Chapter 2

Mobilizing the Community

Contents

Chapter 2
Mobilizing the Community

Introduction

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. It involves defining the community and gaining commitment and support from its citizens. It also involves identifying or developing the organizational structure capable of carrying out the process and managing the long-term efforts to keep members and the community informed and energized. To gain the level of involvement necessary for a successful program, you must work with community members to

- define and describe your community.

- gain and maintain commitments from key organizations and individuals within and beyond the community.

- identify and coordinate community resources.

- communicate with the community often and through multiple channels.

- form partnerships for resources and support within and beyond the community.

- establish the structures and procedures needed to manage PATCH effectively.

In this chapter, we discuss some aspects of accomplishing these activities. Although we discuss these tasks independently, many overlap and the process of accomplishing them is rarely sequential. Defining the community, for example, requires communication with many community members. Membership and partners may change over time. For example, when the community identifies its priority health problems, behaviors, and target groups, you may want to reexamine your membership, resources, and partnerships and recruit others to meet changing or special needs.

As a process for planning community health, PATCH provides a vehicle for mutual and productive collaboration in which all parties benefit. It can be used to mobilize a community to address its health issues or, in communities that have many programs but lack collaboration between those programs, PATCH can serve a coordinating role in mobilizing existing community services and resources that can contribute to a healthier community.

Defining the community

A community may be defined by geographic boundaries, political boundaries, or demographic characteristics. Because data are often available for geographic or political units, defining a community by geography makes data collection easier. Also, selection of a political unit may increase the ability of the community to influence the use of government resources and policies to address priority health problems. Thus a PATCH community can be a neighborhood, a township, a city, a county, or a district. Special settings, such as public housing complexes, can also be PATCH communities. Whatever the definition of the community may be, residents must have public health needs in common and the resources within the community to respond effectively to those needs. To ensure that these internal resources are present, the community unit may need to be larger than a high-risk population that may become a target of future interventions. Members of a community should also have a "sense of community." They should have a sense of identity, shared values, norms, communications and helping patterns and identify themselves as members of the same community.

As you work to unite the community, one task may be to help community members increase their sense of the larger community. You will need to establish a general definition of community before you begin working to mobilize community members and form partnerships, adjusting the definition as appropriate. In essence, the community defines itself. The community begins to be defined when a group of citizens comes together to improve community health by using the PATCH process. During the process of defining your community, we recommend that you develop a profile of your community to understand its makeup.

Profile of the community

To help you complete a community profile, we have included a suggested format. Basic demographic information may help you ensure that the makeup of the PATCH community group reflects the makeup of the community. It may also help you decide how best to approach the community and its health problems as well as what some obstacles to communication may be.

For example, information about the average household income and size may help you determine the economic status of the community and thus what its resources may be. Knowing the average educational level of residents may help you gauge the level of your presentations and materials. Learning that the community has a large ethnic population may indicate the need to use non-English-language communication channels, such as foreign-language newspapers and radio stations.

You may want to add other items to the profile as well. Some communities identify the main employers in their community and then ensure that those organizations are represented in the PATCH community group or at least kept informed about PATCH.

Most of the information for the community profile can be obtained from data collected by the Bureau of the Census. Consult with your state coordinator and refer to the following publications:

U.S. Bureau of the Census. *Statistical Abstract of the United States, 1992.* 112th ed. Washington, D.C.: U.S. Bureau of the Census, 1992.

U.S. Department of Commerce. *1990 Census of Population and Housing Summary of Social, Economic, and Housing Characteristics.* Washington, D.C.: U.S. Department of Commerce, 1990.

Census data are generally available by region, state, metropolitan areas, and smaller geographical areas. Collect data so that you can make comparisons between your community and other areas such as the state or nation and thereby determine the relative status of your community.

The following suggested format for completing your community profile is the first section of the Program Documentation tool, included as Appendix 3. The purpose of the Program Documentation is to provide for the collection of basic information on the community and the PATCH process. The community group should review the forms and adapt them to meet its needs.

