

Chapter 5

Developing a Comprehensive Intervention Plan

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Chapter 5

Developing a Comprehensive Intervention Plan

Introduction

As you begin phase IV, you do so with three major strengths: a community group and partners that are committed to improving the health of their community, data on the problems and needs in your community, and consensus on the health problem and target group to be addressed first. Designing an effective intervention plan requires that you pull together all you have learned about your community throughout the PATCH process. While keeping an eye on what is realistic in terms of your resources, do not underestimate what a community can accomplish when it focuses its resources and energies.

According to definitions of the World Health Organization, health-related behaviors include not only those actions that may be defined as healthful lifestyles and preventive behaviors but also societal actions that support the establishment of equitable health, environmental, and social policies. Thus the health of your community does not depend just on the health of individuals, but also on whether the physical and social aspects of the community make it possible for people to live healthy lives.

Therefore, a comprehensive intervention plan

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

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Through the PATCH process, community group members have gained insight into the needs of the community and the reasons why those needs exist. But to ensure the interventions designed are appropriate and will be used by the target group requires careful planning by the community group and working groups. The Checklist for Designing a Successful Intervention, located in the handouts, is a tool to help you plan intervention activities. Once you know the health problem, related risk factor(s), and target group(s) to be addressed, the Checklist will help you identify the following:

The Checklist for Designing a Successful Intervention, located in the handouts, is a tool to help you plan intervention activities.

- factors that contribute to the presence or absence of the risk factor in your target group (i.e., motivators, enablers, rewards)
- programs and policies currently in the community that address the risk factor and target group
- partners and resources
- the needs and interests of the target group
- ways to enhance your program by coordinating with other local, state, or national activities and media
- ways to coordinate and monitor activities through the use of timetables, work plans, and evaluation plans

As you begin to focus your PATCH activities, you must examine the membership of the community group, forge new partnerships, and gain an understanding of the perceived needs and interests of your target group. Gaining this understanding means asking questions directly of the persons you want to learn more about.

Updating organizational and functional structures

Now that the health problem and target group have been selected, the community group should reexamine its membership and the tasks to be performed by working groups. Additional people might want to join the community group because of their interest in the health problem or target group or because they want to help with the intervention phase. Likewise, some members may wish to become less active. You may also want to recruit members from new partners, gatekeepers, and the target group.

Take ample time to orient new members of the community group and to identify and meet specific training needs of the community group and working groups related to tasks to be accomplished. (See Functional Structure section, Chapter 2, p. CG2-15.) Also, be sure to clarify the evolving roles of working groups and to establish new working groups as needed. Often communities, for example, choose to have the public relations working group, established

during phase I, find various ways, such as press conferences and kickoff activities, to release their community's health status data and information about interventions.

Communities also establish new working groups to design and carry out intervention activities. These working groups often include a few members of the community group and volunteers. In one PATCH community, a working group was made up of two community group members and members of the Pioneer Club, a volunteer group from the local telephone company. You or the community group may want to develop working group task sheets similar to those referenced in Chapter 2. You may also want to develop a written job description to clarify the role of volunteers.

Broadening alliances

As the community group examines its structure, its members should also determine if new or broader alliances are needed. As a comprehensive intervention plan is developed, the group should ask itself at each step in the process if there are other individuals, groups, or organizations in the community who should be involved and how. Should they be asked to join the community group or working group? Could they help you reach your target group with your message or service? Could they advise you based on their experience with the health problem or target group? Could they help provide or recruit volunteers? Could they collaborate with you to address a particular health problem, contributing factor, or target group? (Review the List of Collaborating Groups, Chapter 2, p. CG2-10 when determining "who" and "how.")

Potential partners include individuals or groups that have an official or personal interest in the health problem or the target group being addressed. Other partners include the gatekeepers of the target group, that is, those people who have responsibility for or access to the target group. For example, gatekeepers of school children might include teachers, principals, members of parent-teacher organizations, parents, and peer leaders among the children. Gatekeepers of school-aged children outside of the school setting might include pediatricians, providers of afterschool programs, youth athletic directors, and youth ministers. If you are addressing, for instance, the initiation of tobacco use among school-aged children, you might form alliances with groups interested in preventing tobacco use as well as groups interested in the well-being of children who could add your tobacco prevention message to their agenda, whether their issue is immunization, job skills, or sports.

