Meeting Guide for Phase I

Mobilizing the Community

Meeting Guide for Phase I: Mobilizing the Community

Introduction to phase I meeting guide

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. The community group and steering committee are then organized, and working groups are created. To gain support, during this phase the community is informed about PATCH, particularly from community leaders.

During the meeting for phase I, you will discuss the importance of assessing a community's health status and determining its major health problems. You will also discuss the types of data to be collected and encourage members to form working groups to accomplish tasks. This meeting guide is designed to reduce the amount of time you need to prepare for the meeting and to help set the tone for the additional text you develop. Review the material and adapt it as necessary for your community. Feel free to modify the meeting goals and agenda as well.

This Meeting Guide for Phase I is designed to assist you with planning and conducting the community group meeting(s) related to phase I 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.

You should plan to 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 I.

Preparations for the community group meeting for phase I

Suggested agenda:

<div align="center">

Community Group Meeting

Agenda

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Welcome, introductions, and meeting goals	15*
Overview of PATCH	20
Gathering information	10
Mortality data	15
Morbidity data	10
Behavioral data	15
Opinion survey	10
Identifying interviewees	30
Interviewing techniques	20
Interviewing practice	40
Rallying the community	25
Forming working groups	20
Wrap-up	10
Closing and evaluation	20
Meeting as working groups	varies

*Estimated time in minutes

Time required: About four hours. Material may be covered in one or more meetings. For example, the segments Identifying Interviewees, Interviewing Techniques, and Interviewing Practice can be summarized for the community group and reviewed in more detail with the opinion data working group. Likewise, some activities in the Rallying the Community segment can be initiated by the community group and referred for completion to the public relations working group.

Preparation: In the Concept Guide, review Chapters 1, 2, and 3 and the Monitoring the Phases of PATCH section of Chapter 6 (page CG6-3); the Tipsheets on group process of Appendix 2; and the Program Documentation in Appendix 3. 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. Prepare a meeting agenda. Determine if there are special guests to be introduced or given time on the agenda.

Consider providing participants with notebooks in which they can place handouts received throughout the process. Determine how the community might obtain recommended data, especially behavioral data, by discussing options with your state and local health departments, hospitals, universities, and other resources. Consider skills needed by various working groups and individuals who might be effective chairpersons. You may want to select chairpersons before the meeting. Review the content in this Meeting Guide for Phase I for recommendations concerning each segment of the suggested agenda. Review and prepare the overheads and handouts. ■

Welcome, introductions, and meeting goals

Preparation: Provide name tags or table tents for participants. If you will use paired or group exercises during the meeting, give each person an identifier (symbol, color, letter, or number) from pairs or groups of identifiers. Read the Tipsheet on "Icebreakers" and decide if and which kind of activity you will use. If you use the visioning activity included in this meeting guide, tape several flip charts or pieces of newsprint available around the room. List the goals of the meeting on a flip chart or transparency. Review the agenda and prepare to introduce any special guests. ■

Call the meeting to order, welcome attendees, and thank them for their interest. Introduce yourself and briefly introduce PATCH. Refer to the handout of the PATCH Program Summary.

During the 1980s, CDC worked with state and local health departments and community groups to develop the Planned Approach To Community Health. PATCH is a method for community health planning. The process suggested by PATCH helps a community establish a health promotion team, collect and use local data, set health priorities, design interventions, and evaluate their effect.

Introduce visitors and special guests, who may include the PATCH state coordinator or other community or state partners. As appropriate, request that the head of the lead agency or key partner welcome the group. Ask participants to state the professional or group affiliation or interest that contributed to their becoming involved with PATCH.

You may want to use an icebreaker activity so that participants have a chance to get to know each other. One that many communities have found helpful is a *visioning activity*.

Divide participants into groups of three to five. In the large group, have participants visualize a "healthy community." You may ask them to close their eyes and see what would be in their "healthy community." Have each group go to a different piece of newsprint; members should introduce themselves quickly within the group, as needed; one person would then drawn one item from his or her "healthy community" on the newsprint, discuss it with the group, and pass the marker to another person. The process can continue until participants have completed their community or until time is called. Ask each group to discuss what they included in their "healthy community." After all groups have reported, lead discussion of common items and what people learned from the activity.

