Resident Project Workbook

Fourth Edition

Elizabeth Sterba, MS
Marlane Brendemuehl, MPA
Richard Pan, MD, MPH

Communities & Health Professionals Together
University of California, Davis

Initial Development Funded by the
Anne E. Dyson Community Pediatrics Training Initiative

TABLE OF CONTENTS

INTRODUCTION

Communities have a strong influence on health, and advocacy is both recognized as an essential activity for physicians and a required part of residency education. However, advocacy training for physicians is in its infancy and the conceptual foundation for community-based medical training has not been established. In addition, building partnerships between transient residents and communities is a great challenge to community-based advocacy education.

Communities & Health Professionals Together (CHPT) teaches family medicine, internal medicine and pediatric residents how to be effective advocates in partnership by linking them with trained community partners, represented by one "CHPT Faculty" member. The CHPT Faculty member is responsible for the training and evaluation of each resident during their advocacy rotation in the community.

The highlight of the CHPT program is the opportunity for resident physicians to partner with one of several partner communities, where they will be educated to value advocacy as an essential role of a physician. Through this partnership, each resident will be oriented to their specific community, and then work with the CHPT Faculty and their partners to develop and implement an advocacy project *with and for* the community.

Like the American Academy of Pediatrics' own Community Acc3ess To Child Health (CATCH) program, CHPT has adopted McKnight and Kretzman's model of Asset-Based Community Development (ABCD) as the conceptual basis of effective community-based advocacy for our residents. ABCD is also the methodology for organizing communities applied by the Sierra Health Foundation Community Partnerships for Healthy Children Initiative, which had a hand in founding four of our community partners.

The goals of CHPT are to:

- Form strong relationships between resident physicians and their partner communities
- Increase physician involvement in partner communities and beyond
- Maintain formal curriculum
- Document program efficacy and increase program awareness

This workbook is designed to assist with the conception, development, implementation, and evaluation of the Resident Advocacy Project by breaking the project down into manageable steps. The completion of each section of steps through each of the three years of residency will result in a completed community project.

Name: **, Date** **/** **/**

YEAR ONE:

Making Connections

YEAR ONE

Purpose

Introduce interns to their partner communities; provide opportunities for immersion into the daily life and culture of the partner community; begin building relationships with CHPT Faculty/community partners; gain a basic understanding of Asset-Based Community Development, Social Determinants of Health, the Chronic Care Model, and the Patient-Centered Medical Home Model.

Objectives

Following their first year rotation in their partner communities, residents will be able to:

1. Describe the Asset-Based Community Development approach and understand the difference between Individual, Associational and Institutional assets
2. Describe the Chronic Care Management and Patient-Centered Medical Home models and discuss how they relate to their partner community
3. Recognize the physical boundaries of their partner community
4. Identify a wide variety of assets in their partner community
5. Identify locally-defined health and wellness concerns, as recognized by community members

Requirements

1. Assigned reading materials
   - Chapter One in:
     Sterba, Elizabeth M., Brendemuehl, M. and Richard Pan. (2007. *Communities & Health Professionals Together Resident Project Workbook, 4th Ed.* UC Davis: Sacramento CA.

2. Suggested reading materials
   - Kretzmann, John P. and John L. McKnight. 1997. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*. ACTA Publications: Chicago, IL.
   - McKnight, John L. and Carol A. Pandak. 1999. *New Community Tools for Improving Child Health: A Pediatricians Guide to Local Associations*. American Academy of Pediatrics: Elk Grove Village, IL.

DEFINITION OF A COMMUNITY

What is a "Community"?

Community is an old concept predating the idea of nation-state. It is based on relationships among family, kin, and friends. The strongest ties, or sense of community, arise from the juncture of kinship and territory, particularly the neighborhood. The types of community that historically have been extremely potent include those based on ties of religion, status, craft, academy, revolution, and mutual aid (Tönnies, 1940 & Nisbet, 1953). The recent view perceives a loss or attenuation of the bonds of community in modern industrial society. People are no longer closely bound to relatives, neighbors, and friends located in the same geographical area. High rates of mobility, separation of work & residence and the development of complex culture have made for communities of limited liability.[1]

Communities do not possess inherent or natural boundaries or uniformly agreed-upon characteristics. Communities do not exist as clear-cut entities in nature. Rather, "community" is a mental construct, a definition imposed on some social aggregation by an observer and the construct implies the parameters & phenomena to be considered.[2]

What is "Community Development"?

Community development refers to the process in which the people of a community attempt a collaborative effort to promote what they consider to be the well-being of their community.[3]

The term "community development" is related to such concepts as community organizing, community problem solving, community work, grass roots organizing, neighborhood organizing, mutual aid, self-help, community control, community action, social action, and social movement. It is related to social, political, or mass education; to physical economic, social, national, regional, or local planning; and to rural, urban, institutional, cultural, economic, social, and historical development.

The term is not new, but came into popularity after World War II, particularly in reference to international, multinational, governmental, church, & foundation programs to deal at a social level with social, economic, cultural, educational, political, and technical problems of developing countries and in developed countries. It is most often used to describe the social objectives & processes of a community, group, or organization seeking to improve the quality of life or the productivity of residents in a delimited geographic area or of members of an interest group or coalition concerned with a particular social condition or problem.

Community development efforts are usually not bound to a locality, but occur in a framework of internal and external community relationships, resources, interests, and policies. Community development usually involves a grass-roots membership or a "bottom-up" rather than a professional, bureaucratic, or "top-down" approach to social problems. Community development emphasizes self-help and voluntary cooperation among members or residents of disadvantaged communities or sectors of society. Working on behalf of disadvantaged citizens, community development strives to further the acquisition or redistribution of resources. It is also an educational process whose purpose is to increase social and political awareness of the causes of problems and to develop the capacities of community leaders to address those problems. It is important to the larger processes of social and economic change in a democratic society.[4]

At the heart of community development is the face-to-face group, which is based on felt needs and which focuses on issues that community people and community organization staff want to work on. Community group members do things on a voluntary basis on behalf of the wider-community, utilizing their own resources to the extend possible. The group is expected to provide satisfying experiences and rewards for participation – extending knowledge and skill, improving self-image, heightening a sense of personal capacity & power, and helping develop higher capacity for leadership. All this is done while providing program solutions to specific community problems that may also directly affect the group participants. The group experience provides simultaneous social education, political development, and even therapeutic values. It takes hard work to make ends meet in so-called low-income communities. Hard community work (all voluntary and therefore unpaid) builds institutions and rebuilds community. Practicing "community" requires neighborhood people to struggle daily against outside forces that impose themselves on the community; at the same time, citizens must deal with earning a living and caring for extended family, especially small children or elderly.[5]

ABCD AND THE POWER OF ASSOCIATIONS

SOCIAL CAPITAL ⇨ SOCIAL CAPACITY: GETTING TO KNOW YOUR COMMUNITY=GETTING TO KNOW YOURSELF

What is "Social Capital"?

Through the years, social capital has been defined in a number of different ways. The World Bank defines social capital as "the norms and social relations embedded in social structures that enable people to coordinate action to achieve desired goals". Robert Putnam, a Harvard political scientist, says

> *"social capital refers to features of social organizations, such as networks, norms, and social trust, that facilitate coordination and cooperation for mutual benefit. Whereas physical capital refers to physical objects and human capital refers to properties of individuals, social capital refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them."*[6]

Organizational behaviorists define social capital as "consisting of the stock of active connections among people: the trust, mutual understanding, and shared values and behaviors that bind the members of human networks and communities and make cooperative action possible"[7]. Ultimately, social capital is thought to be "the connective tissue" of society - that which makes is easier for people to trust each other and build routinized relationships. It is a public good that is a by-product of other activities![8]

Social capacity is the ability of a community to build and retain social capital. Communities with high social capacity can successfully identify problems and needs; achieve a workable consensus on goals and priorities, agree on how to pursue goals, and cooperate to achieve goals.[9] Building capacity is one way of strengthening social capital. The challenge faced by professionals in fields such as housing, health, economic development, and education is to realize that they must *seek not to just deliver services to meet peoples needs*, but to do so in a way that enhances people's autonomy, self-esteem, and their ability to work together to solve common problems.[10]