As you proceed through the planning process and through the Checklist for Designing a Successful Intervention, you will identify factors that contribute to whether a young person uses or does not use tobacco. As you identify these contributing factors, ask who in your community is addressing those factors. For example, studies have shown one factor that helps young people to not use tobacco is the skill to resist peer pressure. Because this skill relates to many other health issues, new alliances might be formed with individuals and groups addressing such issues as teenage pregnancy, drug and alcohol abuse, or HIV infection. Furthermore, if young people state that they needed a safe place to go and be with their friends—away from pressures to use tobacco or alcohol or engage in other nonhealthy behaviors—look for additional alliances that might be appropriate. In one rural community, alliances were formed with the county recreation department, county government, sheriff’s office, local business people, and entrepreneurs to convert a vacant building into a youth center. Young people elected a youth council who helped design renovations and the activities to be offered.

Potential Alliances at Different Levels of Program Planning

Health problem: Heart disease	County affiliate of the American Heart Association, County Medical Society
Risk factor: Tobacco Use	Local coalition for a smoke-free county
Target group: Youth (aged 12-21)	YMCA, YWCA, adolescent clinic, public and private schools, community college
Contributing factors: Lack of - skills to resist peer pressure - safe place/recreation	Teen pregnancy prevention program County recreation department, county government, local business people

You can undertake a similar process to determine if there are alliances with groups or individuals outside of the community that should be formed or expanded. Community group members that relate to state or national organizations (e.g., the voluntary health organizations, local health agency, agricultural extension agency, chamber of commerce) should contact their state or national counterparts for assistance with identifying interventions, media campaigns, and other resources that might help the community group in its planning. Strengthen ties with the state health agency and other appropriate state agencies and with communities using the PATCH process, especially those addressing the same health problem or target group. Other resources include community colleges, universities, and public and private sector organizations at the regional, state, or national levels. (See Gaining Commitments section, Chapter 2, p.CG2-6.)

Involving the target group

Everyone has heard of interventions that were designed and delivered with great effort by a well-meaning group only to have them rejected by the target audience. One example is the exercise class that was beautifully designed but that no one attended. When the planners began to question members of the target audience, the women in a particular neighborhood, as well as respected elders within the community, they quickly learned that the women did not have anyone to take care of their children at night because their husbands worked the evening shift at the mill. When child care was provided onsite, so many women attended that additional classes were offered.

To ensure that interventions are appropriate, culturally sensitive, and meet the needs of the target audience, it is vital to involve members of the target audience and gatekeepers in the planning process. Sometimes the focus of an activity is an intermediate group and not the target group. For example, a comprehensive intervention plan targeting drunk drivers might include working with bartenders to increase their skills in refusing to serve someone who has had too much to drink and for making and promoting nonalcoholic drinks. Although the drunk driver is the target group, the bartender is the intervention group for this activity.

You already have some information on your target group, such as the leading causes of death or disability and risk factors. You may need to collect more information on the risk factor from specific community data; local experts; review of the literature; and, most importantly, from the people themselves. As you develop your

intervention plan, frequently ask yourself who should be involved at each step and why. Members of the target group can help early in the planning process by providing information and insight on their behaviors, attitudes, beliefs, and values and on barriers to reaching the stated objectives. They can help identify factors that contribute to their behavior; channels for reaching the group; appropriate materials, messages, and ideas; and activities that will be effective. (See the Checklist for Designing a Successful Intervention for further guidance.)

If you have members of the target group on the community group and working groups, involve them as much as possible in planning. Have them identify additional members of the target group who can provide guidance or serve as key informants. Individual interviews, on-the-spot interviews, focus groups, and questionnaires are other ways to obtain information from the target group. Those methods can also be used with gatekeepers and intervention groups, staff who deliver the intervention, and people in agencies providing related activities. Such people may provide valuable information based on personal experience with the target group.