Review the agenda and the goals of the meeting listed on the flip chart or transparency (tie to visioning activity, if done):

• Learn about the PATCH process.

• Begin working together as a group.

• Plan for gathering information about the community's health status.

• Identify people to be interviewed in the opinion survey.

• Practice interviewing skills for conducting the survey.

• Establish working groups.

If they are present, invite the state coordinator or other partners to say a few words. For example, the state coordinator might project a map of the United States that shows where other PATCH communities are located and describe the successes of some of these communities. The speaker might also describe the relationship between the community, the state health department, and other partners.

Project overhead "PATCH Goal" and discuss it:

PATCH programs strive to prevent unnecessary disease, disability, and premature death and to improve the quality of life.

As we work to improve the health of our community, the PATCH process will help us

- *assess our needs*

- *set priorities*

- *plan and carry out programs to reduce identified health problems and improve the health of our community.*

Overview of PATCH

Preparation: Review Chapter 1 and the Organizational Structure and Functional Structure sections of Chapter 2 of the Concept Guide. Determine the appropriate level of detail for this session based on previous overviews provided before this meeting. Review Tipsheet on Brainstorming, and make copies if you wish to share with the group. Review the Inventory of Collaborating Groups located in Chapter 2 of the Concept Guide, and provide it as a handout, as appropriate. ■

Display and review overhead "Five Phases of PATCH."

PATCH is a five-phase process, but the phases are not cut and dried. Mobilizing the community and evaluating PATCH, for example, are important throughout the entire process. Let's review the activities of each phase.

Discuss each phase by using the following information and by drawing on the information in Chapter 1 of the Concept Guide. Whenever possible, try to relate each phase to your particular community.

Display overhead "Phase I: Mobilizing the Community."

The first phase of the process concerns defining the limits of the PATCH community and informing citizens and groups about PATCH and the health issues of the community. During this phase, we learn about the makeup of the community, gain commitments, and organize into working groups. This meeting, when we come together and plan for the collection of data, is a crucial component of mobilizing our community. Mobilizing activities will continue throughout the process to keep the community informed and energized and to keep health on the community's agenda.

Explain what you have done so far, including how the community has been defined, who has helped mobilize the community, and what commitments or partnerships have been formed. Describe the responsibilities of the community group and the steering committee; indicate that the responsibilities of working groups will be discussed later.

Display overhead "Phase II: Collecting and Organizing Data."

During the second phase, we will obtain mortality data, morbidity data, community opinion data, and other data we believe will be useful. These data will help us identify the major health problems of our community and select the ones we want to address first.

Display overhead "Phase III: Choosing Health Priorities."

During this phase, we will examine behavioral data. We emphasize behavioral data because more than half of all deaths can be attributed to behavioral factors such as not smoking, eating a proper diet, and being physically active–that is, how we choose to live our lives. Even with minimal resources, we can have a greater impact on behavioral factors than on other factors that affect health–such as genetic factors. Thus, we will determine which behavioral factors contribute to the health priority we select and begin to decide which of those factors we want to address. We may also use community data to identify possible target groups.

Project overhead "Phase IV: Developing a Comprehensive Intervention Plan."

As we move into phase IV, we will inventory community resources and policies to enhance collaboration and prevent duplication of programs and services already available in our community. We will also develop an overall health promotion strategy to have an impact on the health problem in as many ways as possible in our community.

The comprehensive strategy should include educational programs, policy advocacy, and environmental changes–strategies that can be used in different settings, such as schools, health care centers, community sites, and the workplace.

Educational strategies provide information and skills through courses, media campaigns, and educational events. Policy strategies aim to discourage or restrict the practice of certain risk behaviors and to encourage practice of healthy behaviors. For example, restricting smoking in public places discourages tobacco use, and allowing flexitime to employees encourages physical activity.

Environmental strategies encourage community members to select healthy behaviors, for example, by making healthy products available (such as low-fat dairy products in groceries). They can also discourage the selection of unhealthy behaviors, for example, by making tobacco less available by removing vending machines from public buildings.

We will also identify the interventions we will use to improve a health problem and involve members of the target groups in developing an intervention plan. We will collaborate with other groups and programs to ensure that our efforts complement rather than duplicate one another. We will attempt to coordinate activities with other community events and develop timetables to ensure that we do not overextend ourselves. We will also recruit and train volunteers to help us conduct and evaluate interventions.