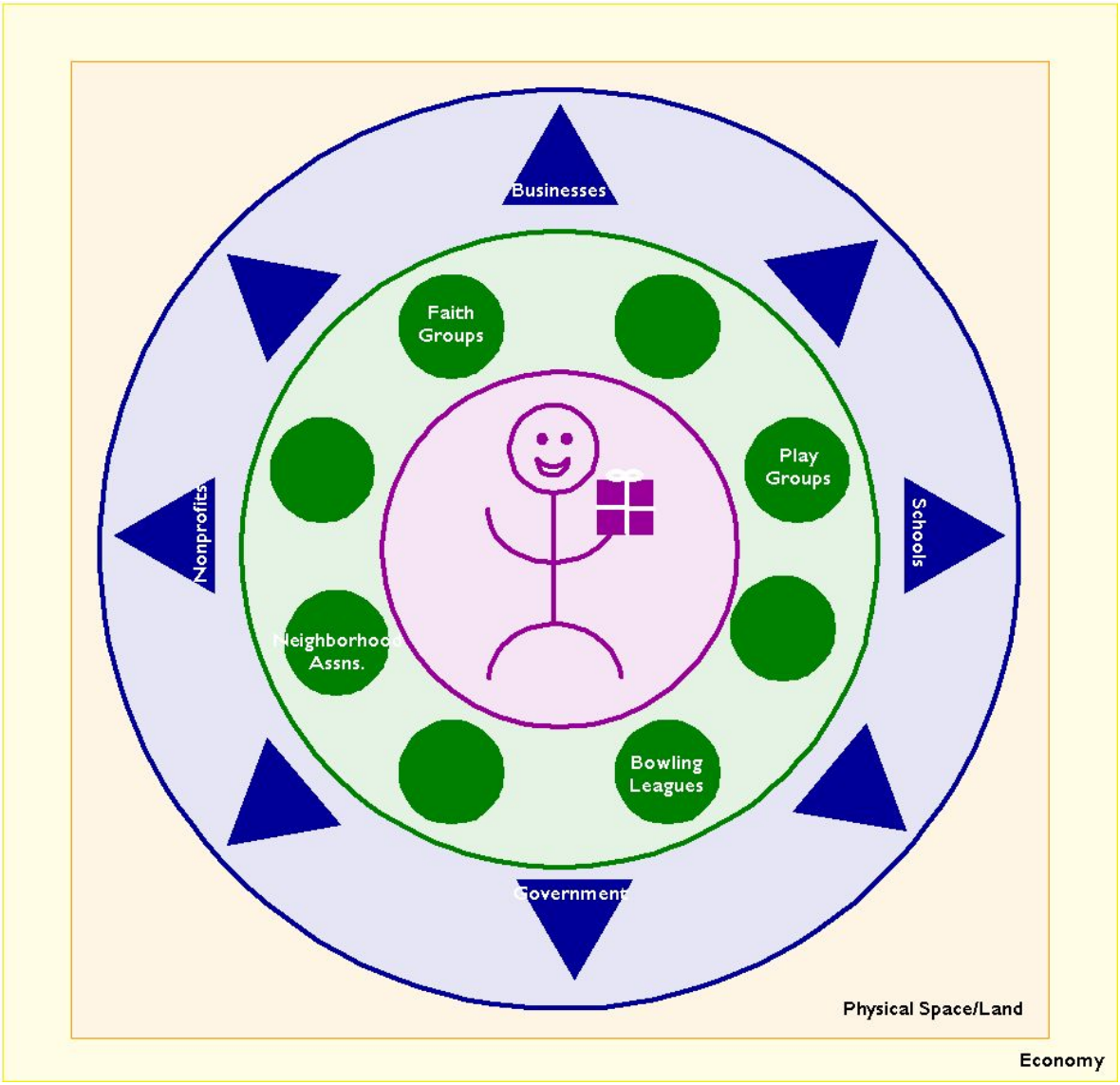
What is "ABCD"?

Asset-Based Community Development (ABCD) is a term coined by John McKnight and John Kretzmann in their book "Building Communities from the Inside Out." This idiom refers to an approach to community building that seeks to identify and incorporate the unique gifts present in every community, rather than focusing solely on the deficiencies and needs of neighborhoods. Through research published in their book, McKnight and Kretzmann show that the most successful, sustainable community projects undertaken in some of the toughest communities in the United States, have been so because they engaged local assets. Assets are what McKnight and Kretzmann call the people, groups and resources in a community – whether or not they have yet to be called upon for community revitalization.

ABCD discusses three main categories of assets: individuals, associations and institutions. Every community has some variation of each of these three categories, and community building efforts are only enhanced when all assets are employed.

 **Individuals**	 **Associations**	 **Institutions**
Every person has capacities, abilities and gifts The "raw material for community building" Special groups of individuals that are often left out of community efforts include: • Youth • Seniors • People with disabilities • People receiving aid/welfare	A group of citizens working together; a place in the neighborhood where individuals' gifts, talents & skills are already being used A mostly-volunteer group with a common vision where the members themselves do the work One to one hundred people Examples include: • Alcoholics Anonymous / other Support Groups • American Legion • Bowling Leagues • Boy/Girl Scout Troops • Churches • Neighborhood Associations • Playgroups and PTA's	Represent significant concentrations of resources Number, size and nature varies by community Have useful resources such as: • Facilities/meeting space • Materials & equipment • Purchasing power • Employment practices • Coures/education • Teachers/trainings • Financial capacity • Employees/manpower Local institutions may include: • Hospitals and clinics • Local business and corporations • Local government and police • Parks and recreation • Schools, colleges and libraries

The following graphic shows how these resources come together in a community:



*Graphic created using information and ideas from McKnight & Kretzmann's *Building Community from the Inside Out*

While the focus of ABCD is on harnessing the positives in the community, there is recognition that communities have serious and complex issues facing them each day. Thus, according to McKnight and Kretzmann, the five major challenges facing community builders are:

1. Mapping the capacities and assets of individuals, associations, and local institutions in a community
2. Building relationships among local assets for mutually beneficial problem-solving within a community
3. Mobilizing the community's assets fully for economic development and information sharing purposes
4. Convening as many broadly representative groups as possible for the purposes of building a community vision and plan
5. Leveraging activities, investments, and resources from outside the community to support asset-based locally defined development.

As we see here, Asset-Based Community Development is not a solution to a community's problems, rather an approach for dealing with them; an approach that has been researched and documented as effective and more likely to be sustained over time. For more information on ABCD, please review the following resources:

The Basic ABCD Manual
Kretzmann, John P. and John L. McKnight. 1993. *Building Communities from the Inside Out: A Path Toward Mobilizing a Community's Assets*. Acta Publications: Chicago, IL.

ABCD on the Web
www.northwestern.edu/ipr/abcd

Principles of ABCD (by the ABCD Training Group)
www.abcdtraininggroup.org/info/principles/abcd_principles.htm

The next few activities will help you to begin identifying the assets present in your own life and your own community, as well as your CHPT partner community.

ACTIVITY: MY ABCD ASSETS

Take a few moments to consider the assets <u>you</u> have connections to in each of the three ABCD categories. If you were going to take on a project in your own community to improve health, who could you contact? Jot down at least three assets for each category and how they might be utilized for a project on health. Remember, people and organizations are often willing to help out on projects even if they are beyond their original scope or intent!

Individuals	Associations	Institutions
1.	1.	1.
2.	2.	2.
3.	3.	3.

ACTIVITY: COMMUNITY ASSET MAP

Community Database

Describe the geography of your community site. What features bound the neighborhood (highways, rivers, railroad, etc.)?

Describe the demographics of the region. What is the population of the area? How many are children? How many are elderly? What is the racial/ethnic distribution of the area? What percentage of the population are immigrants? What percentage of the adult population graduated from high school? What is the average income of the region? What percentage of the population is under poverty?

What distinct neighborhoods exist within the community? How are these neighborhoods defined? What are their boundaries?

What governmental and political entities include the community? Include city council districts, county supervisor districts, state legislative districts, school districts, etc. Who are the officials for each district?

Create an inventory of all of the active associations and organizations you can find in the community (an example is given of a "Neighborhood Map of Associations", pages 110 – 142 of "Building Communities From The Inside Out"). Describe the type of activity the association or organization does. What assets can each association contribute to health (people, expertise, communication vehicles, leadership, facilities, funding, etc)?

ACTIVITY: WINDSHIELD SURVEY

Housing

Describe the buildings people live in (apartments or detached homes, age, condition).
Are there front porches? fences? dogs in the yard? window bars? security systems?
Vacant homes or buildings? Trash/junk in yards? Parking?

Transportation

How much traffic is on the streets? What kind of vehicles? Public transportation (bus, light rail) stops nearby? Sidewalks and crosswalks?

Parks and Recreation

Where are parks in the neighborhood? Describe the parks (condition, trees and/or grass, children playing). What recreational facilities are available (playground, pool, ball fields, etc; condition)
Where are cultural facilities (museums, library, theaters, etc)? Public art?

Schools

Describe the schools in the neighborhood? Grade levels? Size? Condition? After-school activity? Healthy Start or other programs? What school district is the neighborhood in?

Government

Are the police visible? In cars, bikes, walking? Any government offices in the neighborhood?

Businesses

Describe the businesses in the neighborhood. (Grocery stores, drug stores, restaurants, liquor stores, payday stores) Who are the major employers in the neighborhood? Signage in other languages? What businesses are missing?

Services

Where are physician and dentist offices? Hospital? Chiropractors? What child care facilities are available? Social service offices? Family resource center? WIC? Community centers? Community organization offices? Shelters for homeless, abused spouses? Houses of worship? Religions/denominations? Activity on weekdays?

People

Who do you see in the streets? Where do people hang out? Teens? Families with children? What activities are available for community members (sports, arts & crafts, etc.) ? What race/ethnicity? Do people of differing ethnicity interact? Live in separate areas?