PD-I. Community Profile

Community: _____

Lead agency: _____

Contact person: _____

Address: _____

_____

Telephone number: _____   Fax number: _____

Source of data: _____   Year: _____

Community type: Urban___   Rural___   Suburban___   Other___

Geographic size or description: _____

_____

Total population:

Unemployment rate: Community _____ State _____

Per capita income: Community _____ State _____

Families below poverty level (%):   Community _____ State _____

Age distribution in years:

Community				**State**		
Age	%	No.		Age	%	No.
<1:				<1:		
1-14:				1-14:		
15-24:				15-24:		
25-64:				25-64:		
≥65:				≥65:		
total population:				total population:		

Number of households, by household size:

Number of persons in household

Community	State
1:	1:
2:	2:
3:	3:
4-5:	4-5:
6+:	6+:

Total number of households:

Annual household income:

Amount	Community		State	
	%	No.	%	No.
<$15,000:				
$15,000 to $24,999:				
$25,000 to $49,999:				
$50,000+:				

Marital status:*

			No. by sex	
	%	No.	Male	Female
Single:				
Married:				
Separated:				
Widowed:				
Divorced:				
Total:				

*Generally includes person 18 years of age and older.

Racial/ethnic composition:

	No.	%	% by sex Male	Female
White:				
Black:				
Hispanic*:				
American Indian+:				
Asian#:				
Other:				

*Includes both blacks and whites.   +Or Alaska Native.   #Or Pacific Islander.

Education:

Number of persons currently enrolled:

	Community
Elementary school	_____
High school	_____
Technical school	_____
College	_____

Educational achievement (% of adults who completed):

	Community	**State**
Elementary school plus 3 years of high school	_____	_____
High school	_____	_____
Technical school	_____	_____
College:		
1-3 years	_____	_____
4 years	_____	_____
≥5 years	_____	_____

Gaining commitments

The origin of the stimulus to undertake the PATCH process has varied in communities. In some communities, citizens have voiced concerns about potential health problems and requested that their public health department help them assess community health status and identify and address health problems. In other communities, the local health department, community hospital, university, chamber of commerce, community leader or another community agency has taken the initiative.

Whether interest in undertaking PATCH originates in the community or an agency, you will want to ensure that organizational and individual commitments and resources are available and that your community is ready to undertake the process. Identify existing community groups and consider whether an existing group could undertake the PATCH process or provide a foundation for building a structure for carrying out PATCH. If existing community groups are not appropriate, a new community group will need to be formed. Before you schedule the first community group meeting in phase I, you should secure commitments that include the following:

- a lead agency or existing community group to sponsor the process
- time for you as the local coordinator to facilitate the process
- three or more agencies or organizations to provide support and resources
- support from key leaders, local champions, and political stewards
- broad-based membership on the community group and steering committee
- collaborations and partnerships within the community
- collaborations and partnerships beyond the community
- time to develop a community-based program

Identify a lead agency to sponsor the process in the community. The lead agency could be the local health department, a community hospital, a university, an agricultural extension service, or other agency. If there is a local health department and it is not the lead agency, you should encourage its participation because of its key role in the health and well-being of the community.

The lead agency should clarify what resources it brings to PATCH. We recommend that the lead agency fund your position as local coordinator of the process. The time you need to manage the process will vary. You may find it a full-time job at first but need to devote less time as the process unfolds. Over a year, expect to spend 50

percent of your time if the process runs smoothly. The amount of your time required to manage PATCH depends on the help and resources available, community traditions with regard to volunteerism, and the partnerships that are established. Most of the information in this chapter will assist you in gaining commitments and establishing the structure needed to manage PATCH effectively.

To complement your role as advocate, many local coordinators have found that identifying and recruiting "program champions" prove invaluable. Those individuals can serve as "ambassadors" for the program to get things done. These program champions may serve two different roles: local champion and political steward. The local champion consistently advocates for the program. Although you also help perform this function, ideally the local champion takes the lead thus freeing you to manage day-to-day activities. The political steward steers the program through the political red tape, adds credibility to the program, and helps obtain resources. You may find it helpful to recruit program champions within the lead agency and within other community organizations, including local government, as appropriate.

