Meeting Guide for Phase III

Choosing Health Priorities

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Introduction to phase III meeting guide

Most PATCH communities do not have the resources to address all of their health problems and target groups at once. They must set priorities and plan to address some issues initially and others over time. To determine which health problem or problems to address first, the community group should complete the following tasks:

- Set criteria, examine community data, and develop a list of health problems.
- Assess the community's capacity to address the health problems.
- Determine the changeability and importance of priority health problems.
- Assess social, political, and economic issues that might influence the ability to address the health problems.
- Identify community programs and policies already addressing the health problems.

Depending on the data collected, resources available, and dynamics of the community group, the activities and process during this phase of PATCH may vary. If the group wants more information before proceeding, assign tasks to working groups or to others and set a date for the community group to meet again. It is important for community group members to agree on the initial health problem to be addressed.

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

This guide is designed to reduce the amount of time you need to prepare for the meeting and to help set the tone for additional text you develop. Review the material, and adapt it to meet the needs

of your community. Feel free to modify the meeting goals and suggested agenda.

You should plan to review working group accomplishments before this community group meeting and debrief after the meeting with such groups as your steering committee, partners, and working group chairpersons. At the end of this guide, see the section on Topics for Discussion After the Community Group Meeting for Phase III.

Preparations for the community group meeting for phase III

Suggested Agenda:

Community Group Meeting

Agenda

Welcome and announcements	10*
PATCH update and meeting goals	10
Requested data	10
Behavioral data	30
Identifying health problems from behavioral data	20
Selecting the health problem to be addressed	30
Existing programs and policies	30
Final decision	30
Focusing on target groups	15
Setting goals and objectives	20
Updates from working groups	15
Wrap-up and closure	10
Meeting as working groups	varies

*Estimated time in minutes

Time Required: About 4 hours. The time needed will vary depending on the data collected, resources available, and dynamics of the community group. The moderator should be prepared to refer tasks to working groups or others and to call additional meetings as needed until agreement is reached on which health problem to address first.

Preparation: Review results of previous meetings before proceeding. In the Concept Guide, review the Behavioral Data section of Chapter 3 (page CG3-20), Chapter 4, the Monitoring the Phases of PATCH section of Chapter 6 (page CG6-3), and the Tipsheets on nominal group techniques and brainstorming of Appendix 2. In this Meeting Guide, review the section on Evaluating the Community Group Meetings (page MGO-3). Develop a meeting evaluation form. Prepare an agenda. Review the content in this Meeting Guide for Phase III for recommendations concerning each segment of the suggested agenda. ■

Welcome and announcements

Preparation: Prepare to overview the agenda. ■

Welcome participants, thank them for their efforts, and make general announcements.

Distribute and discuss briefly the agenda.

PATCH update and meeting goals

Preparation: Determine the accomplishments to be highlighted. Alter meeting goals as appropriate. ■

Display overhead "Five Phases of PATCH" and discuss it with the group.

- Review PATCH phases and where in the process the group is .
- Review the results to date, including highlights from mortality, morbidity, and community opinion data. Quickly review summary overheads generated during phase II, and summarize items placed on "List of Health Problems."
- Review the importance of behavioral risk factors and the accomplishments of the behavioral data working group.
- State that the public relations and other working groups will report on their accomplishments later in the meeting.

Display overhead "Phase III: Choosing Health Priorities." Discuss the things to be accomplished during phase III.

During this phase, we will examine behavioral data. Behavioral data are important because more than half of all deaths can be attributed to behavioral factors–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 which of these factors we want to address. We will also use data to identify possible target groups.

So that we do not duplicate programs and services available in our community, we will inventory existing community programs and policies. This inventory will also help us in phase IV to develop an overall health promotion strategy to address our priority health problem. This comprehensive strategy will include educational, policy advocacy, and environmental measures–strategies that can be used in different settings, such as schools, health care centers, the community, and worksites.

Educational strategies provide information and skills through courses and media campaigns. Policy strategies aim to restrict the practice of certain behavioral risk factors, such as smoking. Environmental strategies encourage a healthy environment (for example, by making cigarette smoking inconvenient through removing vending machines from government buildings) and make healthy products available (such as low-fat dairy products in groceries).