ACTIVITY: DAY IN THE LIFE

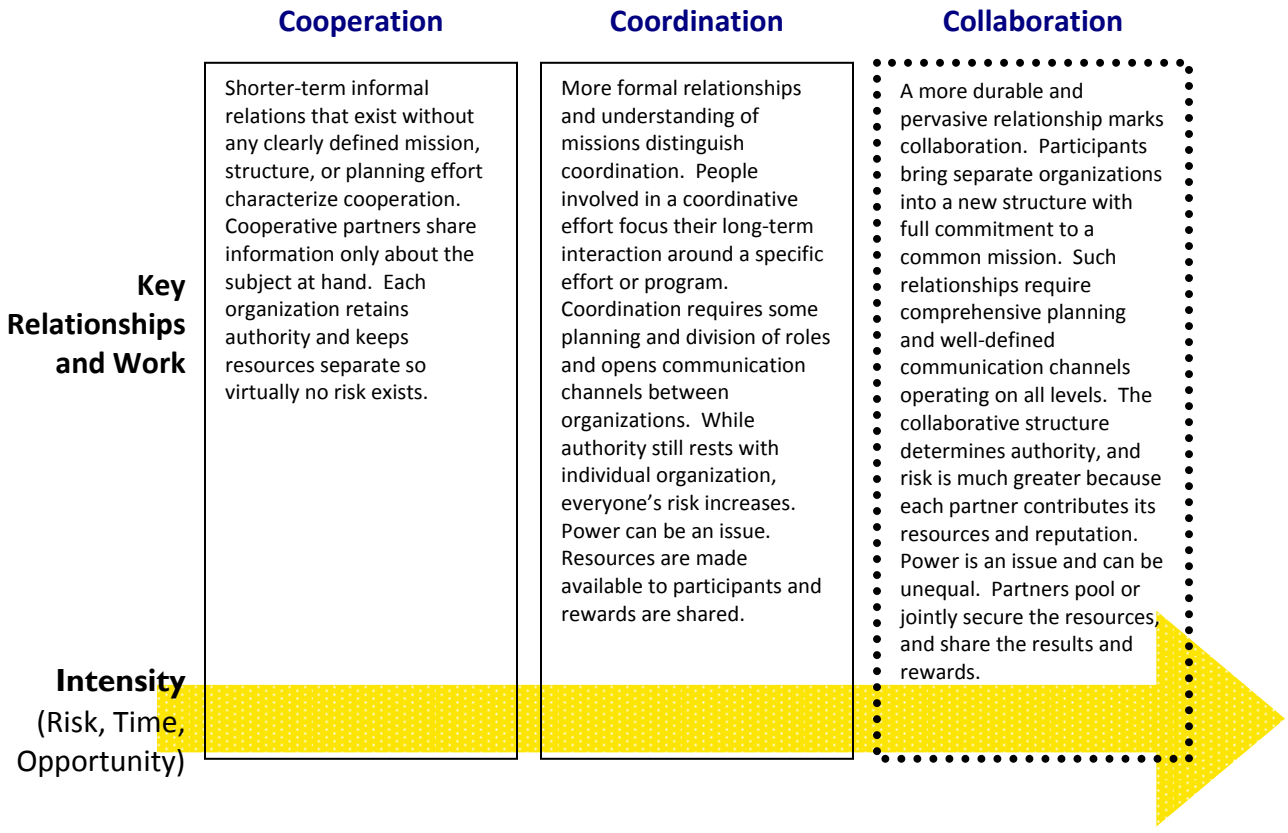
This is a specialized activity for your partner community. Your CHPT Faculty will lead you through this exercise.

UNDERSTANDING COLLABORATION

Working with the assets you've identified can maximize results, and it's more fun, too! It is important to consider, however, the different ways you can work with partners. Here we'll explore the differences between "cooperation," "coordination," and "collaboration." Many people use these words interchangeably, but if the definitions of each are looked at closely, there are unique and specific differences.

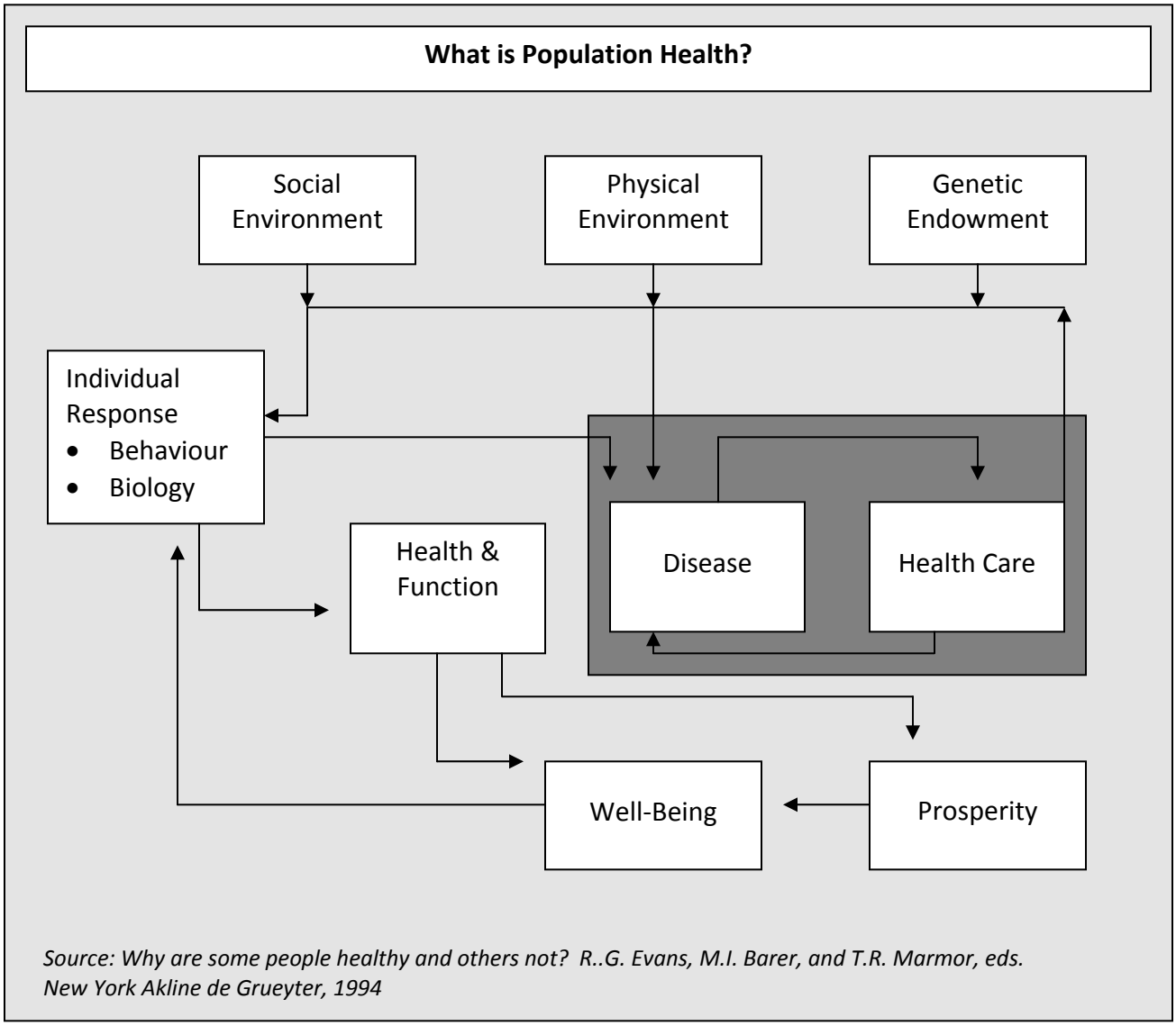
Cooperation is defined as the association of persons for common benefit. Coordination can be defined as "working to the same end with harmonious adjustment or functioning". *Collaboration* can be defined simply as "any time people work together to achieve a specified goal", yet Collaboration is really much more – it is "a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve results they are more likely to achieve together than alone".[11]

Sharon L. Kagen presents a good diagram of explaining the differences between cooperation and collaboration.[12]



DETERMINANTS OF HEALTH

So, you're a physician… what in the world do you need to know about assets and partnerships for? Well, in order to be the best physician you can be, it will be important for you to understand this very simple fact: health is determined by a myriad of factors. The health of all people is heavily influenced by the surrounding environment, which includes family and community, and therefore, the best way to impact health in many cases, is to go out into communities, identify assets and form partnerships to spread messages and change social norms. The diagram below illustrates the relationship between various factors that influence health status and well-being. Note that the darker box, which is the traditional focus of medical care, only addresses a small part of people's health status.



Source: Why are some people healthy and others not? R..G. Evans, M.I. Barer, and T.R. Marmor, eds. New York Akline de Grueyter, 1994

The connection between community and health is rooted in disciplines such as Public Health, Sociology and Community Development. Medicine is also a field that has long prioritized the community-patient health connection. In fact, many physicians – both academic and practicing – are advocating for better models of care that place the patient at the center, identifying their *assets* and abilities in promoting health and preventing disease. We will discuss two of these models, here.

The Patient-Centered Medical Home Model

In March 2007, the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP), and the American Osteopathic Association (AOA) joined together to establish the "Joint Principles of the Patient-Centered Medical Home" (PCMH)[13].

