussed, encourage participants to ask questions and note whether any additional data may be needed. Have a volunteer continue to list requests for additional data on flip chart or note pad.

Identifying health problems from morbidity data

Preparation: Continue discussion concerning morbidity data. Summarize for the group the developing list of requests for additional data. Have group add items from the data to the "List of Health Problems" in the death/disability column. ■

In most communities, there are few sources of morbidity data. Community group members can usually review the data and determine if any item should be listed on the "List of Health Problems." If you believe your group can agree about whether an item should be a priority, have members recommend items to remain on the list and try to gain consensus within the group. A simple vote should suffice. If consensus is not reached on a particular item, simply include it among the list of priorities.

If your community has a lot of data or if you determine the process to be of value, you may proceed as you did with mortality data and have the community group develop a list of criteria, determine the most important three to five criteria, develop problem statements, and identify health problems from the problem statements to be entered on "List of Health Problems."

Opinion data

Preparation: Prepare a matching set of overheads and handouts, referred to as the Opinion Data Packet, to display your community's data. Review Chapter 3 of the Concept Guide, Community Opinion Data section, for suggestions as to what to include and how. Encourage a working group chairperson or member to present the data. ■

Prepare to give an overview of the Community Leader Opinion Survey. Spend most of the time on questions 1 and 4: "What do you think the major health problems are in our community?" and "Which one of these problems do you consider to be the most important one in our community?" Review the Unique Health Events section of the Program Documentation and, as appropriate, discuss any event that may have influenced your survey results.

If appropriate, have similar overheads and handouts for the responses from any additional opinion data, including any Communitywide Opinion Survey and the practice interviews performed during phase I, in which the participants interviewed one another. These materials should also display a line listing of the most frequently given responses.

Distribute the Opinion Data Packet. Display overheads made from the Opinion Data Packet.

As you show a graphic, read and clarify it for your audience:

• Characterize those interviewed in the Community Leader Opinion Survey by describing the number of individuals who were in the different categories on the respondent page of the survey instrument. Continue to identify interviewees: age, length of residence, sex, race, place of residence. (It might be helpful to fill in a copy of the respondent page and give it as a handout.)

• Review the heading and content of the graphic.

• Explain how responses were tallied and what assumptions were made when grouping similar responses.

• Briefly review responses to all the questions. Spend most of the time on the two previous questions noted.

Display overhead showing the most common responses.

Let's look at how our leaders answered the question "What do you think the major health problems are in our community?"

As you can see on the overhead and on the handout in you packet, the most common responses to the question in order of frequency of responses were ...

Display overhead showing the problems considered to be the most important. Review the list of the most common responses to the survey question "Which one of these problems do you consider to be the most important one in our community?" Note how the lists differ for questions 1 and 4.

Display overheads on other opinion data sources, if applicable.

Compare responses to the same two key questions from the optional practice interviews performed during phase I, in which the participants interviewed one another. Warn participants that these responses should not be considered in future decision making because the sample size is small, but that the information may be of interest to the participants and may provide a way to stimulate discussion.

Display the results of a communitywide opinion survey, if performed (optional activity).

As you show a graphic, read and clarify it for your audience:

• Describe how the survey was conducted and then characterize those interviewed, including the number of individuals surveyed and any descriptors.

• Review the heading and content of the graphics.

- Explain how responses were tallied and what assumptions were made when grouping similar responses.

- Review any relevant items on the Unique Health Events section of the Program Documentation and explain how they might have influenced the data.

Identifying health problems from opinion data

Have participants discuss all opinion data and determine which of the leading health problems are priorities and should be entered on the "List of Health Problems."

In most PATCH communities, opinion data are usually easy to analyze because five to eight health problems receive multiple responses, whereas other responses receive singular responses. Community group members can usually review the data and determine if any item should be considered a health problem and listed on the "List of Health Problems." If you believe your group can agree about whether an item should be a priority, have members recommend items to remain on the list and try to gain consensus within the group. A simple vote should suffice. If your community has less conclusive data or if you determine the process to be of value, you may proceed as you did with mortality data and have the community group develop a list of criteria, set priorities within the list to determine the most important three to five criteria, develop problem statements, and identify health problems from the problem statements to be entered on "List of Health Problems."

Opinion data results may include causes of death, risk behaviors, and other items as health problems. Encourage discussion by asking the PATCH participants to help complete the list. Some participants need time and discussion to clarify the difference between causes of death and the contributing risk factors. As necessary, remind participants of the definitions of a cause of death or disability (such as cancer or heart disease), a behavioral risk factor (such as smoking or a behavior-related medical problem such as uncontrolled hypertension), and a nonbehavioral risk factor (including human biology, health care system, and environmental issues).