In many communities, PATCH has increased networking between agencies and coordination of scarce resources.

The lead agency, program champions, and local coordinator should hold orientation meetings and one-on-one discussions with key people to gain commitments from at least three other agencies or groups in the community. These commitments should include letters that specify the nature of the support, such as participation in meetings, assistance with training and skill-building activities, staff time, meeting space, clerical support, copying services, mailing services, supplies, funds, or other resources. The letters should also indicate a willingness to participate in all five phases of PATCH, to maintain community ownership of the process, and to assist with recruiting a broad-based membership on the community group and steering committee (discussed later in this chapter).

As you inform groups, organizations, and residents about PATCH and gain their support for the PATCH concept, recruit participants representative of your community. These people should be citizens who are lay leaders or who represent local agencies or organizations from public and private sectors. Their contributions include knowledge of the community, voluntary and paid staff time, space for meetings and activities, funds, administrative services, and other resources, such as access to informal and public communication channels. Work with participants to clarify expectations and roles, and to reach agreement on the definition of the community and commitment to the PATCH process. Continue your efforts until you feel comfortable that the level of interest and resources is sufficient to sustain the program.

Commitments within the community

Gaining community-level commitments often involves coordinating resources with various community groups. PATCH provides a vehicle for productive collaboration in which all parties can benefit. In many communities, various groups are already committed to improving community health and may be sponsoring health promotion activities and services. Government agencies, including public health, schools, public safety, and social services agencies, have a mandate for protecting and improving the quality of life of the citizens and may be encouraged to use their resources and policies to address priority health issues. Invite those groups to join the PATCH community group, or at least build relationships with those groups to avoid duplication. Combined efforts may lead to more rapid and satisfactory results. In many communities, PATCH has increased networking between agencies and coordination of scarce resources. PATCH meetings and newsletters can be valuable to agencies that want to inform the community about their programs and activities.

Forge partnerships and encourage groups with different interests to work together. Sometimes, the PATCH community group may compete with other groups for scarce resources and volunteers. Further, some groups may be responsible primarily for promoting the goals of a national authority. However, by finding areas of mutual benefit, groups have shown that they are able to work together with much success.

To identify the groups in your community with which you might collaborate, use the Inventory of Collaborating Groups.

As you work to foster collaboration, be consistent in your messages from group to group. State the goals and objectives of the PATCH program so that they are easily understood by others. When you present them to representatives of other groups, indicate how this focus complements theirs. Invite them to participate in PATCH by identifying shared goals, and ask whether they can contribute financial resources, services, staff, and information. Ask for their involvement in planning, implementing, and evaluating PATCH.

When building a relationship with another group, be sure to agree on the division of labor. Decide who will coordinate the combined efforts, which joint objectives you want to accomplish, and what specific steps you can both take to accomplish those objectives.

To identify the groups in your community with which you might collaborate, use the Inventory of Collaborating Groups on the following pages. In the left-hand column, we list in alphabetical order the various types of organizations with which you might collaborate. In the space provided, write in the names of specific

groups of each type. To collect information about community organizations, contact the chamber of commerce, public libraries, United Way, city and county planning agencies, local media, and community leaders. Across the top of the page, we have suggested some types of collaboration you might seek with a group. Check each column that applies to each group. Refer to this inventory as you plan your contact with the many groups in your community. Not all groups will want to be involved in PATCH activities; however, keep them informed and they may become involved later. Some groups may want to see how PATCH works and what is accomplished before they agree to collaborate.

Inventory of Collaborating Groups

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

Inventory of Collaborating Groups (Continued)

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

Commitments beyond the community

Because many communities do not have abundant resources to conduct health interventions, a key strategy in PATCH is to encourage linkages both within and beyond the community. On the basis of its needs, a community may seek to develop partnerships with public and private sector organizations at the regional, state, or national levels. Some of the key resources to explore include the state departments of health and education, hospitals, universities, agricultural extension services, voluntary health agencies, businesses with health promotion policies and programs, and other communities undertaking the PATCH process.