According to the Joint Principles document, "the Patient-Centered Medical Home is an approach to providing comprehensive primary care for children, youth and adults. The PCMH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family" (American Academy of Family Physicians et al 2007). The Joint Principles document outlines the seven principles that characterize the PCMH:

1. Personal physician "each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care."

2. Physician directed medical practice "the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients."

3. Whole person orientation "the personal physician is responsible for providing for all the patient's health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; cronic chare, preventive services; and end of life care."

4. Care is coordinated and/or integrated "across all elements of the complex health care system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (e.g., family, public and private community-based services). Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

5. Quality and safety "are hallmarks of the medical home:
   - Practices advocate for their patients to support the attainment of optimal, patient-centered outcomes that are defined by a care planning process driven by a compassionate, robust partnership between physicians, patients, and the patient's family.
   - Evidence-based medicine and clinical decision-support tools guide decision making.
   - Physicians in the practice accept accountability for continuous quality improvement through voluntary engagement in performance measurement and improvement.
   - Patients actively participate in decision-making and feedback is sought to ensure patients' expectations are being met.

- Information technology is utilized appropriately to support optimal patient care, performance measurement, patient education, and enhanced communication.
- Practices go through a voluntary recognition process by an appropriate non-governmental entity to demonstrate that they have the capabilities to provide patient centered services consistent with the medical home model.
- Patients and families participate in quality improvement activities at the practice level."

6. Enhanced access "to care is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician, and practice staff."

7. Payment "appropriately recognizes the added value provided to patients who have a patient-centered medical home. The payment structure should be based on the following framework:
   - It should reflect the value of physician and non-physician staff patient-centered care management work that falls outside of the face-to-face visit.
   - It should pay for services associated with coordination of care both within a given practice and between consultants, ancillary providers, and community resources.
   - It should support adoption and use of health information technology for quality improvement.
   - It should support provision of enhanced communication access such as secure e-mail and telephone consultation.
   - It should recognize the value of physician work associated with remote monitoring of clinical data using technology.
   - It should allow for separate fee-for-service payments for face-to-face visits. (Payments for care management services that fall outside of the face-to-face visit, as described above, should not result in a reduction in the payments for face-to-face visits).
   - It should recognize case mix differences in the patient population being treated within the practice."

The Chronic Care Model

According to Wagner, et al (2001), the Chronic Care Model "identifies the essential elements of a health care system that encourages high-quality chronic disease care." Wagner's model includes six elements, which he describes below:

1. Community: "mobilize community resources to meet needs of patients."

2. Health Systems: "create a culture, organization and mechanisms that promote safe, high-quality care."

3. Self-management Support: "empower and prepare patients to manage their health and health care."

4. Delivery System Design: "assure the delivery of effective, efficient clinical care and self-management support."

5. Decision Support: "promote clinical care that is consistent with scientific evidence and patient preferences."

6. <u>*Clinical Information Systems*</u>*: "organize patient and population data to facilitate efficient and effective care."*

Wagner, et al focus on this model as a vehicle to improved health outcomes, stating that "by looking outside of itself [and partnering with the community], the health care system can enhance care for its patients and avoid duplicating effort. Community programs can support or expand care, but systems often don't make the most of such resources" (2001).

ACTIVITY: REFLECTION & APPLICATION

Try answering the questions below, on your own. Then, if possible, discuss in a group with other residents. Finally, discuss your answers with your CHPT Faculty. How do your answers differ? How are they similar?

1. How do the Chronic Care Management and PCMH models relate to each other?

2. How do the Chronic Care Management and PCMH models relate to your partner community?

(You may need to interview/discuss with community members for the next two questions):

3. Do most people in your partner community have a medical home? How do you know?

4. For those in your community who do not have a medical home, what are the greatest reasons why? How do you know?

Finding a Project that Fits

Now that you have some understanding of what Asset-Based Community Development and collaboration are, what your partner community's characteristics are, and why your involvement as a physician can be so crucial for improved health outcomes, it's time to begin thinking about how you can harness all these assets and your new knowledge, and practice working together with a variety of partners.

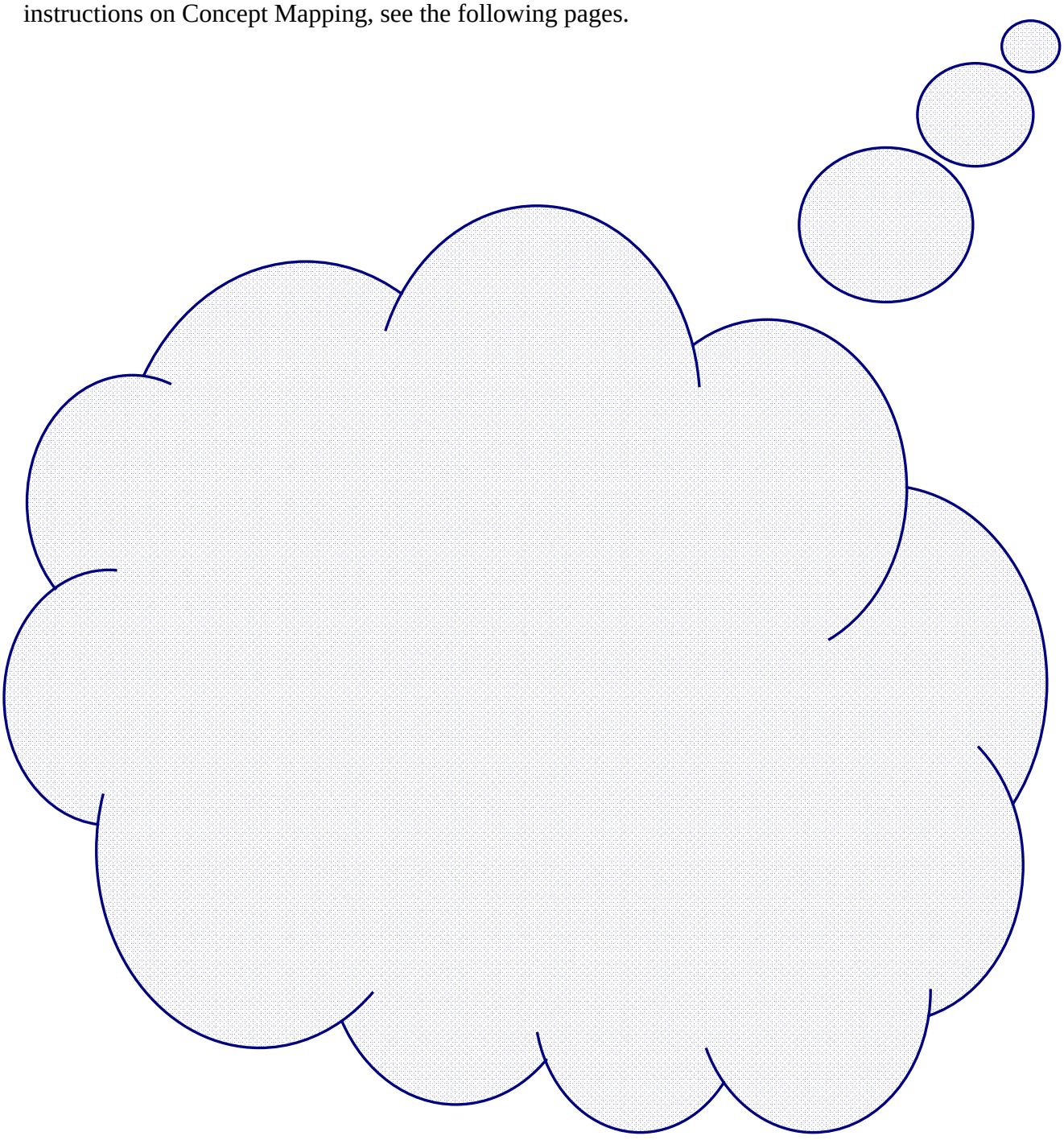
The decision to lead or help out with a community project is not to be taken lightly. It is a large commitment, but one with incredible benefits. Some things to consider when choosing a project include:

- What are your areas of interest – either personal or professional?
- How much time will this project need, realistically?
- How will you engage local assets – individuals, associations and institutions – to help with the project (and lend to its sustainability)?
- What is the community interested in? What efforts are already under way?
- Is there a longitudinal project already begun in the community by a preceding resident that fits your interests and you could join into?

Be realistic about developing a project – define the project within your personal capabilities and the capabilities of your partner community.

ACTIVITY: DEVELOPING IDEAS

Discuss project ideas with your CHPT Faculty, the CHPT Program Manager, CHPT Director, a faculty mentor, and/or all of the above. Create a "Concept Map" (instructions for Concept Mapping follow on the next page). Write down your ideas and/or notes from your discussions here. For more instructions on Concept Mapping, see the following pages.



ACTIVITY: PLANNING AHEAD - TIMELINE AND LOG EVALUATION

Date	Activity	Completed
2nd Year	----------	----------
July		☐
August		☐
September		☐
October		☐
November		☐
December		☐
January		☐
February		☐
March		☐
April		☐
May		☐
June		☐
3rd Year	----------	----------
July		☐
August		☐
September		☐
October		☐
November		☐
December		☐
January		☐
February		☐
March		☐
April		☐
May		☐
June		☐

ACTIVITY: DAILY JOURNAL

Use the spaces below during EACH DAY of your rotation to reflect and jot down ideas, new information and reflect about your experiences.

