Chapter 1

Overview of PATCH

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Introduction

The Planned Approach to Community Health (PATCH) is a community health planning model that was developed in the mid-1980s by the Centers for Disease Control and Prevention (CDC) in partnership with state and local health departments and community groups. This concept guide is part of a variety of materials designed to help a local coordinator facilitate the PATCH process within a community. These materials provide "how-to" information on the process and on things to consider when adapting the process for your community.

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, it 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 programs targeted toward priority health problems. CDC promotes the use of PATCH in helping achieve the year 2000 national health objectives.[1] 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.

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[1] *U.S. Department of Health and Human Services. Healthy People 2000: National Health Promotion and Disease Prevention Objectives. Washington, D.C.: U.S. Department of Health and Human Services, Public Health Service, 1991; DHHS publication no. (PHS) 91-50212.*

Background of PATCH

PATCH was developed in the mid-1980s by the 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,[2] 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 linkages 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 the public and private sectors on the application of PATCH. Currently, most state health departments have staff trained in PATCH and a state coordinator who serves as the state contact for 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,

[2] *World Health Organization, Ottawa Charter for Health Promotion, International Conference on Health Promotion, November 17-21, 1986, Ottawa, Ontario, Canada.*

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

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- *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 priorities 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.
- *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 measures, 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 program improvement.* Timely feedback is essential to the people involved in the program. 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 hereafter. The PATCH Assessment and Tracking (PAT) tool, included as Appendix 1, also summarizes each phase.

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, partnerships are formed, 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 (e.g., vital statistics and survey) and qualitative data (e.g., opinions of community leaders). Com-

munity 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 health problems. 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 the five phases of PATCH and to evaluate interventions. 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 membership for your community group while identifying and including community members or agencies that have a special interest in the specific health issue. Modify the forms provided in the PATCH materials, 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 preselected. 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.

How to use the PATCH materials

This Concept Guide is part of a three-part package of materials designed for the local coordinator, the person who initiates the PATCH process within a community. This local coordinator

- will have major coursework and experience in health education and community health promotion.
- will be able to adapt the PATCH process to meet the needs of the community.
- will serve as facilitator of this community-based process by working with a broad-based community group and ensuring community ownership.
- will use expertise and resources at the community, state, and federal levels.

PATCH materials include the concept guide, meeting guide, and visual aids.

These PATCH Guides are an updated version of the PATCH Books, first developed in 1986-1987 and widely used today. Current PATCH users are encouraged to use these revised materials. They provide additional “how-to” information on the process and on things to consider when adapting the process for your community.

On the basis of suggestions from PATCH users and the PATCH National Working Group, we have changed the terms used to describe PATCH participants. What was called a *core group* in the

original PATCH documents is now called a *steering committee,* and a *subcommittee* is now called a *working group*. *Workshop I* is now the *meeting* for phase I. The revised materials are packaged differently: the background information from previous books has been updated and combined to make up the *Concept Guide*, and the five scripts and information to help you conduct meetings for each phase of PATCH are together in the *Meeting Guide*. Each part of the package is described subsequently.

Concept guide

This Concept Guide presents an overview of PATCH, followed by separate chapters on each phase of the PATCH process. The guide includes tools, or forms, for planning and conducting various activities. It also provides background information on topics important to managing PATCH, such as group dynamics and statistical analysis, as well as practical information and suggestions for tailoring the process to the needs of your community. We recommend that you read the material in this guide thoroughly and review the section that corresponds to each phase of PATCH before you begin the phase.

The Concept Guide has as appendixes the PAT tool, the Program Documentation, a glossary, and a bibliography. The appendixes also include a variety of one-page tipsheets, referred to as Nutshells in earlier versions, that relate to the management of PATCH and group dynamics. You are encouraged to copy and share the tipsheets with group facilitators and working group chairpersons.

Meeting guide

The Meeting Guide is intended for use when planning and conducting meetings. It contains an introduction, followed by a separate section for each phase of the PATCH process. For each phase, it includes meeting objectives, recommends an agenda, and suggests specific activities that can be incorporated with your own ideas. The Meeting Guide is not intended to be exhaustive; rather, it helps ensure that key points are incorporated at the appropriate times, and it reduces the amount of time you need to prepare for each group meeting. The Meeting Guide is written for one meeting per phase; however, you may find that two or more short meetings per phase are more appropriate for accomplishing tasks in your community.

Visual aids

The packet of Visual Aids includes camera-ready copy for overheads and reproducible text for handouts. These materials are used at meetings throughout the PATCH process. The Meeting Guide indicates when to use each item, and the materials are arranged in the packet in order of use. Again, these sets of materials are by no means exhaustive. You may want to alter the suggested overheads so that they are more suited to your presentation style. You may want to modify or include other materials with the handouts so that the participants receive information more directly related to their specific community. Some of these materials are intended to serve as models for overheads and handouts you will need to develop to present data and other information for your own community.