Although the community group may be eager to design activities for a specific target group(s), we recommend that one of your targets be the community at large. Members of a specific target group are more likely to change and maintain their change when there is support from the rest of their community and from their social and physical environment.

Determining contributing factors

To intervene in a health problem, you must determine what factors contribute to the presence or the absence of a health risk that affects the health problem. Determining contributing factors should involve as much commitment by the community group and working groups as did identifying the health problem and risk factors to be addressed. The community group should explore appropriate literature and sources of expertise at the state health department, academic institutions, and other agencies.

You should also identify community-based programs under way elsewhere and review the contributing factors being addressed, methods used, and evaluation results. One resource that might prove useful is CDC's Combined Health Information Database (CHID). CHID is a computerized bibliographic database of health information and health education/health promotion resources. The database provides bibliographic citations for major health journals, books, reports, pamphlets, audiovisuals, hard-to-find information

sources, and health education/health promotion programs under way in state and local health departments and other locations. It is available through CD Plus Technologies. The database can be accessed through hospital or university libraries or any library service that subscribes to CDP Online Services. For more information, contact CD Plus Technologies, CDP Online, 333 Seventh Avenue, 4th Floor, New York, NY 10001, (800) 950-2035.

Once you have identified potential contributing factors, you will need to involve your target group in confirming that the contributing factors are present and significant in your community. The target group might also provide valuable insights into which contributing factors more strongly influence the risk behavior and how you might address these factors in your intervention plan.

To ensure that the range of possible contributing factors is covered in the analysis, classify the contributing factors into three types:

- *Motivators*—factors *motivating* a person to take action. This group includes attitudes, beliefs, values, and knowledge. Motivating factors exist within the individual.
- *Enablers*—factors *enabling* a person to take action. This group includes skills as well as availability and accessibility of resources. Enablers include individual and environmental factors.
- *Rewards*—factors *rewarding* a person's behavior. This group includes the attitudes and climate of support from providers of services, families, and community organizations that reinforce the behavior of a person. Included are social as well as physical benefits and tangible, imagined, or vicarious rewards. Approval or punishment for a behavior also fits into this category.

Interventions work best when

- they address contributing factors in each of these three groups.
- they are specifically focused on the contributing factors appropriate for the intended audience.

Therefore, when you design your intervention, be sure it addresses all three types of contributing factors and applies to the particular motivators, enablers, and rewards of your target group. The factors that contribute to a health risk may be quite different among groups. Factors that contribute to adolescents abusing alcohol, for instance, may be quite different from those for adults. The factors might also differ for adolescents in urban and in rural sections of a community. Involve your target group in determining or verifying the accuracy and importance of contributing factors to be addressed.

Look at both *positive* and *negative* factors: factors that contribute to the absence of the health risk in the target group and factors that contribute to the presence of the health risk. These positive and negative factors can be listed on Table 1 of the Checklist. The following example lists contributing factors that lead to or help prevent smoking among adolescents.

Table 1. Contributing Factors

Target Group: Adolescents

Risk Factor: Cigarette Smoking

Motivators

Positive

- Parents' attitudes about the importance of not smoking
- Family history of not smoking
- Knowledge of the dangers of smoking

Negative

- Parents smoke
- Family history of smoking
- No knowledge of the dangers of smoking
- No knowledge of how to quit
- Enjoyment of smoking

Enablers

- Skill in rejecting peer pressure
- Smoking cessation clinics
- School policy of no smoking
- Increase in cost of cigarettes
- Restriction of sale to minors

- Peer pressure to smoke
- Lack of skill to stop smoking
- Inexpensive cigarettes
- Cigarettes readily available in community

Rewards

- Encouragement of parents, teachers, and others not smoke
- Smoking not accepted by friends
- Restrictions on smoking

- Encouragement by family or peers to smoke
- Parents smoke

Now that you have identified contributing factors to smoking and verified them with your target group, where do you go from here? You may not have the resources or the ability to address each and every contributing factor—to decrease the factors that contribute to the smoking and to increase the factors that contribute to not smoking. Thus you may need to set priorities. You may find it helpful to go back to the criteria of importance and changeability used in Chapter 4.