Day One: _____/_____/_____

_____

Day Two: _____/_____/_____

_____

Day Three: _____/_____/_____

_____

Day Four: _____/_____/_____

_____

Day Five: _____/_____/_____

_____

Day Six: _____/_____/_____

_____

Day Seven: _____/_____/_____

_____

Day Eight: _____/_____/_____

_____

Day Nine: _____/_____/_____

_____

Day Ten: _____/_____/_____

_____

Have you turned in copies of your Workbook?

Name: _____, Date _____/_____/_____

YEAR TWO:
Planning for Action

YEAR TWO

Purpose

Utilize community connections and local assets in the creation and implementation of a project; where the project is not the *goal*, rather it serves as an illustration of the resident's knowledge of the partner community, and ability to form meaningful partnerships within it..

Objectives

Following their second- and/or third-year rotation in their partner communities, residents will be able to:

1. Make connections in their partner community
2. Use the Logic Model to plan projects and interventions
3. Inventory and mobilize local assets as part of their community project
4. Evaluate their project and reflect on lessons learned

Requirements

1. Assigned reading materials
   - Chapters Two and Three in:
     Sterba, Elizabeth M., Brendemuehl, M. and Richard Pan. (2007. *Communities & Health Professionals Together Resident Project Workbook, 4th Ed.* UC Davis: Sacramento CA.

2. Suggested reading materials
   - Turner, Nicol, John L. McKnight and John P. Kretzmann. 1999. *A Guide to Mapping and Mobilizing the Associations in Local Neighborhoods.* ACTA Publications: Chicago, IL.
   - Kretzmann, John. P., John L. McKnight and Deborah Puntenney. 1996. *A Guide to Mapping and Mobilizing the Economic Capacities of Local Residents.* ACTA Publications: Chicago, IL

STARTING YOUR PROJECT

Community groups have found that the most effective projects are those with work plans that specify what needs to be done, by when, and by whom. Although formats for project plans may vary, a successful Project Plan needs to be detailed adequately so as to be clear to other members involved in the project who is responsible for doing what, and by when[14]. The Project Plan is a way to make the structure of the project concrete – it should provide organization and direction – and the Project Logic Model will provide you with a road map describing the sequence of related events connecting the need for the planned project with the project's desired results.

The most basic principles of Project Design are encapsulated into four key questions:[15]

1. What do we want?
2. What do we have?
3. How do we use what we have to get what we want?
4. What will happen when we do?

ACTIVITY: FIRST STEPS OF PROJECT PLANNING

Project Title: _____

Is this a: ☐ New Project ☐ Continuation of Existing Project

Issue being addressed: (Describe precisely the history and necessity of this project – include the need or problem that is the basis for the project – how you know the problem is important – who else supports the need for the project)

What group will benefit from this project and why? (Your target population, the number of people potentially affected, significant health statistics relevant to project, etc.)

What are the access barriers to be addressed? (geographical, cultural, physical, socioeconomic, communication, etc):

GOALS AND OBJECTIVES

Adapted from the Planned Approach to Community Health, a Guide For The Local Coordinator.[16]

Goals

A "Goal" is a broad statement of desired outcome - the large statements of what you hope to accomplish. They help create a vision of what you are striving to accomplish. Typically, goals are not measurable; they are conceptual and abstract, and are beneficial to your project because they will help keep your project focused and create a "vision" of what you are trying to accomplish.

Use the goals as guideposts under which project objectives and activities can be listed. This will be the beginning of your "Project Plan".

A goal is easily defined as the solution to the problem that has been identified. The problem with such a "goal" is that it is too general; it is not easy to obtain consensus as to when it has been reached.[17] You will define the goal of your project as the solution to the problem, and then refine the goal into a finite set of objectives.

Objectives

Objectives are the specific, measurable results of the project – the steps taken to achieve the goals. The objectives define what the project is trying to achieve. The data collected in year 1 will provide valuable information which will assist you in writing the objectives that guide the project. Each objective should follow a "who", "what", "how much" and "by when" format.

> *For example: By 1998, the prevalence of smoking among county residents aged 18 years and older will be reduced by 15% from 25% (1991 baseline) to 21%.*

The best objectives also have several characteristics in common.
They are all S.M.A.R.T. + C:

- They are *SPECIFIC* – They will tell how much of what is to be achieved, by when.
- They are *MEASURABLE*. Information concerning the objectives can be collected, detected, or obtained from records (at least, potentially).
- They are *ACHIEVABLE*. Not only are the objectives themselves possible, but you will be able to pull them off.
- They are *RELEVANT* to the project. Your community collaborative has a clear understanding of how the objectives fit in with the overall project plan.
- They are *TIMED*. You will develop a timeline by which the objectives will be achieved.
- They are *CHALLENGING*. They should stretch you to set aims on significant improvements that are important to the community[18].

Make sure the objectives are easily measurable – they will form the basis for activities of the project

After reviewing the data from Year 1, what are some possible goals and objectives for your project? Fill in the Goals and Objectives on Page 28.

Things to Remember

- Goals are where you want to go (*don't set goals so high that they are unattainable)!*
- Objectives are the steps you will take to accomplish the task *(Make sure your objectives are clear)!*

DEVELOPING AN INTERVENTION

Once the goals and objectives have been defined, its important to develop a specific activity(s) or interventions for implementing each objective of the Project. For each activity in the Project, an individual should be identified who will be responsible for assuring that the activity is completed, and a reasonable time should be established for completion of each activity. Expected outcomes should also be defined.

Describe the "plan of action" for implementation of the objectives. BE EXPLICIT! State exactly how the project activities will fulfill the project's objectives, state who will be performing each activity, how long each activity will take, and what you expect to see accomplished from each activity.

Go to the next page and fill in the activities used to implement your objectives and what your expected outcomes will be.

GOALS	OBJECTIVES	ACTIVITIES TO IMPLEMENT	EXPECTED OUTCOMES

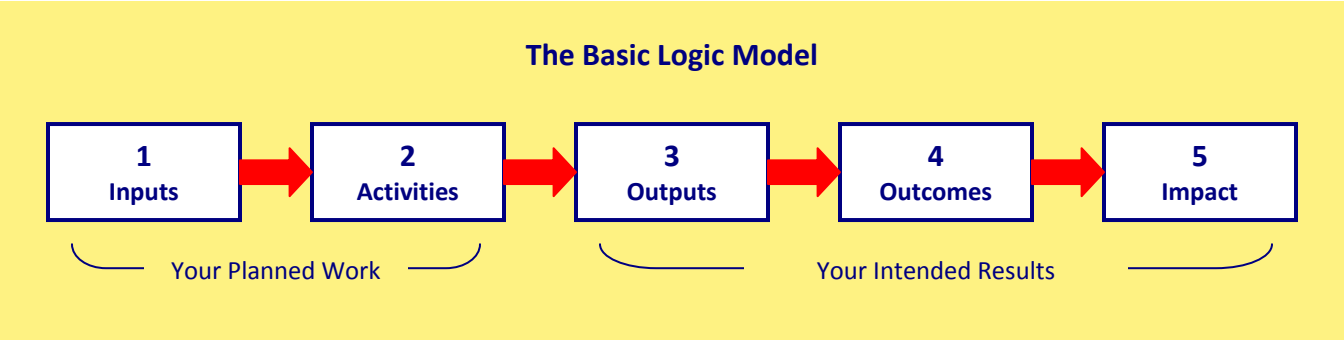
BUILDING A LOGIC MODEL

Taken from THE LOGIC MODEL DEVELOPMENT GUIDE,
W.K. Kellogg Foundation, Updated December, 2001. Chapter 1.

The logic model is defined as a picture of how your project is going to accomplish it's task – the theory and assumptions underlying the project. A project logic model links outcomes (both short- and long-term) with project activities or processes and the theoretical assumptions of the project.

Learning and using tools like logic models can serve to increase the practitioner's voice in the domains of planning, design, implementation, analysis, and knowledge generation. The process of developing the model is an opportunity to chart the course. It is a conscious process that creates an explicit understanding of the challenges ahead, the resources available, and the timetable in which to hit the target. In addition, it helps keep a balanced focus on the big picture as well as the component parts.

In general, logic modeling can greatly enhance the participatory role and usefulness of evaluation as a learning tool. Developing and using logic models is an important step in building community capacity and strengthening community voice. The ability to identify outcomes and anticipate ways to measure them provides all program participants with a clear map of the road ahead. Map in hand, participants are more confident of their place in the scheme of things, and hence, more likely to actively engage and less likely to stray from the course – and when they do, to do so consciously and intentionally. Because it is particularly amenable to visual depictions, logic modeling can be a strong tool in communicating with diverse audiences – those who have varying world views and different levels of experience with project development and evaluation.



The most basic logic model is a picture of how you believe your project will work. It uses words and/or pictures to describe the sequence of activities thought to bring about change and how these activities are linked to the results the project is expected to achieve. The Basic Logic Model components illustrate the connection between *your planned work* and *your intended results*. They are depicted numerically by steps 1 through 5.