Project overhead "Phase V: Evaluating PATCH."

We use evaluation throughout the PATCH process to find out what is and is not working so that we can improve our efforts. We will evaluate PATCH interventions so that we can make them better and so that we can provide the community with information about the effects of the interventions. We will also evaluate the PATCH process to see how it can be improved.

After you have reviewed the phases, remind participants of the commitment PATCH requires.

Making the PATCH process work is a long-term commitment. Planning alone often takes several months, and interventions can go on indefinitely. After one health problem is addressed, we can apply the process we have learned to other problems.

Over the next several months, we will meet as a group to identify health priorities and plan our first interventions. How we function as a group is important to our success. I would like for us to agree on the procedures and ground rules we would like to use as a group.

Proceed to discuss the importance of open discussion, decision making, and working as a team. Ask the group to brainstorm ground rules for the meetings. You might start by reviewing the ground rules for brainstorming. (You may want to distribute the Tipsheet on Brainstorming.)

As appropriate, discuss that the community group will not be working alone. Discuss the roles of different partners. Distribute and review the "Inventory of Collaborating Groups."

Gathering information

Preparation: Review Chapter 3 of the Concept Guide, and prepare to explain to the participants why data are important and which types of data will be collected. You may want to distribute copies of the Community Profile section of the Program Documentation and discuss ways the groups can use the data. Have available the data required to complete the overhead "Percentage of Deaths Due to Leading Causes." ∎

As I mentioned during the overview, we will collect and analyze a variety of community data:

• *Causes of death, or mortality data.*

• *Causes of illness and disability, or morbidity data.*

• *Community opinion data.*

• *Behavioral data.*

• *Other community data you deem important.*

Sometimes, we believe we know what the major health problems are and don't see the need to collect these data.

Use the following exercise to persuade participants about the importance of collecting data. Display the overhead "Percentage of Deaths Due to Leading Causes" and cover up the right-hand column. Ask participants to write down their estimates of the percentage of people in the United States who died in 1990 from the causes of death listed. Ask a participant to share an estimate with the group. Ask if anyone has a higher estimate, then a lower estimate. Repeat until you record the highest and lowest estimates for each cause listed on the overhead. Uncover the right-hand column and point out the wide range of estimates. Explain that this exercise illustrates that we sometimes do not know the real extent of a problem until we collect information about it.

Mortality data

Preparation: Review the Mortality and Morbidity Data section of Chapter 3 of the Concept Guide. Prepare to moderate a discussion about mortality data and how they can be collected, analyzed, and displayed. ∎

The death certificate is the official source of information about deceased persons and the cause of their death. Data from the death certificate are maintained by all state health departments. These state data are compiled by CDC's National Center for Health Statistics into a national mortality data set. The following overheads illustrate the many ways in which mortality data can be analyzed.

Display the overheads listed below and say a few words about each one.

- Leading causes of death can be examined for different age groups: overhead "Leading Causes of Death Among Adults Aged 45–64, Shelby County, Tennessee, 1988."

- Community data can be compared with data for other areas (e.g., state and nation) to help gain perspective on the magnitude of selected health problems; also, mortality data can be analyzed by age, race, and sex groups: overhead "Mortality Rates for Three Leading Causes of Death Among Black Men Aged 45–64 years, Shelby County, Tennessee, 1988."

- Data can be compiled for several years to show trends: overhead "Number of Deaths by Cause, Gage County, Nebraska, 1985–1988."

- A single cause of death can also be explored in more depth: overhead "Number of Deaths by Site of Cancer, Vigo County, Indiana, 1983–1988."

Explain the concept of years of potential life lost (YPLL). Point out that when YPLL values are used instead of mortality data, the ranking of the leading causes of death for the community may change.

Continue to discuss things pertinent to obtaining mortality data. Ask the group participants if they know of any unique sources of data.

Morbidity data

Preparation: Review the Mortality and Morbidity Data section in Chapter 3 of the Concept Guide and prepare to moderate a discussion about morbidity data and how they can be obtained, analyzed, and displayed. ■

Morbidity data provide information about the leading causes of illness, injury, and disability. Morbidity data indicate why people are hospitalized and why they see health care providers.