For example, you might request that your state health department provide consultation and resources for such tasks as training, problem solving, and data analysis. You might ask the PATCH state coordinator with your state health department to participate in one or more community group meetings and to provide you with information from other PATCH communities that might be useful as you undertake the process and design interventions. The state health department may also be able to identify additional assistance and refer you to other state or national organizations, groups, or funding sources.

Partners outside the community can provide valuable technical assistance, consultation, data sources, model intervention programs, motivation, and moral support that can help enhance the viability and survival of your community's program. Also, with involvement of these partners, communities are better able to circumvent many of the turf battles that can develop when a single community-based group attempts to involve other local organizations in achieving a common objective. Most partners from outside the community will realize that fostering community empowerment and control are essential elements in building a long-term partnership with a community. You must ensure a healthy balance between outside assistance and community empowerment. In some cases, community participants may resent too much assistance from outsiders. The community group should maintain autonomy and be free to address problems that it considers appropriate for its community. Similarly, model intervention programs provided by state and national groups may be appropriate if adapted to meet the needs of your community. By having an active PATCH community, you will be in a better position to make use of these state and national programs and resources.

Partners outside the community can provide valuable technical assistance, consultation, data sources, model intervention programs, motivation, and moral support that can help enhance the viability and survival of your community's program.

Building commitments takes time

Defining and then mobilizing a community takes time and energy. Sometimes several months to a year or more are spent promoting PATCH and organizing citizens before a community is ready to begin the process. Factors that affect this process include whether the area of the community is urban or rural, whether the community is politically active, whether existing activities and groups can be tapped, what the level of resources is, what the average educational level of the citizens is, and whether potential participants recognize the need for improving the community's health status. However, as you inform the community about PATCH, hold meetings, and form groups, citizens work together to develop a collective identity, build relationships, and identify shared goals. Building trusting relationships, respect, and lasting community infrastructure for good health are necessary long-term objectives for any community-based program.

Similarly, it takes time to identify the types of technical assistance your community will need and to develop partnerships outside of the community to meet these needs. Taking time to establish the structures needed to manage the PATCH process within your community is important.

Structuring and managing PATCH

The PATCH program must have a clearly defined structure and function.

Like any organization, the PATCH program must have a clearly defined structure (e.g., committees) and function (e.g., operational procedures, meeting format, and communication networks). They should enhance the planning process by fostering a shared vision, mutual trust, willingness to work together, and a recognition and appreciation of differences among members.

Organizational structure

We recommend that the community's PATCH team consists of three partners: the community group, steering committee, and local coordinator.

Community group

This group makes all programmatic decisions and is responsible for many activities including these:

- analyzing community data
- selecting health priorities
- developing program objectives
- serving on working groups
- helping with program implementation and evaluation

Community group members are private citizens, political office holders, lay leaders, and representatives of service and social organizations, health organizations, private companies, and other groups. (See Inventory of Collaborating Groups). The community group may comprise from 12 to 100 people, but a group of 20 to 40 people has been shown in PATCH communities to be an effective size. PATCH communities have also found it valuable to have at least 20% of the comunity group be lay leaders.

The community group should reflect the makeup of the community and contain members with the skills and qualities needed to carry out the program. Some of the desired skills include ability to negotiate, solve problems, communicate, organize, analyze data, write, work with media, facilitate groups, and do long-term planning. Some of the desired qualities of the community group include people who are resourceful, credible, doers, visionary, and politically connected; know the community; and have a sincere interest in improving the health of the community.

Steering committee

This group's responsibilities include those of the community group as well as the following:

- helping the local coordinator with administrative functions
- chairing working groups for specific tasks
- helping to identify resources
- facilitating communication between working groups

A group of 6 to 12 people, drawn from the community group, has been shown to be an effective size.