Your planned work describes what resources you think you need to implement your project and what you intend to do:

1. Inputs (Resources) include the human, financial, organizational, and community resources a program has available to direct toward doing the work. Sometimes this component is referred to as Inputs.

2. Activities are what the project does with the resources. Activities are the processes, tools, events, technology, and actions that are an intentional part of the project implementation. These interventions are used to bring about the intended changes or results.

Your intended results include all of the project's desired results.

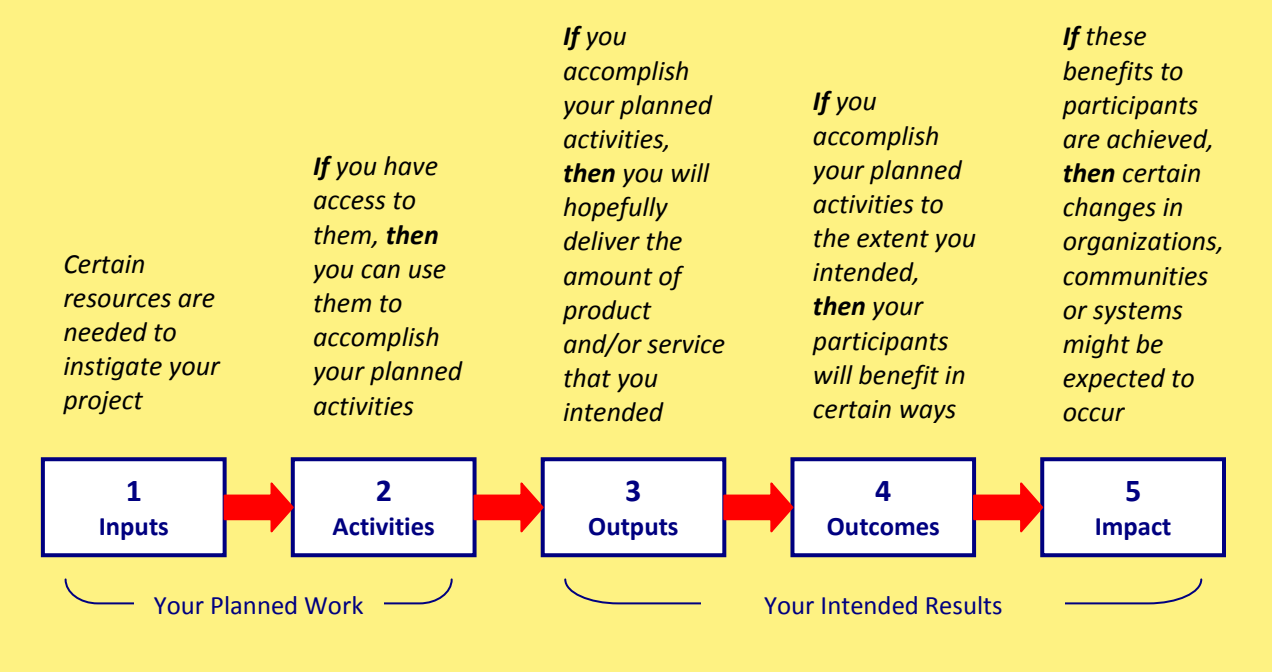
3. Outputs are the direct products of project activities and may include types, levels and targets of services to be delivered by the project.

4. Outcomes are the specific changes in participants' behavior, knowledge, skills, status and level of functioning. There are both Short-term outcomes and Long-term outcomes.

5. Impact is the fundamental intended or unintended change occurring in organizations, communities or systems as a result of project activities.

Reading a Logic Model

When "read" from left to right, logic models describe project basics over time from planning through results. Reading a logic model means following the chain of reasoning or "***If...then***..." statements which connect the project's parts. The figure below shows how the basic logic model is read.



Building a Logic Model by Basic Project Components

As you conceptualize your project, begin by describing your basic assumptions and then add the following project components in the order that they should occur.

1. Inputs (or Factors) are resources and/or barriers, which potentially enable or limit project effectiveness. Enabling *protective factors* or *resources* may include funding, existing organizations, potential collaborating partners, existing organizational or interpersonal networks, staff and volunteers, time, facilities, equipment, and supplies. Limiting *risk factors* or *barriers*

might include such things as attitudes, lack of resources, policies, laws, regulations, and geography.

2. Activities are the processes, techniques, tools, events, technology, and actions of the planned project. These may include *products*—promotional materials and educational curricula; *services*—education and training, counseling, or health screening; and/or *infrastructure*—structure, relationships, and capacity used to bring about the desired results.

3. Outputs are the *direct results* of project activities. They are usually described in terms of the *size and/or scope of the services and products delivered or produced* by the project. They indicate if a project was delivered to the intended audiences at the intended "dose". A project output, for example, might be the number of classes taught, meetings held, or materials produced and distributed; project participation rates and demography; or hours of each type of service provided.

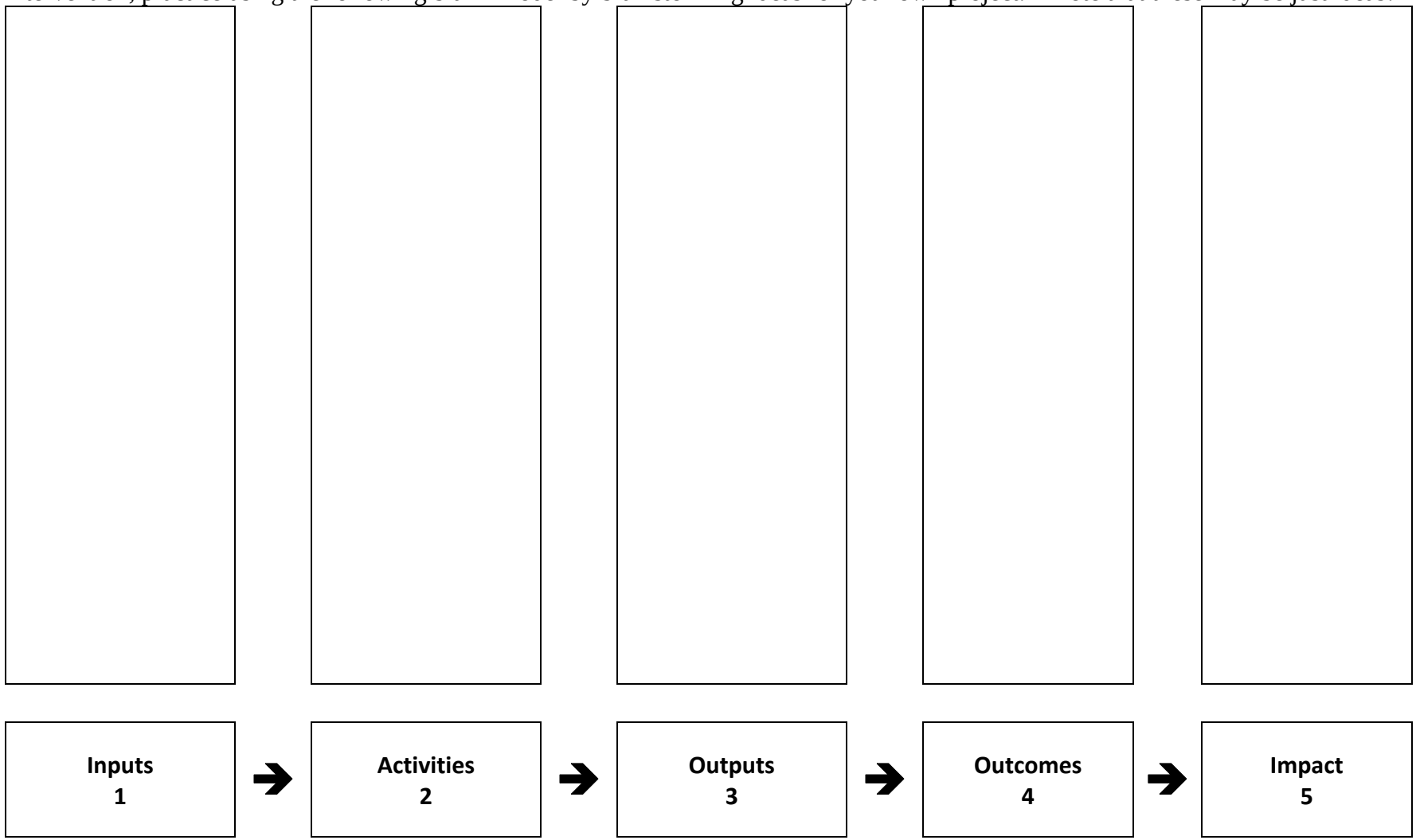
4. Outcomes are specific changes in attitudes, behaviors, knowledge, skills, status, or level of functioning expected to result from project activities and which are most often expressed at an individual level.

5. Impacts are *organizational, community, and/or system level changes* expected to result from project activities, which might include improved conditions, increased capacity, and/or changes in the policy arena.

Thinking about a project in logic model terms prompts the clarity and specificity required for success. Using a simple logic model produces (1) an inventory of what you have and what you need to instigate your project; (2) a strong case for how and why your project will produce your desired results; and (3) a method for project management and assessment.