Morbidity data are not, however, always reliable. Record-keeping is generally not standardized, as it is for mortality data through the death certificate. Community hospitals may serve people other than members of our community, so our hospital data may under-report or overstate the true values for our PATCH community.

Sources of morbidity data include:

- *public health clinic records*
- *hospital discharge summaries*
- *police motor vehicle injury records*
- *school nurse records*
- *state or regional disease registries.*

It is often difficult to obtain community morbidity data, but we will try to identify sources of existing data in our community.

Continue to discuss things pertinent to obtaining morbidity data. Ask the group participants if they know of any unique sources of local data.

Behavioral data

Preparation: The text hereafter assumes that you will use some level of data from your state's Behavioral Risk Factor Surveillance System (BRFSS): state-level, subset of the state, community-level, or synthetic estimate of community data. If your community is not using BRFSS data, decide how behavioral data will be collected or what alternative sources of data will be used, and modify this guide accordingly. Review the Behavioral Data section of Chapter 3 in the Concept Guide. If possible, have available the state data required to complete the overhead "Percentage of Adults at Risk Due to Behaviors." ∎

Project overhead "Leading Causes of Death, United States."

The importance of collecting behavioral data becomes apparent when we compare the leading causes of death in the United States in 1900 and 1990. At the beginning of the century, infectious

diseases were the primary causes of death. Gradually, as living conditions improved and advances were made in sanitation, immunization, and medicine, deaths due to infectious diseases decreased. Now the leading causes of death are the chronic diseases, which are strongly affected by our lifestyle. In fact, of four factors that contribute to premature death–genetic factors, environmental factors, inadequate access to the health care system, and lifestyle– lifestyle accounts for more than half of all deaths.

Thus, the PATCH process emphasizes changing unhealthy behaviors and maintaining healthy ones to reduce mortality and morbidity. The analysis of behavioral data can provide perspective on behavioral practices among community residents. Comparisons can often be made by age, sex, race, and multiple risk factors.

Use the following exercise to inform participants about how common certain behavioral risk factors are.

Display overhead "Percentage of Adults at Risk Due to Behaviors" and cover up the filled-in column(s).

Ask participants to write down their estimate of the percentage of people in the United States (or state, if state data are available) to whom the given risk factors apply. Ask a participant to share an estimate with the group. Ask if anyone has a higher estimate, then a lower estimate. Repeat until you record the highest and lowest estimates for each cause listed on the overhead. Uncover the right-hand column and discuss the range of values.

We need to find out which unhealthy behaviors are contributing to the health problems of our community. To do this, we will use our state's BRFSS, a surveillance systems presently maintained by all states with assistance from CDC.

Explain what the BRFSS is and review what has been accomplished.

The BRFSS measures the extent of behaviors and conditions that most strongly contribute to the leading causes of death in the United States.

Display overhead "Behavioral Risk Factor Survey Items," which lists these behaviors and conditions, and briefly discuss them.

Explain why information about these behaviors and health conditions is collected by the BRFSS.

Display overhead "Reason for BRFSS Data Items."

The survey also collects basic demographic information—such as sex, age, race, and income—from participants.

Continue to discuss things pertinent to obtaining behavioral data.

Opinion survey

Preparation: Review the Qualitative Information section of Chapter 3 of the Concept Guide. Be prepared to introduce the opinion surveys and explain why opinion data are collected. If you plan to refer some of these activities to the working group, alter this segment, the overheads, and the handouts accordingly. ■

Although it is important to collect the different types of quantitative data discussed, it is equally important to collect information from residents about what they believe the community health problems are. A combination of statistical and opinion data helps us define problems and develop meaningful goals and objectives for our community's health. Quantitative information (mortality, morbidity, and behavioral data) can either substantiate or disprove community opinions.

Consider this example: Residents of one community believed that cancer was a particular problem in their community because of unsafe drinking water. They requested assistance from the state health department and undertook the PATCH process. The data that were gathered and analyzed showed that lung cancer was the cause of most cancer deaths in residents and that cancers of the digestive tract were extremely rare. The community ultimately decided to address lung cancer by designing an intervention program to reduce tobacco use.

Knowing what the community perceives as its health needs is extremely important when planning programs to address those needs. Opinion information also gives us an idea of the community's level of awareness of health issues. This information may guide us in designing press releases and educational information to increase awareness.