Local coordinator

As the local coordinator, you facilitate the process and manage the day-to-day activities of PATCH. You will need to assume responsibility for tasks such as the following:

- advocating for PATCH and gaining commitments
- increasing awareness of PATCH and health issues within the community
- identifying training needs and mechanisms for training the community group, the steering committee, and working groups
- arranging for and facilitating meetings of these groups
- providing technical assistance to these groups
- nurturing partnerships within and beyond the community
- coordinating assistance from outside partners such as the state health department
- assuring that the process is managed and community ownership maintained
- helping to plan, carry out, and evaluate interventions

In this Concept Guide, we further describe the role of the local coordinator and recommend how the tasks might be accomplished

Functional structure

Partners outside the community can provide valuable technical assistance, consultation, data sources, model intervention programs, motivation, and moral support that can help enhance the viability and survival of your community's program. To work effectively, the PATCH group needs to establish structures including operational procedures to guide the group in decision making and other tasks; a forum for carrying out the process; mechanisms for carrying out tasks; and communication networks for sharing information. You may want to use the PD-X. Community Participant of the Program Documentation (see Appendix 3) or another mechanism to identify and evaluate participation.

Operational procedures

Operational procedures should be developed to monitor and guide the process. They should reinforce a group process that enhances a shared vision, sense of community, mutual trust, open discussion, appreciation of differences, and willingness to work together. They should include mechanisms for communicating within and between the PATCH groups, orienting new members, making decisions, and carrying out administrative tasks such as the development of work plans, timelines, and committees.

In most communities, the steering committee or the local coordinator drafts a set of operational procedures. Some communities assign the task to a working group. The operational procedures are then reviewed and approved by the community group.

Meeting format

PATCH is designed to be carried out through a series of community group meetings in which issues are discussed, tasks are assigned, and decisions are made. The *Meeting Guide* and *Visual Aids* provided with these materials are designed to help you plan and facilitate these meetings. The Meeting Guide also contains suggestions as to how you might vary the meetings to address local needs.

Your role is to facilitate the meetings and to encourage participation and ownership by the group. Encourage participants to contribute comments or ask questions and to debate issues. Enlist full participation and encourage members of the community group and working group chairpersons to present information and to facilitate sections of meetings. Use workshops and meetings to build a sense of vision and cohesiveness among participants. Provide training and skill-building activities as appropriate. The group decision-making processes used during meetings help develop consensus, commitment, and a sense of trust. To build and maintain trust, group members need to meet commitments, listen to and appreciate views of others, and be open about actions and intentions. Information should be shared openly and equally among members. Many local coordinators have found it extremely helpful to provide community group members with a PATCH notebook, usually a loose-leaf binder, that members can use to hold copies of community data, minutes of meetings, and other handouts.

The minutes of meetings should be recorded and then distributed to all community group members to confirm decisions made during the meetings and to inform members who could not attend. However, as priorities and objectives are being established during the first three phases of PATCH, you may also want to make personal

contact with members absent from key meetings to review the information discussed and the decisions made. You may wish to ask new members to arrive at the meeting early so you can provide an orientation. The importance of group dynamics and facilitation cannot be overstated. Review the Tipsheets (see Appendix 2) for hints on managing group process. Share these tipsheets, as appropriate, with chairpersons or other group members.

Working groups

Many of the activities carried out in PATCH are performed by working groups. The members of these working groups should be drawn from the community group, and chairpersons of the working groups should also serve on the steering committee. During the PATCH meetings, tasks are defined, working groups are established and participants are encouraged to join, and the group may meet at least long enough to select a chairperson.

During phase I, at least five working groups might be formed to focus on specific aspects of the PATCH process. Consider whether your community would benefit from creating any additional working groups or combining the working groups described later. If so, edit the working group task sheets in the handouts for phase I, and create new ones by outlining what the responsibilities of any additional groups should be. Form other groups as needed. For example, during phase IV, you may need one or more working groups to design and conduct interventions.

During the first community group meeting, schedule time for reviewing the tasks of the working groups; clarifying responsibilities; and establishing procedures, timelines, and meeting schedules. Not all work needs to be done by the group itself. The group can identify other persons within the community to help them. For example, in one community, the behavioral data working group trained members of the Homemakers Club of the county extension service to help with a community survey.

The chief responsibilities of each of the five suggested working groups are listed below. Use this information to begin thinking about the skills and qualities you will need in each group. Although many communities have participants volunteer to serve on working groups, you may want to identify some members and the chairpersons in advance to assure they have the skills you need. To help participants clearly understand which tasks the group is expected to perform, we have included in the handouts additional descriptions of the responsibilities of these groups for you to distribute at the community group meeting.