Importance:

The importance of a contributing factor is determined by how strongly it influences the health risk in the target population. To illustrate, obtaining information from adolescents and adults in the target group and a review of the literature on smoking may identify the following as the most influential contributing factors.

- Motivators: Enjoyment and lack of knowledge of how to quit.
- Enablers: Lack of skills to enable the adolescent to stop smoking.
- Rewards: Acceptance and even encouragement of friends.

Changeability:

The changeability of a contributing factor is determined by how easily the factor can modify the health risk. To identify changeable factors, you may review what has been changed in other communities by programs designed to help adolescents stop or to not start smoking. The factors identified through such a review as most changeable may include

- Motivators: Knowledge of the health risks of smoking.
- Enablers: Availability of skill-building activities related to smoking cessation.
- Rewards: School policies that encourage nonsmoking and forbid smoking on school property.

Designing effective interventions

Previously in the PATCH process, the community group has identified the health problem, related risk factors, and target groups to be addressed. Each community is encouraged to address at least two populations: the community at large and one specific target group (see Chapter 4). The community group should strive to design a comprehensive plan that

- uses multiple intervention strategies in various settings.
- addresses the contributing factors, those things that influence and enable people to engage in health-related behaviors.
- is appropriate for the specific target population.

The Checklist includes tools to help you plan your intervention activities. A copy of the Checklist should be completed for each risk factor and each target group addressed.

Intervention strategies

To be effective, your intervention plan should use educational, policy, and environmental strategies. We recommend combining educational, policy, and environmental strategies because each enhances the others. Expecting members of your community to make behavior changes that are discouraged by existing policies or by environmental or social norms is unreasonable. To expect communities or organizations to enact policy or change the physical or social environment when there is not broad-based understanding and support is equally unrealistic.

Together the three intervention strategies can be helpful in changing knowledge, attitudes, skills, behavior, policies and environmental measures to improve the health and well-being of the community. The demarcation between policy and environmental efforts is not always clear; policies may be used to bring about environmental change. Examples of activities that might be included under each strategy are as follows:

- **Educational strategies**—includes communication and skill-building.
 - communication methods: media advocacy, lecture-discussion (group), print materials (small or mass media, self-help), audiovisual aids, educational television, and programmed learning.
 - training methods: classes to develop skills, simulations and games, inquiry learning, small-group discussion, modeling, and behavior modification.

- **Policy strategies**—includes policies, regulations, and laws as well as informal rules and understandings of government and of local organizations, such as schools, service organizations, and businesses; includes both positive and negative policies, that is
 - policies designed to restrict or limit unhealthy actions: restrictions on sale of tobacco products in public buildings, policy to strictly enforce laws against sale of alcohol and tobacco products to minors, penalties for driving under the influence of alcohol, restaurant codes, and regulations on the handling of toxic wastes.
 - policies designed to encourage healthful actions: flex time at worksites for employees to engage in physical activity, discounts on insurance for nonsmokers, extended clinic hours to meet needs of working parents, availability of condoms at university clinics, and extended hours to use community recreational facilities.
- **Environmental strategies**—changes that alter the physical or social environments; includes efforts to make the environment
 - more supportive of health: installing breakaway poles along highways, adding more streetlights to discourage crime and encourage physical activity, making low-fat dairy products readily available in stores, converting railroad beds into walking trails, and constructing shower facilities at worksites for employees who exercise.
 - more discouraging of actions that are not supportive of health: removing cigarette vending machines from public buildings.
 - more supportive of normative changes in attitudes and behaviors: community expectations that passengers will use seatbelts, teens will not drink and drive, and people having sex with multiple partners will use condoms.

Program settings

The intervention strategies in a community health promotion program are most effective when done in as many of the following settings as appropriate. These settings serve as channels through which you can reach your target group as well as sites for using educational, policy, and environmental strategies.

- **School**— including preschool to university level. Schools can be viewed as the most important setting for ultimately educating the entire population and more immediately for educating children and youth. A comprehensive school health program can be conducted in schools, and projects can be assigned that require parental involvement, thus educating parents.