Ensure the recorder writes the health problems noted by the group in the appropriate columns in the "List of Health Problems" or refer the task to a working group.

Prioritizing health problems

Preparation: Review this activity and be prepared to do if needed. Provide time for participants to look through the Program Documentation and other handouts and to ask additional questions about the data. The group must understand its data enough to use them in identifying health problems and potential target populations. ■

Ask the volunteers to review the list of requests for additional data. Ask if there are any additions.

Have the group review the "List of Health Problems." If the list contains 10 items or fewer in any one column and if there is no further discussion, you may go on to the next topic on the agenda. If the list contains more than 10 items, you will want to rank the top 10 items listed to help focus the process.

If you believe your group can agree as to which items should be a priority, have members recommend items to remain on the list and try to gain consensus within the group for keeping that item. A simple vote should suffice. Repeat the process until five to 10 items remain on the list. If consensus is not reached on a particular item, simply include it among the list of priorities.

If a more structured process is desired, you may proceed as you did with mortality data and have the community group determine the most important three to five criteria. Use the nominal group technique to set priorities and reduce the number of health problems entered on "List of Health Problems" as described later.

Have group select criteria from those listed throughout the meeting and write them on a flip chart. Ask if there are additional criteria to be considered. Criteria generated by the group may include

• magnitude of problem in numbers (e.g., number of deaths).

• number of years of potential life lost.

• specific problem in a target group (e.g., priority age group).

• problem that is greater in magnitude than national or state rates.

• a problem that can be solved.

• a problem that falls within the realm of state, CDC, or local expertise.

• a major concern within the community that is based on opinion data.

• has a major affect on the quality of life.

Use the nominal group technique to have the group select the top three to five criteria. Give participants a few minutes to review the "List of Health Problems" and the criteria for determining the priority health problems for the community.

Have participants indicate which items recorded on the "List of Health Problems" are significant enough in the community to be considered priorities. Remind them that in phase III the list will be filled in further after the participants look at behavioral and requested additional data and that the items will be prioritized again as appropriate.

Updates from working groups

Preparation: Select and help prepare working group chairpersons or members to present an overview of their activities and accomplishments since the last meeting. Refer to the working group task sheets located in the handouts. ■

Have the public relations working group briefly summarize what has been done so far to inform the public and to rally the community, including updates on developing a logo, newsletter, and press releases. Lead a brainstorming session of ideas for informing the community about PATCH and health status of the community. Share what other PATCH communities have done.

Our community has a collection of data that is a valuable resource to share with the community. Some PATCH communities announce data in press releases after each meeting. Others wait until after the behavioral data have been considered in phase III and release all the data at one time. Some communities wait and announce their data when they also announce the priority health problem(s) the group has decided to address.

Other issues you might want to discuss include whether to recruit more volunteers for specific tasks and how to recruit them, policies relating to use of logo, and ways to keep the community informed about PATCH.

Have the behavioral data, evaluation, and other working groups report on their activities.

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. Examples might be collecting additional informa-

tion requested by the group during the meeting and publishing of the data. In the Concept Guide, review the Monitoring the Phases of PATCH section of Chapter 6. In this Meeting Guide, review the section on Evaluating the Community Group Meetings. Decide on a meeting evaluation method to obtain feedback from participants. You may wish to develop an evaluation form, plan a group discussion, or both. ∎

Discuss the to-do list with the group. Ask for chairpersons and volunteers to carry out the tasks. In some cases the task will be assumed by working groups that were established in phase I. In other cases the group will want to establish a new working group.

Have participants set the date for the next meeting.

Distribute the workshop evaluation form, 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 to set a time and place to meet. Identify participants who might be able to consult with the working groups (e.g., state coordinator, partner, or local coordinator).

Topics for Discussion After the Community Group Meeting for Phase II

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, and review the results of the evaluation of the meeting.

2. Review tasks to be done by working groups, partners, and others and determine training and technical assistance needs.

    – Review progress made analyzing and displaying behavioral data.

    – Identify sources for the additional data requested by the community group.

– Discuss any problems or needs identified by the working groups.

– Discuss progress made on monitoring the phases of PATCH (page CG6-3).

3. Schedule regular communications with PATCH partners, community members, and working groups. Plan for distributing a summary of the community group meeting to attendees, partners, and others in the community. Plan to update members absent from the community group meeting.