The five suggested working groups are listed below along with their main tasks.

Mortality and morbidity data

- Obtain and analyze mortality data, including trends in the data.
- Obtain and analyze morbidity data–primarily data for the main reasons for hospitalization.
- Collect and analyze any supporting data needed (e.g., motor vehicle collision reports and public health clinic records).
- Present the data to the community group.

Behavioral data

Behavioral data are either collected from the community or obtained from existing data. (See Chapter 3 for additional information.) When a community behavioral survey is not performed, working group members

- Examine existing state and national behavioral data.
- Develop synthetic estimates of behavioral data for the community.
- Examine data from community sources, such as lifestyle data collected by employers.

When collecting data using the CDC Behavioral Risk Factor Survey, you will want to inform your state health department. If the community wants to develop its own survey, you should contact your state health department for assistance and to ensure as much comparability with other data sets as possible. Working group members

- Determine the sample for the survey.
- Coordinate and conduct interviews.
- Arrange for analysis of data by the state health department.
- Report the results to the community group.

Community opinion data

- Develop the questions for the opinion survey.
- Determine the list of persons to be interviewed.
- Coordinate the logistics of conducting the survey, including training of interviewers.
- Coordinate and conduct interviews.
- Analyze results.
- Report the results to the community group.

Public relations

- Publicize the PATCH process and the health needs of the community.

- Work with representatives of local media by distributing press releases or making in-person visits.

- Coordinate the design of a PATCH logo and the production of a newsletter.

- Provide health education messages to the community through multiple media channels.

Evaluation

- Monitor the phases of PATCH to ensure a cohesive process for community health planning.

- Evaluate how the PATCH process has affected the community.

- Evaluate the success of PATCH interventions.

- Serve as a resource for the steering committee, the working groups, and the community group, as needed.

- Help improve programs by incorporating evaluation results.

Note that in some communities, an evaluation working group is not formed because the steering committee prefers to take responsibility for these tasks.

How long each working group is active depends on how long it takes to accomplish the specific tasks. Some groups, such as the public relations and evaluation groups, continue throughout the PATCH process, although the tasks they perform may change with each phase. Other groups, such as that for mortality and morbidity data, may disband when data collection and analysis are completed.

The number of members needed for each group depends on the number and complexity of the tasks, the skill level of the members, and the size of the community. Each working group should have at least three members. Expect some people to drop out, and try to plan for this by assigning additional members or identifying some people who could fill in at a later time. Members may want to rotate among groups or exchange roles within working groups to prevent burnout. If some community group members prefer not to serve on a working group, they can help in other ways by attending meetings, contributing to decisions, and identifying resources. Some people may be interested in joining future working groups for specific interventions.

Communication networks

Good communication is the key to mobilizing a community and keeping community members involved. The general public, specific groups and organizations, and selected individuals need to be informed and educated about the PATCH process. Once interventions are planned, the activities must also be promoted.

Your communication goals should include increasing community awareness about health issues, how the PATCH process can help the community, what decisions have been made by the community group, and how citizens can contribute to building a healthier community. To gain public support, try to appeal to potential participants in their own language. That is, avoid technical or bureaucratic language and a stiff communication style that could turn people away from rather than invite them to join PATCH. Further, the PATCH process generates substantial information about the community. Your task is to help communicate this information so that its significance is made clear.

Be sure that the language and style of your message are appropriate for the audience you are addressing. A message to the entire community, for example, should use language suited to the average educational level of the community. The message might be addressed to families or express concern for a given segment of the community, such as teenagers. In contrast, a message to health care workers should be expressed in the medical language that has special meaning for these professionals and might be supported by more complicated displays of data.

Thus, communicating effectively with persons of different groups requires knowing their educational level, background knowledge about a subject, goals, interests, and concerns. One way to learn how your audience communicates is to review some of the literature that people in that group read. You might also ask certain members of a group to review your messages and critique them before you deliver them to the group at large.