Display and review overhead "Meeting Goals" in order to

- review behavioral data.
- add to the "List of Health Problems."
- determine priority health problems, risk factors, and target groups.
- set community objectives.

Requested data

Preparation: If during phase II the community group requested that additional mortality, morbidity, or other data be collected, help the working group identify, analyze, and display the data. ■

Help the chairperson or member of the working group briefly summarize the data. Lead a discussion of the data and have the community group add items to the "List of Health Problems."

Behavioral data

Preparation: Prepare a matching set of overheads and handouts, referred to as the Behavioral Data Packet, to display your community's data. Review Chapter 3 of Concept Guide, the Behavioral Data and the Presenting Data sections, for suggestions on what to include and how. Encourage the working group chairperson or member to present the data. Have available Section VII of the Program Documentation, Comparison of Behavioral Data (Percentage) Among Adults by Community, State, and Nation. Provide Section VII as a handout as appropriate. Have your state coordinator, epidemiologist, or other resource person available as needed. ■

Distribute handout "Contributors to the Leading Causes of Death." Review the connection between risk factors and causes of death.

Distribute handout Behavioral Data Packet, and display the overheads from the packet material.

Review materials in the packet emphasizing data that show a greater prevalence of the behavior than state or national data. Also highlight variations in group data that show greater risk among gender groups, income levels, educational levels, or other variables. As you show a graphic, read and clarify it for your audience.

- Read the heading and contents of the overhead.
- Compare community data to state and national data.
- Clarify numerical units on graphics (e.g., percentages).
- Discuss any adjustments made to the data (e.g., 3 years of data were grouped together because the numbers were too small.)
- Discuss any limitations of the data (e.g., the sample was not representative of the entire community; numbers may be small, so emphasis should be placed on the total data and not data on subpopulations; numbers are synthetic estimates based on state data).
- Summarize the differences in groups presented in the data (e,g., between men and women, among races, between age groups).

As the community's data are displayed and discussed, encourage participants to ask questions.

Identifying health problems from behavioral data

Preparation: Have available the "List of Health Problems" with the items added during phase II. You may want to use flip charts and to ask for a volunteer to record the problem statements generated by the group. ■

Continue any discussion concerning behavioral data. Help the community group discuss criteria for selecting behaviors to be added to the "List of Health Problems." Have the group use these criteria to look through the behavioral data and brainstorm problem statements. For example, "too many people in our county smoke cigarettes" or "too many men aged 25 to 44 years old binge drink."

Review with the group the problem statements. Help the group set priorities among the problem statements, and determine the most important items, generally the top five to 10 items. Use the nominal group technique, if necessary. When the group has ranked its problem statements, add the identified health problems to the "List of Health Problems."

Encourage the group to discuss items on the "List of Health Problems." Lead the group through an informal nominal group technique to rank the items and reduce them to a manageable number, say no more than five to 10 items in each column. (This ranking may have been undertaken for the left-hand column during phase II. If not, you may want to do it now.)

Selecting the health problem to be addressed

Preparation: Review the Tipsheets on nominal group process and consensus building of Appendix 2. Review Selecting the Intervention Focus in Chapter 4 of the Concept Guide. Prepare to lead a discussion of the items on the "List of Health Problems." Assess your resources, and discuss with such groups as steering committee and partners the number of problems the community has the capacity to address. ■

So far we have identified a variety of health problems in our community. Let me remind you that none of the health issues listed will be lost. We will work to address many of them over time. We will also highlight the problems and encourage community agencies with the authority to address them to do so. It is more important for us to address one health problem well, with as many interventions as possible, than to do a little to address several

problems. Our task now is to determine the top three to five health problems we consider as major health priorities to be addressed by our initial intervention activities.

Review the sets of criteria the group used to determine health problems. Offer additional criteria for determining which problem to address first. These criteria might include ranking problems as to importance and changeability and giving priority to those that rank high on both.

Display overhead "Criteria for Determining Priority." Discuss the definition of importance and changeability.

Display overhead "Ways to Assess Importance."