Opinion data also reflect community values and other qualitative factors not provided by quantitative data. Also, the process of collecting opinion data gives us an opportunity to inform community members about PATCH and helps build support for planning and carrying out health programs. It also helps us identify sources of support and opposition within the community.

It is important for us to collect opinion data from community leaders. We might also want to consider collecting opinion information from the community at large. Examples of questions that some PATCH communities have used in communitywide surveys are included with your handouts.

Direct participants to the handout "Communitywide Opinion Survey," and review the questions with them. Note that conducting and then tallying the results of a communitywide survey can be a big undertaking.

The purpose of the survey must be very well defined. For results of a survey to be valid, respondents must be representative of the entire community. Because this is often impossible, less precise surveys are often done, and the data from these surveys are analyzed separately from results from the community leader survey. Some communities collect communitywide data in malls and health fairs or by placing mail-in coupons in newspapers. Although the data may not weigh heavily during decision making, they may increase our awareness of issues that need to be explored further when designing interventions later in the PATCH process.

Ask participants to think about doing a communitywide survey, which you can discuss further at a later time. Indicate that you will concentrate now on the survey of community leaders.

Ask participants to look in their handouts for the packet of material on "Community Leader Opinion Survey." Go through the packet, which includes information on making an appointment, introducing the interview, a respondent page, and the interview questions. Review the questions with the participants. Tell participants that respondents may answer the questions by giving causes of death and disability as well as behavioral and nonbehavioral risk factors but that all this information is useful. Interviewers may need to probe for details or clarification of comments by asking follow-up questions. Tell participants that questions are asked as written to allow for comparison among all PATCH communities but that more questions can be added. Indicate that the survey is done in person, rather than over the telephone, because telephone surveys are impersonal and do not allow the public relations opportunity that in-person contact allows.

Continue to discuss things pertinent to obtaining opinion data in your community.

Identifying interviewees

Preparation: Refer to the handout "Description of Respondent" and list the categories of potential interviewees on a flip chart. Read the Tipsheet on Brainstorming. Decide whether participants will brainstorm names in small groups or in one large group. If you use small groups, you might assign particular geographic locations or affiliations to each group. Plan to circulate among the groups while they work independently. Even if you create small groups, consider having all participants work together on identifying communitywide leaders, such as business leaders, clergy, legislators, judges, and other public officials. Decide what you hope participants will accomplish and what you will recommend be referred to the working group. ■

Display overhead "Opinion Leaders."

Explain that the people in the community who are opinion leaders can be described by one or more of the characteristics listed. Briefly discuss each characteristic. Ask participants to begin thinking about which community leaders they will want to interview. Remind participants of the following considerations.

We do not want to interview only those people in official positions. Many influential people remain behind the scenes. These people may include well-respected neighbors, volunteers who have served in the community for a long time, and spokespersons for special-interest groups.

Try to identify people who represent the different segments of the community. Include both men and women; people of different ages, races, and ethnic groups; and people who live in different areas of the PATCH community. Think of people who are known for getting things done. Who really has a finger on the pulse of the community? Which people would be pleased to offer their opinions and be likely to support PATCH? Who might feel overlooked if not included in the survey and then be disinclined to participate? Remember that the people we identify as opinion leaders will be valuable resources throughout the PATCH process. We will want to involve them as the program develops and keep them informed of activities.

Begin the brainstorming session either as a group or by organizing participants among small groups, and ask someone to record the ideas for each group. You might prefer to use flip charts to display categories of interviewees and to record leaders recommended by participants. Ask participants to give either the names of specific

individuals or the titles of positions. If participants work in small groups, review all names together when the brainstorming session is over. Identify any categories that seem incomplete and determine whether the leaders identified indeed represent of the makeup of the community.

Interviewing techniques

Preparation: If your community group is small and you plan to use virtually all members to collect opinion data, proceed with this section and the Interview Practice section that follows. Otherwise, use the following two sections when you train your opinion data working group. Rehearse a five-minute role play of an interview using the questions from the Community Leader Opinion Survey. You or selected participants can role-play a sample interview. Be sure to include setting an appointment, the introduction, all five survey questions, and closing remarks. Incorporate examples of what to do if the interviewee

• gives a vague answer or does not answer the question at all

• appears hesitant and unclear about the purpose of the interview

• asks for the opinion of the interviewer or other interviewees

• gets off the subject. ■

In a few minutes, you will all have a chance to practice using the opinion survey. Each person will be an interviewer and an interviewee. First, here are a few guidelines for conducting a successful interview.