- **Health care facility**—including hospitals, clinics, and offices. A person sees a doctor an average of four times a year; health care providers are seen as credible sources; patients are often at a “teachable moment” and more receptive to education and advice. Health care providers can lend expertise and credibility to your intervention efforts. They can also provide preventive education and advocate for healthy public policy and environmental change. They can also refer patients to health promotion services in the community and distribute health promotion materials.
- **Worksite**—including buildings and outdoor sites. Work settings and coworkers have a substantial impact on one’s health; educational programs and policy and environmental actions that support health can be beneficial to both management and employees. Schools and health care facilities, mentioned earlier, are also worksites. They may be priority settings for worksite interventions because their policies and employees serve as models for others in the community.
- **Community**—including the entire community, public facilities such as parks, local agencies, and social, service, faith, and civic organizations. Your community has many organizations, groups, and public facilities that can serve as settings for interventions designed to reach people where they shop and play. These groups and organizations can examine how they function to ensure they support health. They can also be strong advocates for educational, policy, and environmental changes within the community.

The matrix of existing community programs and policies

Most communities already have a number of worthwhile health programs and policies. By investigating and tapping into what already exists in the community, the PATCH effort can identify potential alliances and ensure that PATCH activities do not duplicate efforts but build on and complement existing programs and policies.

The Existing Community Programs and Policies Matrix, introduced to you in Chapter 4 and Table 2 of the Checklist, is a tool to help you identify ongoing policies and programs. The matrix format allows you to organize existing programs and policies by two of the components described earlier:

- **Intervention strategy**—method used to achieve objectives
- **Program setting**—where program or policy is located and persons affected

Use separate copies of the matrix for each target group and each risk factor you plan to address. You can also use the matrix any time you want to identify ongoing programs and policies relevant to any issue. It is especially helpful to use the matrix in relation to contributing factors. To illustrate, if a contributing factor is that adolescents do not have the skills to resist peer pressure, you might use the matrix to identify programs and policies within the community that address the "skill on rejecting peer pressure." This information can also help you identify potential alliances and resources (see Broadening Alliances section of this chapter).

To complete the matrix, you fill in each box or cell. For example, when addressing adolescents and smoking, in the left-hand column you would list what is being done in the school setting in relation to each intervention strategy. (See example in Table 2, which follows this section.) You would complete the matrix by asking the same question for each setting and filling in the respective column. Communities that have only a few resources available may wish to write the information within the respective cell of the matrix. You can make a larger version by drawing it on flipchart pages or using a photocopier. If there are many items to be entered, it may be easier to enter symbols or numbers on the matrix and keep more detailed information on the Community Resource Inventory (Table 3 of the Checklist). Table 2 provides an example of how one community might begin to fill in the matrix.

Table 2. Existing Community Programs/Policies Matrix

Target Group: Adolescents

Risk Factor: Cigarette smoking

Fill in names of existing programs and policies that impact the target group, risk factor, or other issues such as contributing factor that you have selected.

	School (students)	Worksite (employees)	Health Care (patients)	Community (groups)	Other
Education -Communication	Comprehensive School Health Program in 8 of 12 schools				
-Training	Resist peer pressure- all 6th grade students		American Lung Association trains health professionals twice a year about cessation techniques	Stop Smoking Clinic	
Legislative Regulatory Policies	No smoking on school property or at school functions	No smoking in fast food restaurants	No smoking in hospitals, clinics; no sale of tobacco products in hospital or county health department	No smoking and no tobacco ads on public transit	
Environmental Measures			No cigarette vending machines in hospital or county health department		

Community resource inventory

As you list the programs and policies that already exist in your community, you will need to judge the quality of each item and the reach or the number of target group members served. This assessment will help you identify ways the community group can assist ongoing programs and areas for which interventions should be designed. For example, if an effective program serves only 15% of those who need the service, possible roles for the community group might be to identify new channels of communication to ensure that the target group knows of the service, to encourage the agency to provide the program in such a way to attract at-risk groups, or to endorse or refer people to the service. Likewise, when looking at policy and environmental factors, the group might identify effective policies that could be recommended to other sectors of the community or areas in which policy or environmental changes should be the focus of the intervention plan.