- How widespread is the health problem or behavior? Is the prevalence in our community greater than the prevalence in the state or the nation?
- Are the consequences of the health problem or behavior serious? Does it cause a disproportionate amount of death or disability?
- How closely connected are the behavior and the health problem?

Display overhead "Ways to Assess Changeability."

- Does research suggest that the health problem or related behaviors can be changed?
- Has the health problem or behavior been successfully changed by other community-based programs?
- Is the behavior still in the developmental stage?
- Is the behavior only superficially tied to lifestyle?

Provide the group with some other issues to consider when deciding which health problem to address first.

- Are there legal and economic factors to consider?
- Are there political issues or issues of social acceptability to consider?
- Would addressing the health problem help build on community strengths?
- What is the level of public concern for the health problem?
- What is the possibility of quick program success in addressing the health problem?

While referring to the "List of Health Problems," have the community group members use the nominal group technique to identify their top five priority problems. Tabulate votes and identify the top

three to five health problems. Ask a member of the group to discuss why he or she considers a particular problem to be a priority. A reasonable amount of discussion, debate, and disagreement is healthy and may be necessary to air feelings and reach a compromise.

Unless your community has an abundance of resources and can address all three to five health problems, repeat the nominal group technique to identify which health problem to address first.

Existing programs and policies

Preparation: Review the Using the Matrix section of Chapter 4 of the Concept Guide. Some communities choose to complete the matrix for the top three to five health problems under consideration. Other communities wait until the community group has decided on the health problem to be addressed first and then complete the matrix as a final step in the decision-making process. Your community group or steering committee may have a preference on how to proceed. When preparing examples of each intervention strategy, include examples from the community or examples related to the health problem.

After using the matrix to examine what is ongoing, the community group may decide that the health problem is being adequately addressed and move on to examine another priority health problem. Or it may decide it has a role in addressing the health problem. The matrix may also be used by the community group to identify potential new members, partners, and allies in its efforts to address the health problem. Chapter 5 contains more information on the use of the matrix. A larger version of the matrix is included in the handouts. ■

Distribute the "Existing Community Programs/Policies Matrix."

To prevent duplication of effort, we want to make sure we do not choose a health problem that is already being adequately addressed within the community. The "Existing Community Programs/Policies Matrix" is a tool to help us identify policies and programs that are ongoing in the community.

The matrix will help us organize our investigation of ongoing policies and programs by two features: the strategy or method used, such as education, and the setting where the programs or policies are located, such as schools. We will use the matrix again in phase IV to develop an overall health promotion strategy to address our priority health problem. This comprehensive strategy

will include educational, policy advocacy, and environmental measures–strategies that can be used in different settings, such as schools, health care centers, the community, and worksites.

We will fill in each box or cell to complete the matrix.

Review for the group, as appropriate, the components of the matrix.

The first are educational strategies, which include two broad methods:

- *Communication methods include lecture and discussion, individual counseling or instruction, and the four techniques of mass media (print materials, audiovisual aids, and educational television).*
- *Training methods include skills development, simulations and games, inquiry learning, small-group discussion, modeling, and behavior modification.*

Provide examples of educational strategies that already exist in the community and solicit others from the group.

The second category includes regulatory or legislative strategies. They involve using laws and regulations to discourage negative behaviors and to encourage positive actions. For example, local school boards have initiated regulations against smoking at board meetings and may also extend the hours that community people may use school exercise facilities. Again, solicit examples from the group.

The third category includes environmental strategies. They include actions taken by others to make our lives safer and may not require a behavioral change or any participation on our part. In fact, sometimes you are not aware of what is being done for you. Examples include air bags in cars, removal of cigarette machines from schools and government buildings, break-away light poles on highways, and fences around swimming pools or cliffs.

Other environmental strategies include making healthy choices available in the environment, such as having high-fiber foods available in grocery stores and low-fat milk offered at the worksite.

Ask if anyone in the group would like to provide additional examples.

Intervention strategies need to complement and support other efforts that are already in place. To prevent overlapping or duplication of efforts, we need to list existing community programs and policies. On the handout, we need to fill in existing programs and policies related to the health problem and risk factor we have identified.