Display overhead "Interview Tips" and discuss each point by using the text below.

To begin the interview, introduce yourself, the PATCH process, and the purpose of the interview. In your handouts, we have included samples of what you might say when you call a potential interviewee to schedule an appointment and when you arrive for the interview.

Give participants a few moments to find and review the handouts "Making an Interview Appointment" and "Interview Introduction."

The introduction is your opportunity to let interviewees know you respect their opinions. Be cautious of too much social conversation, however, because the interview may then take too long and interfere with an interviewee's busy schedule. Try to relax and perhaps the interviewee will too.

If you want to tape record the interview, ask permission. Furthermore, the interviewee may feel more at ease if he or she has control of the recorder. Point out the pause button and allow the interviewee to practice using it before the interview begins in case he or she wants to shut the recorder off and say something "off the record." Using a tape recorder ensures that you have an accurate record of the opinions expressed. But be sure to practice using the tape recorder; interviews are sometimes lost because the wrong button was pushed! If you do not use a tape recorder, use a copy of the survey for taking notes.

So that all interviews are similar, ask questions as written and in the order they are listed on the survey. Let the interviewee do most of the talking. Some people may try to solicit your comments and engage you in conversation. Instead of answering, repeat your question or ask a related question to encourage the interviewee to begin talking again. Remaining silent for a moment may also encourage people to answer questions more fully. Try to clarify questions, if asked to do so by the interviewee, but try not to say anything that might influence responses.

Probe for more information, if necessary. Repeat the interviewee's answer and ask for clarification, or ask a follow-up question that might clarify the response. Maintain control by keeping to the subject yourself and repeating survey questions to draw the respondent back to the task at hand.

Do not bias the interviewee or show judgment of the interviewee's opinions by expressing your opinions or by reacting through your body language.

Close the interview with thanks and casual conversation, and ask permission to contact the interviewee in the future. Invite the interviewee to participate in a PATCH meeting, and offer to send the survey results or the PATCH newsletter.

Write up the interview as soon as it is over, and document information about the interviewee.

Ask participants to find the page "Description of Respondent" in their handouts.

This page collects demographic information that we will use to determine whether we have interviewed people who represent different segments of our community. Record this information for each interviewee–without asking, if possible. To preserve confidentiality, separate it from the survey instrument and give it to the survey coordinator when you turn in the completed surveys.

Finally, be sure to practice. Conducting a successful interview requires poise, and preparation is essential.

Role-play the sample interview prepared for participants and discuss the problems illustrated by the exercise.

Interviewing practice

Preparation: Decide how you will establish teams for the practice session. Decide when and how you will analyze and present the results of the opinion survey that participants will conduct among themselves during the practice session. ■

Now we will practice interviewing. Because your opinions should also be known, the responses you give during this practice session will be tabulated and compared with the opinions we collect from other people in the community.

Tell participants when that information will be available and how it will be communicated. Tell participants the guidelines for the practice interviews–that teams of two people will interview one another for 30 minutes (15 minutes for each interview) and that interviewers should record all responses. Ask participants to join their partners and begin interviewing. You may need to cut some interviews short to keep to the schedule. Ask participants to practice again with family or friends. Encourage them to complete the "Interview Self-Assessment," and draw their attention to the "Guidelines for Interviewers," both of which are in the handouts.

Rallying the community

Preparation: Collect examples of logos, posters, bumper stickers, and other materials from other community health or nonhealth projects. Review the section in Chapter 2 of the Concept Guide on Communication Networks and on the uses of a newsletter. Plan to have participants think about how to rally the entire community around PATCH. The handout "Media Channels Worksheet" is available to help you with this activity. You may want to ask the group to brainstorm items on the worksheet and then have the public relations working group complete the worksheet. ■

Devote a few minutes to inspiring enthusiasm in participants for the work they are about to begin. Show examples of good promotional materials that you have collected from other communities and projects. Describe how these materials served to attract the attention of the public. Discuss what has worked well in the past in the community. Ask participants for local examples. Suggest developing of a PATCH newsletter for the community. Also draw their attention to the PATCH logos, developed by other communities, which are also included in the handouts. Discuss the possibility of having a contest or using another means for developing a logo for your community program.