As you complete the Community Resource Inventory (Table 3 of the checklist), you may also identify potential alliances and resources. Having an understanding of the quality and reach of the existing programs and policies will also help you match the matrix (Table 2) with the contributing factors you have identified (Table 1). This comparison will show where additional efforts are needed and help you determine where to focus your intervention efforts.

Checklist: tools for developing the intervention activity

Beginning with Section 3, Obtain Support in the Community, complete the Checklist for each activity to be designed (e.g., fun run, poster contest in schools, media campaign, clean indoor air policies, and increased availability of low-fat foods in local grocery stores). Review each section, and complete the ones that relate to your particular activity.

Community groups have found that the most effective programs are those with work plans that specify what needs to be done, by when, and who has the lead responsibility. Although formats for work plans may vary, the work plan needs to be detailed adequately so as to be clear to working group members and volunteers carrying out the activities. The format for the work plan in the Checklist divides tasks to be done into four categories: preparation, delivery, follow-up, and evaluation. Before developing the section of the work plan addressing evaluation, the working group should use the evaluation worksheet in the Checklist to determine criteria for considering the activity a success. The Checklist also includes an activity timetable and a master timetable. Complete an activity

See examples of the work plan and evaluation worksheet at the end of this section.

timetable for each risk factor you have selected to address. Mark on your timetable any major events that the working group hopes to coordinate or "piggy-back" with such others as major national events (e.g., Great American Smokeout, National Nutrition Month), state events (e.g., state fair, statewide fitness promotion week) or local events (e.g., high school graduation, spring festival, employee appreciation day).

All the activities concerning a risk factor should be put onto one activity timetable to ensure coordination and to distribute activities in such a way that they do not overwhelm either the community or the working groups and volunteers. Complete the master timetable by combining the different activity timetables to ensure coordination of activities and to guard against competition between activities.

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.	1. 8/1	Sarah
2. Plan to use the winning posters: a. arrange to have posters to be exhibited b. arrange for posters to be exhibited	2. 8/15	Sarah
3. Write down contest rules.	3. 8/15	Paul
4. Develop plan for evaluating success.	4. 8/15	Carlos
5. Meet with middle-school principals.	5. 8/25	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

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Delivery tasks	Completion Date	Who
<ol style="list-style-type: none"> 1. Assist teachers as needed with lesson on contest rules and the benefits of physical activity. 2. Collect posters for judging. 3. Review rules with judges. 4. Judge posters. 5. Award prizes. 	<ol style="list-style-type: none"> 1. 10/1 2. 10/30 3. 11/1 4. 11/1 5. 11/1-3 	<ol style="list-style-type: none"> Sarah Judy Judy Judy Judy
Follow-up tasks	Completion Date	Who
<ol style="list-style-type: none"> 1. Arrange PR for award winner. 2. Deliver posters to calendar company. 3. Exhibit poster at arranged sites. 4. Send thank-you letters to sponsors, principals, teachers, and others. 5. Distribute calendars. 6. Return posters to students. 7. Write summary of this activity: <ol style="list-style-type: none"> b. PR and activities resulting from contest c. evaluation of success d. recommendations for improvement 	<ol style="list-style-type: none"> 1. 11/3-5 2. 11/4 3. 11/15-3/1 4. 12/1 5. 12/1 6. 4/1 7. 4/1 	<ol style="list-style-type: none"> Yvette Nancy Nancy Sarah Nancy Nancy Sarah, Carlos
Evaluation tasks	Completion Date	Who
<ol style="list-style-type: none"> 1. Test students concerning the benefits of physical activity. 2. Count posters submitted (goal: 100). 3. Posttest students. 4. Clip and save newspaper articles concerning the activity. 5. Obtain feedback from teachers via questionnaires. 	<ol style="list-style-type: none"> 1. 9/10 2. 11/1 3. 12/1 4. 12/1 5. 12/5 	<ol style="list-style-type: none"> Sarah Nancy Sarah Yvette Carlos