Provide an example of how the matrix works.

If we want to reduce deaths due to heart disease by addressing physical inactivity, we would note in the upper left-hand cell any educational programs promoting physical activity that are provided through schools.

After going down the first column, you might also continue across the top of the matrix with questions such as "what does the health care system (doctors, school clinic, etc.) do to educate youths about the importance of physical activity?" or "what education or policies provided by employers of older teens encourage physical activity?" Please note: the OTHER category is available for items that do not fit elsewhere. For example, some automobile dealers place stickers on car windows reminding riders to buckle-up.

If time may not permit completion of the matrix, refer it to a working group for completion, and set a time to meet again to review the matrix and complete the following agenda items.

Final decision

Preparation: Review the Tipsheets on nominal group process and consensus building of Appendix 2. Be prepared to postpone a final decision if the group requests more information or appears not to be ready to do so. ■

Have the group discuss which of the three to five priority problems it would like to focus on initially. Try to reach a consensus through discussion. If impossible, have the members vote among alternatives by a show of hands or by repeating the nominal group technique, ranking their three top choices from the top five items listed. If you wish, repeat the technique to identify the top three choices for the group. Ask the participants to continue thinking about their initial focus between now and phase IV, when a final decision will be made.

Focusing on target groups

Preparation: In Chapter 4 of the Concept Guide, review the section on Targeting the Community and Specific Groups (page CG4-6). Review the community data and note subpopulations that are at greater risk for the problem to be addressed first. ■

When we begin to design our interventions, we should consider the community at large as one of our major targets. Groups we target within a community will be more likely to change behavior if the community at large supports that change.

We also want to identify groups within our community to be the focus of interventions. We might want to design interventions that target school children, pregnant women, black men aged 18 to 34 years, employees, or other groups within our community. By examining opinion, mortality, and morbidity data, we can determine who in our community may be at greater risk for a particular health problem. From the behavioral data, we can determine who is at an increased risk due to unhealthy behaviors. Today we will want to discuss potential target groups even though final selection of the target group will occur in phase IV.

Display and review overhead "Target Groups."

There are four approaches community groups have found useful when selecting target groups:

- *The curative approach selects the group with the greatest problem or at greatest risk.*
- *The preventive approach selects the group that has not yet developed patterns of behavior involving the risk factors.*
- *The cost-effective approach selects the group that would yield the most results with the fewest resources.*
- *The greatest-need approach selects the underserved group that needs the most help.*

To make a good judgment about which group (or groups) should be the focus of our intervention activities, we need to consider all four ways to select target groups for any particular health problem.

Discuss handout "Target Group Profile."

Ask participants to take a few minutes to write who they consider to be the target group(s) for each question. Make sure everyone is aware of the priority health problems that the community selected. They may also want to refer to data previously given as handouts.

Lead the group in a discussion of the answers to the questions. Ask someone to volunteer to record responses to the questions on the flip chart. Try to discuss differences of opinion and make sure everyone understands the rationale behind other people's responses. The purpose of this exercise is to reach consensus on the most likely targets so these potential targets can be examined further. You may find it helpful to take a vote or use the nominal group technique. Making a final decision on specific target groups will be done in phase IV.

Explain that in phase IV the group will finish identifying the target groups and examine individual or cultural factors that could help or hinder interventions.

In the discussion, you may find that you will need more information on specific target groups to make a final decision in phase IV. A working group may need to be created at the end of the meeting to collect such data.

Setting goals and objectives

Preparation: Review Chapter 4 section on Writing Goals and Objectives. Have blank overheads available. ■

Most of us set some short-term and long-term goals or objectives for our life. In PATCH, we want to set objectives to give us direction as well as standards against which to measure our accomplishments. We will not take much of our meeting time writing objectives; we will let a working group do that. We do, however, want to talk for a few minutes about objectives and the three kinds of objectives that we will develop: community objectives, behavioral objectives, and intervention objectives.

Display and review overhead "Objectives are SMART."

A well written objective is SMART. It is specific, measurable, achievable, realistic, and timebound. When we read it, we know ***what*** *should be done by* ***when, where*** *it will be done, to* ***whom,*** *and* ***how much*** *will be accomplished.*

We will set a community objective to address the leading cause of death or disability we select to address.