Reaching the many audiences within a community requires using multiple channels of communication, from mass media to word of mouth. By using several channels, you increase the likelihood that many diverse people will hear your message. You can communicate by using existing channels, or you can establish new ones. Many PATCH communities publish a newsletter to keep participants and the community abreast of planning and intervention activities.

The communication channel appropriate for your message depends on the audience. In the following sections, we discuss several channels of communication and when they may be most appropriately used.

In-person communication

Getting people to commit their time and energy to a project may require your showing personal interest in them. When you communicate in person, the listener tends to feel specially selected, and trust is encouraged. The listener can ask questions and contribute information that can influence decisions. Thus, in-person communication is a powerful way to promote acceptance of and gain support for new ideas.

Approach in person the individuals you would like to be involved in PATCH. Personal contact is also useful for informing influential members of the community about PATCH. Try to speak at meetings of many different groups, such as the League of Women Voters, Kiwanis International, Elks club, chamber of commerce, gardening clubs, parent-teachers associations, hospital grand rounds, town council, homeowners' associations, religious organizations, and so on. Be active in the various groups that can help you build a constituency for PATCH. Acceptance for PATCH is also gained as participants talk in person with neighbors, friends, coworkers, and acquaintances throughout the community. After an initial meeting, write personal letters and make telephone calls to follow up.

PATCH newsletter

A newsletter is one means that communities have found helpful for keeping community members informed about the PATCH process and activities. A newsletter sent to community group members and other groups and key individuals in the community can accomplish several purposes. It can

- encourage participation in PATCH.

- summarize past meetings and events.

- keep the community involved as decisions are made.

- announce interventions or coming events, including the next PATCH meeting.

- give the background information about issues or problems to be discussed.

- keep the community abreast of PATCH activities and accomplishments.

- recognize the achievements of the group and of individual members and the contribution of resources from the community.

- support the distinct identity of the program and its participants.

Some communities design a logo for their program that can be used on the newsletter and given high visibility throughout the community. These logos often become a source of community pride. The handouts for the community group meeting for phase I include examples of logos that you might want to share with participants. Some community groups design a logo themselves; other groups sponsor a contest or use another method to encourage suggestions from the community.

Public media

To reach the community at large and special segments of the community, use the established print and nonprint public media channels.

Small media include organizational newsletters and small-circulation publications that appeal to members of special groups, such as ethnic minorities and business people. Non-English-speaking persons, for example, may read a newspaper in their language but not the local, English-language paper. Members of the chamber of commerce may pay special attention to its bulletins and to professional publications. Other audiences can be reached through materials published by churches, civic groups, and voluntary agencies.

The mass media, including radio, television, and large-circulation newspapers, reach wider audiences. Attempt to use the mass media for broadcasting news, feature stories, and calendar events. Invite local journalists to participate in the community group, and ask media representatives to attend specific meetings. Keep members of the print and broadcast media informed through personal communication or by sending them the PATCH newsletter or news releases. A public relations working group, which can be established during the first community group meeting, can be made specifically responsible for keeping the media informed and involved.

Be sure to consider how the media for your community are organized. One PATCH community, for example, comprises three towns served by five newspapers. Instead of assigning a member of the public relations working group to work with each town, representatives were selected to hand carry news releases to the editor at each newspaper.

Finally, remember that nontraditional media channels are available as well. For example, distributing flyers in grocery stores or handing out brochures at athletic events may be ways to reach special audiences.

Adapting phase I to address a specific health issue or population

When a health issue of high priority is selected before beginning the PATCH process, some of the activities in phase I are modified accordingly. For example, if the health problem to be addressed is cardiovascular disease (CVD), make that point clear to the community as you are mobilizing members. Continue to recruit broad-based membership for your community group while identifying and including community members or agencies, such as the American Heart Association, that have a special interest in the specific health issue. As you develop partnerships and establish communication channels, look at all the possibilities as well as agencies and channels already committed to CVD. You may wish to use some basic data, such as mortality data, to help mobilize the community around the preselected issues. When using PATCH to address the health needs of a specific population, such as older adults, make similar modifications.