ACTIVITY: CREATE A DRAFT PROJECT LOGIC MODEL

Now that you have an understanding of what a Logic Model is and how it can be useful in developing a community project or intervention, practice using the following blank Model by brainstorming ideas for your own project. *Note that these may be just ideas!



APPLYING COMMUNITY ASSETS

As you read in chapter one during your first year rotation, communities, no matter how disadvantaged, have assets that are often overlooked by professionals who seek to improve health in the community. As a refresher, please review the table below:

 **Individuals**	 **Associations**	 **Institutions**
Every person has capacities, abilities and gifts The "raw material for community building" Special groups of individuals that are often left out of community efforts include: • Youth • Seniors • People with disabilities • People receiving aid/welfare	A group of citizens working together; a place in the neighborhood where individuals' gifts, talents & skills are already being used A mostly-volunteer group with a common vision where the members themselves do the work One to one hundred people Examples include: • Alcoholics Anonymous / other Support Groups • American Legion • Bowling Leagues • Boy/Girl Scout Troops • Churches • Neighborhood Associations • Playgroups and PTA's	Represent significant concentrations of resources Number, size and nature varies by community Have useful resources such as: • Facilities/meeting space • Materials & equipment • Purchasing power • Employment practices • Coures/education • Teachers/trainings • Financial capacity • Employees/manpower Local institutions may include: • Hospitals and clinics • Local business and corporations • Local government and police • Parks and recreation • Schools, colleges and libraries

We will spend some time here discussing associations in particular, as engaging associations in local health-awareness, education and outreach efforts can significantly increase project success. Local associations can participate in community-based efforts in three ways:

1. Associations can serve as vehicles to communicate information, both to their memberships and well as to the community at large, e.g. by distributing informational flyers.
2. Associations may be involved in planning a particular effort.
3. Association may actively engage in the implementation of a community activity, e.g. by conducting a specific educational component of a program.

A community collaborative is an "association of associations." Consider how your collaborative can help you network with community members, associations, and institutions to help you plan and implement a successful project.

ACTIVITY: IDENTIFYING PARTNERS

Successful community projects depend on establishment of partnerships with community individuals, associations, and institutions. In asset-based community development, assets in the community are tapped to address community issues.

List the individuals, associations, and institutions who will be partnering in your project and what assets they can contribute to your project. Assets can include space, materials, funds, time, knowledge or expertise, etc. Don't forget to include yourself!

Partners	Assets	Needed Resources
(Individuals, associations, institutions)	(What each partner brings to the table/project)	(Staff, supplies, time, equipment, training, workshops, advertising – anything not readily available to fulfill Project goals/objectives)

EVALUATION PLANNING

Strong research studies and evaluations have clear goals and outcomes. Evaluators who want their work to help comprehensive community initiatives, along with the children, families and other individuals they serve must first clearly understand what these unique improvement efforts are trying to do. This means asking hard questions about what comprehensive community initiatives can and should accomplish, which outcomes can realistically be expected, and how contextual factors, including culture, influence decisions about target populations, service strategies, and goals.[19]

The following was adapted from the Family Health Outcomes Project,[20] *and Planned Approach to Community Health*[21]

Monitoring, reporting, and evaluation. These three things differ, but are related to each other. They are also essential, even though they are the ones most often overlooked in developing a project. Monitoring means watching the ongoing process of the project as it is underway (being "implemented"). Not only actions taken, but also results of those actions must be monitored. This is necessary to keep the project on track. Reporting is the means (verbal and written) of keeping all stakeholders informed of the monitoring. Evaluating is making judgments about what is happening or has happened (and the "impact" or results of the activity) in order to change plans, goals, objectives, or activities if needed.[22]

Your evaluation should be consistent with your project's logic model; it should meet the needs of your community; it should be achieved in a reasonable amount of time; and it should be doable within a reasonable amount of time. Start planning your evaluation at the same time you begin planning your community project. Major issues to be examined when deciding which activities to evaluate include the potential impact of the activity on the overall project, the amount of resources that the activity requires, and the relationship or importance of the activity to the overall goals of the project.

The evaluation plan can be a separate section or incorporated into the project logic model. For each objective and for each activity in the planning matrix, describe how you will determine its accomplishment or effectiveness. This can range from keeping records of process data to monitoring a set of performance measures. The ongoing monitoring and evaluation system should be described so that the reader knows which evaluation activities will take place and when they will occur.

The first step in developing an evaluation plan is to define the purpose of the evaluation by identifying the audience(s) for the report and the questions the audience will have about the project. Possible questions could include:

- What population is the project targeting vs. who is it reaching?
- Who is utilizing the benefits of the project? How many times/how often?
- What are the benefits to the recipients of the project?
- How is the health status of the recipients being affected by the project?
- What is the impact of the project on the community as a whole?
- Is the project cost-effective?
- How does the project compare with other alternatives, if any exist?

ACTIVITY: OUTCOME MEASURES

List the outcome measures to be used in your evaluation and indicate the method you will be using to measure the outcome. Methods to measure outcomes include surveys, focus groups or interviews, direct observations, etc. If you are collecting baseline data, please include it here.

Outcome	Method of Measurement	Baseline Data

ACTIVITY: DAILY JOURNAL

Use the spaces below during EACH DAY of your rotation to reflect and jot down ideas, new information and reflect about your experiences.

Day One: _____/_____/_____

_____

Day Two: _____/_____/_____

_____

Day Three: _____/_____/_____

_____

Day Four: _____/_____/_____

_____

Day Five: _____/_____/_____

_____

Day Six: _____/_____/_____

_____

Day Seven: _____/_____/_____

_____

Day Eight: _____/_____/_____

_____

Day Nine: _____/_____/_____

_____

Day Ten: _____/_____/_____

_____

Name: _____, Date _____/_____/_____

YEAR THREE:

Careful Reflection

YEAR THREE

Purpose

Utilize community connections and local assets in the creation and implementation of a project; where the project is not the *goal*, rather it serves as an illustration of the resident's knowledge of the partner community, and ability to form meaningful partnerships within it..

Objectives

Following their second- and/or third-year rotation in their partner communities, residents will be able to:

1. Make connections in their partner community
2. Use the Logic Model to plan projects and interventions
3. Inventory and mobilize local assets as part of their community project
4. Evaluate their project and reflect on lessons learned

Requirements

1. Assigned reading materials
   - Chapters Two and Three in:
     Sterba, Elizabeth M., Brendemuehl, M. and Richard Pan. (2007. *Communities & Health Professionals Together Resident Project Workbook, 4th Ed.* UC Davis: Sacramento CA.

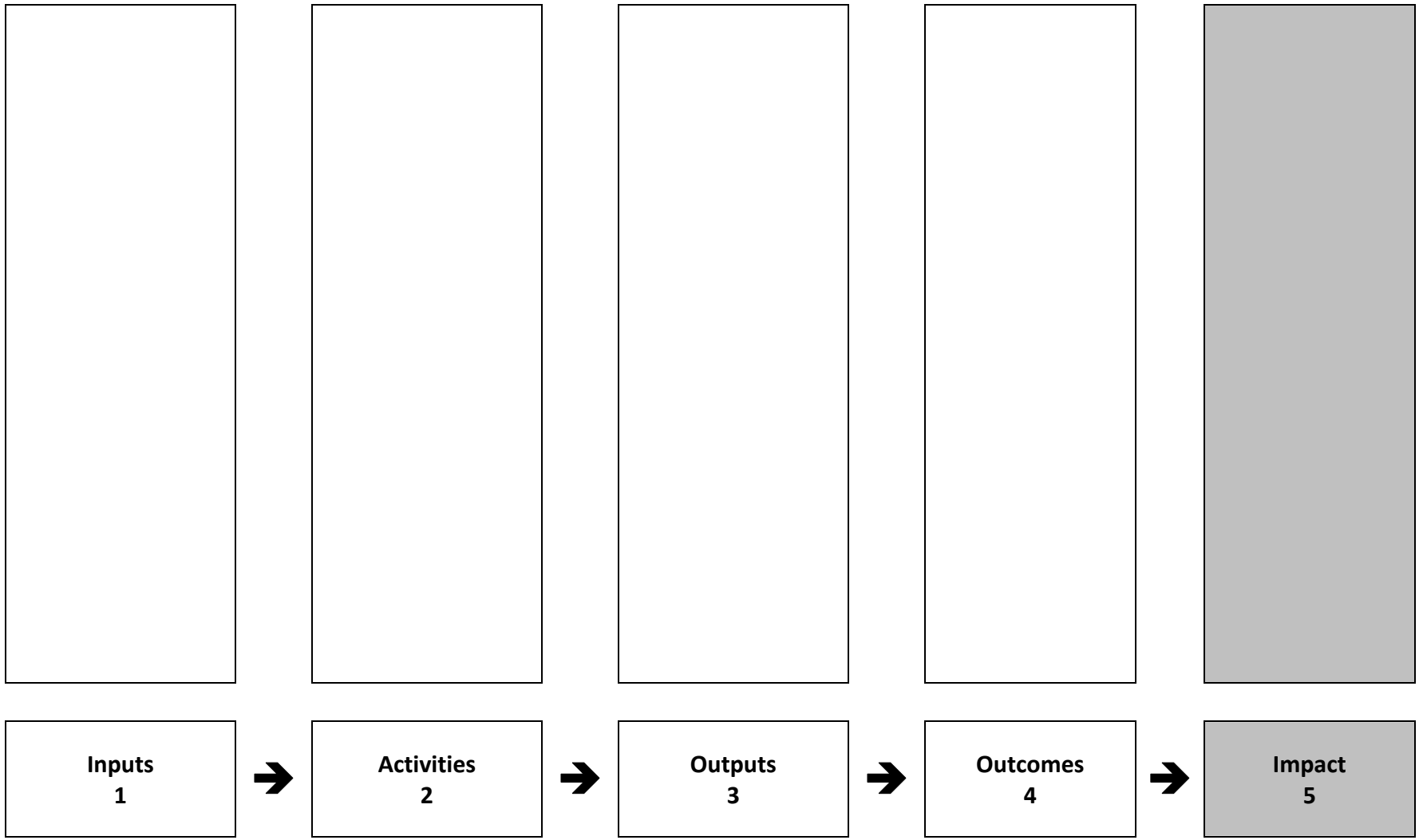
2. Suggested reading materials
   - Turner, Nicol, John L. McKnight and John P. Kretzmann. 1999. *A Guide to Mapping and Mobilizing the Associations in Local Neighborhoods.* ACTA Publications: Chicago, IL.
   - Kretzmann, John. P., John L. McKnight and Deborah Puntenney. 1996. *A Guide to Mapping and Mobilizing the Economic Capacities of Local Residents.* ACTA Publications: Chicago, IL