Display overhead "Community Objective." Review that it has the components of a SMART objective.

Display and review overhead "Behavioral Objective." Distribute handout "Behavioral Objectives for the Nation."

We will set behavioral objectives that address the leading behaviors that contribute to our priority health problem. Later, as we design interventions, we will set intervention objectives that relate to a particular intervention. Objectives are measurable statements that tell us what results we hope to accomplish. They are critical in community planning, and help to direct and focus community efforts.

Have participants talk through the process of writing a community objective for the top-ranked health problem. Write it on a blank overhead transparency. Issues the group needs to discuss include

- when to reasonably expect a change. (An objective to change mortality should allow at least 10 years.)
- whether change should be written for all deaths or only for premature deaths. (If the community has an increasingly aged population, the group might want to write objectives in terms of deaths before age 65 or 75 years or write them in terms of decrease in years of potential life lost.)
- the amount of change to anticipate. (You may set a target figure now and reexamine it after you have designed your intervention and can better forecast change.)

Once the community objective is developed, write a matching behavioral objective.

Tell the group that a working group will be formed at the end of the meeting to work on other objectives.

Updates from working groups

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

Have the working groups report on their activities. For example, the public relations working group might summarize what has been done to keep the community informed of their activities, to inform the community of its health status, to encourage use of the logo, and to distribute newsletters and press releases.

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

Wrap-up and closure

Preparation: Prepare a brief outline of the day's accomplishments on a flip chart or overhead, and prepare to share it (orally) with the group. Also develop a to-do list. Remember to add activities that were referred to the working group for completion. In the Concept Guide, review the Monitoring the Phases of PATCH section of Chapter 6 (page CG6-3). In this Meeting Guide, review the section on Evaluating the Community Group Meetings (page MGO-3). Use a meeting evaluation method to obtain feedback from participants; for example, pass out an evaluation form and ask participants to complete it before they leave. ■

Your summary of accomplishments might look something like this example:

- Decided on the health problem to be addressed first.
- Identified potential target groups(s).
- Identified existing community programs and policies.
- Established working groups to...(specify tasks).

Prepare on a flip chart or overhead a to-do list that might include the following:

- Have the working group complete the "Existing Community Programs/Policies Matrix." (The working group may also want to match organizations listed on the matrix with the Inventory of Collaborating Groups found in Chapter 2 of the Concept Guide [page CG2-11] and as a handout for the phase I meeting.)
- Have the public relations working group continue to share the findings from our data collection activities within the community though such avenues as press releases and presentations to community groups.

Have participants set date for the next meeting.

Distribute the meeting evaluation sheet, and ask participants to fill it out and return it to you before they leave.

Thank group members for their participation.

Meeting as working groups

Preparation: Review existing task sheets for the working groups and update and revise them to meet your community's needs. Develop new task sheets as appropriate. ■

Encourage working groups to meet at least long enough to clarify tasks and set a time and place to meet. Identify participants who might be able to consult with the working groups, as needed (e.g., state coordinator, partner, or local coordinator).

Topics for discussion after the community group meeting for phase III

The following are topics for discussion with partners and steering committee members, including working group chairpersons.

1. Discuss what happened during the community group meeting, including group dynamics and decisions made, and review the results of the evaluation of the meeting.
2. Now that the community group has identified the health problem to be addressed first, discuss what might be done to broaden alliances and update organizational and functional structures (see the related sections in Chapter 5 of the Concept Guide [CG5-2 and CG5-3]).
3. Review tasks to be done by working groups, partners, and others, and determine training and technical assistance needs.
   - Identify sources of data on potential target groups.
   - Discuss any problems or needs identified by the working groups.
   - Discuss the monitoring of the phases of PATCH (see page CG6-3).
   - Discuss ways to accomplish the to-do list developed at the end of the meeting.
4. Schedule regular communications with PATCH partners, community members, and working groups. Plan to distribute a summary of the community group meeting to attendees, partners, and others in the community. Plan to update each person who missed the community group meeting.