Remind participants about the importance of

- making PATCH a household word and gaining widespread support for the project.

- communicating with each other and with the community at large throughout the PATCH process.

Forming working groups

Preparation: Review the Working Groups section of Chapter 2 of the Concept Guide. Review working group task sheets and other tools in the handouts. Decide whether an evaluation working group will be formed. List on a flip chart the names of the working groups you plan to recommend be formed. ■

Display the flip chart that lists the working groups and describe the responsibilities of each group. Refer participants to the task sheets included in their handouts. Ask participants whether they see the need for any additional working groups, and list on the flip chart those groups you want to form at this time.

Ask participants to volunteer as members of the different groups. Suggest that they assess their skills, interests, resources, and contacts and how they relate to the tasks of the different groups. Discuss with participants the expectations for working group members, including how long the different groups are expected to be active and how members can rotate responsibilities among groups if such arrangements are preferred. Tell participants that the groups will meet at different locations around the room when the formal part of the meeting is over.

When you organize into the working groups, you may meet for as long as you like and begin to discuss tasks and make assignments. Or you can take the opportunity to get further acquainted and set

a date and time for a first meeting that will be more convenient for the participants of your group. Before you leave today's meeting, however, your group must elect a chairperson who will moderate the group's activities. This person has four main responsibilities:

- *Lead group members in planning a strategy for accomplishing activities.*

- *Ensure that the necessary activities are completed before the next meeting.*

- *Maintain communication with me regarding progress and need for assistance.*

- *Serve as a member of the steering committee and report on progress.*

Wrap-up

Preparation: Create a to-do list of tasks to be accomplished before the meeting for PATCH phase II. You may want to do this by consulting with your state coordinator or other advisor and your steering committee members. List the activities on a flip chart. Some activities you may include are to

- obtain and analyze mortality and morbidity data.

- identify sources of behavioral data.

- interview opinion leaders and summarize results.

- inform community leaders and the general public about PATCH.

- design a logo and develop a newsletter.

Set a date for the meeting for phase II. You may want to plan to meet in about one and a half or two months to allow time for data collection and analysis. ■

Display the to-do list, and ask for other items from participants. Have participants set the date of the next meeting—when the results of the opinion survey, as well as the analysis of the mortality and morbidity data, will be presented. The public relations working group will also report about its activities.

Closing and evaluation

Preparation: Review the Evaluating the Community Group Meetings section of the Meeting Guide. Develop a meeting evaluation form to obtain feedback from participants. Bring paper or index cards for participants to use. ■

Thank participants for their time, interest, and contributions.

Distribute the paper or index cards and ask participants to write on one side any thoughts or feelings they would like to share about the meeting, PATCH in general, or a related topic. Ask them to write on the other side what they are committing themselves to help with–participation in a working group, an activity from the to-do list, or another activity.

Ask participants to complete the meeting evaluation form and return it to you before they leave.

Meeting as working group

Designate tables or areas of the room where the working groups will meet, and help participants find the other members of their groups. Tell participants that you, the state coordinator, partners, and others, as appropriate, will be available to assist the working groups for whatever time remains.

Topics for discussion after the community group meeting for phase I

The following are topics for discussion with members of the community including partners, steering committee members, and 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 and others. Determine training and technical assistance needs and how these needs will be met.

   – Determine the plan and timeline for assisting the opinion data working group to finalize the questionnaire and list of interviewees, train interviewers, and analyze and display data.

– Clarify plan for obtaining mortality data and the role of the state health department and others in providing these data and in data analysis. Review potential sources of morbidity data. Determine plan and timeline for assisting the mortality and morbidity data working group to collect, analyze, and display data.

– Clarify plan for obtaining community behavioral data, such as using state and national BRFSS data to develop synthetic the estimates. Determine the plan and timeline for assisting the behavioral data working group to collect, analyze, and display data.

– Determine plan and timeline for assisting the public relations, evaluation, and other working groups with their duties.

3. Schedule regular communications with PATCH partners, community members, and working groups.

4. Plan for distributing a summary of community group meeting for phase I to attendees, partners, and others in the community. Plan to update individuals absent from the community group meeting.