Example: Evaluation Worksheet

Risk Factor: Physical inactivity

Intervention population: Middle-school students

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

We will consider this activity successful if . . .	How will we know?	When?	Who?
<ul style="list-style-type: none"> at least 100 posters are submitted 	Count submitted posters.	by Nov.1	Nancy
<ul style="list-style-type: none"> an article about the contest and the benefits of physical activity appears in the local newspaper 	Observe and save article.	by Nov. 10	Yvette
<ul style="list-style-type: none"> 20% of students show increase in awareness of benefits of physical activity 	Administer tests before and after the intervention.	Nov. 15	Sarah, Carlos
<ul style="list-style-type: none"> 85% of sponsoring teachers state they would participate if program was repeated 	Review questionnaire.	Nov. 30	Sarah, Carlos

Conducting effective interventions

As you work to design and carry out effective interventions, make sure you

- **Integrate all three strategies: educational, policy, and environmental.** Much of this chapter is dedicated to the importance of using all three strategies. The balance among them will depend on the needs and resources of your community.
- **Work within systems.** Working within systems can effectively and efficiently improve the health of a large segment of your community. For example, by providing lunches that meet nutritional guidelines or a smoke-free school environment, you affect the health of many children and teachers. Often, government agencies have the authority and resources to make changes supportive of health. Many communities have found that when their community data and priorities are shared, official agencies and other organizations reflect these priorities in future work plans and resource allocations. You may also identify systems or networks unique to your community or neighborhood that would assist you with program delivery.
- **Use the community's data effectively.** Data collected by the community group can be valuable for designing interventions, educating the community about its health status, supporting policy or environmental change and for resources, and preparing requests for funding.
- **Start simple and build on successes.** According to Margaret Mead, "Never doubt that a small group of thoughtful committed citizens can change the world: indeed, it's the only thing that ever has." A few people can accomplish much even in a community with limited resources. Many communities find that if they undertake small, visible activities and build the confidence and visibility of the group, they can then begin addressing more complicated issues and tasks.
- **Use different methods—be persistent.** To bring about change, intervention plans should include components that *motivate*, *enable*, and *reward* the person or organization to change. By addressing these components with an array of methods, you can capture the attention of many types of people. People learn through repetition, seeing the same message over and over through different channels and sources and in different contexts. Behavioral science theory, including Green's theory of diffusion of innovation and Prochaska's transtheoretical approach, supports the fact that people adopt a behavior at varying rates. Some

immediately jump on the bandwagon, whereas others are extremely slow to act, if they act at all. In addition, there is a lag time between awareness of an idea, agreement with the idea, and actually acting on the idea. One way to classify these stages of readiness to change is as following:

- Awareness: bringing the idea to the individual’s attention.
- Motivation: providing incentives or rewards to encourage the individual to change the behavior.
- Skills and resources: making certain the individual has the skill needed to change the behavior and the resources (e.g., facilities) with which to use the skill.
- Reinforcement: giving positive feedback (praise, reward) to the individual who has adopted the behavior.
- Maintenance: encouraging individuals to continue the healthy behaviors through new motivators, building new skills or sharpening old skills, or reinforcing the behavior.

Thus, an intervention is not a one-time event. Continue the programs you have begun, vary the media messages, and add new activities to attract previously uninvolved persons or to sustain those already involved.

- **Coordinate messages and resources.** If you use media to encourage older adults to get their flu shot, you should also work with providers to ensure the vaccine is available and accessible. There may be occasions in which increasing demand may be used to encourage an increase in supplies. Customers, for example, might be encouraged to ask restaurant owners to offer more low-fat entrees or to enlarge the nonsmoking section.
- **Nurture and train community group members and volunteers.** According to Paulo Friere, “To be successful in community work we need a good sense of history, humility, and a deep respect for the people with whom we work.” Taking time to nurture and build skills within your community group, working group, partners, and volunteers so they can continue the community health planning process is important. Likewise, ensuring that the PATCH efforts are perceived favorably by the community is vital. (See Chapter 2 and Appendix 2, the Tipsheets.)