COMPLETING YOUR PROJECT

Implementing a project can be hard work! As you complete your project, don't forget to document your activities. Keep copies of any materials you have developed in this workbook. Also include articles and/or pictures of your project as well. *Thank your partners for their contributions to the project as well*; this will go a long way to helping future residents in their endeavors.

ACTIVITY: OUTCOME DATA ANALYSIS

Many times community work does not always go exactly as planned, and that's okay, as long as you have engaged your partners meaningfully and worked hard at your intervention. Let's compare your *intended* project and your *actual* project! What were the *actual* inputs, activities outputs and outcomes for the project?

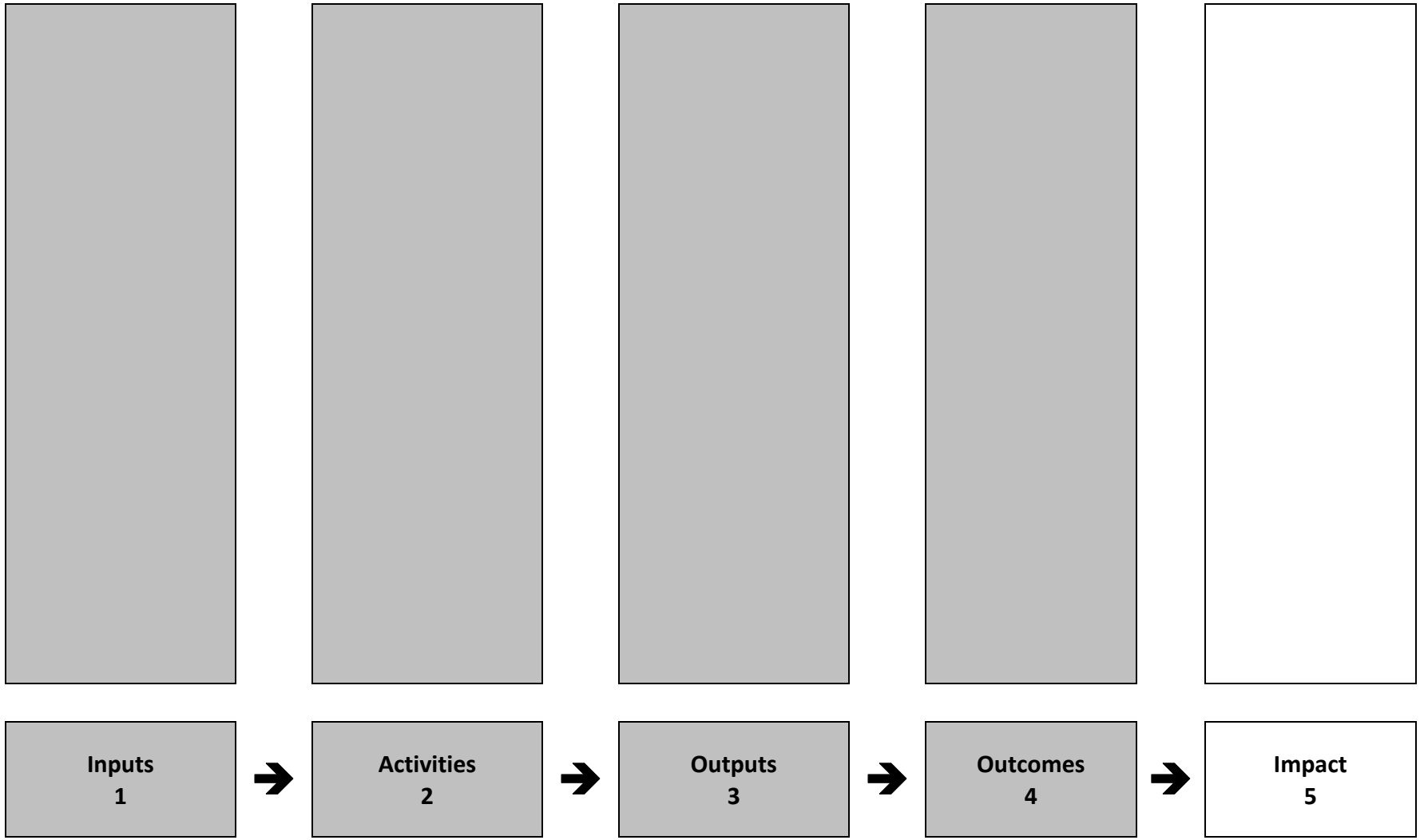


Results

(Describe the outcome of the project – involve a *systematic comparison* between the projects activities/outcomes and goals/objectives)

ACTIVITY: PROJECT REPORT - IMPACT ON THE COMMUNITY & ITS MEMBERS

What was the impact (if any) of the project? How do you know that?



Discussion

(Provide an *interpretation of the results* – make an assessment of the project). Feel free to use additional e pages if necessary.

Conclusion

(Summary of the entire project, the conclusions reached relative to the goals/objectives and results, and any implications derived from the project). Feel free to use additional e pages if necessary.

ACTIVITY: REFLECTIONS

Please reflect on your experience with your project (and feel free to use more paper if necessary). What did you learn during your advocacy experience? Did you enjoy doing your project? What would you have done differently? Feel free to use additional pages if necessary.

BIBLIOGRAPHY

1. American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association. (2007) "Joint Principles of the Patient-Centered Medical Home." March 2007. http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home.

2. Nisbet RA (1953). The Quest for Community. New York: Oxford University Press.

3. Tonnies F (1940). Fundamental Concepts of Society. New York: American Book Company.

4. Wagner EH, Austin BT, Davis C, Hindmarsh M, Shaefer J, Bonomi A (2001). "Improving chronic illness care: translating evidence into action." *Health Aff* (Millwood). 20:64-78.

Endnotes

[1] Janowitz, M. (1952) THE COMMUNITY IN AN URBAN SETTING. Glencoe, IL: Free Press.

[2] Warren, R. (1978) THE COMMUNITY IN AMERICA (3rd Edition). Chicago: Rand McNally College Publications. Pg. 309.

[3] Edwards, A.D., Jones, D.G., (1976) COMMUNITY & COMMUNITY DEVELOPMENT. The Hague: Mouton & Company. Pg. 137.

[4] Encyclopedia of Social Work, 8th Edition, Vol. 1 (1987) National Assoc. of Social Workers, Inc. Silver Springs, MD. pg. 299 - 308.

[5] Halpern, R.H. (1998) PRACTICING COMMUNITY: CLASS, CULTURE, AND POWER IN AN URBAN NEIGHBORHOOD. Austin, TX: University of Texas Press.

[6] Putnam, R. (2000) BOWLING ALONE: AMERICA'S DECLINING SOCIAL CAPITAL. New York: Simon & Schuster. Pg. 19

[7] Cohen, D. & Prusak, L. (2001) IN GOOD COMPANY, HOW SOCIAL CAPITAL MAKES ORGANIZATIONS WORK. Boston: Harvard School Press. Pgs. 3-4.

[8] Coleman, J.S. (2000) "Social Capital In The Creation Of Human Capital". SOCIAL CAPITAL: MULITFACITED PERSPECTIVE. Edited by Partha Dasgupta & Ismail Serageldin, Washington DC: World Bank. Pgs. 13-39.

[9] Paul Mattessich PhD & Barbara Monsey, MPH. (1997) COMMUNITY BUILDING: WHAT MAKES IT WORK. St Paul, MN: Amherst H. Wilder Foundation. Pg. 8

[10] Henderson, P. & Thomas, D.N. (2002) SKILLS IN NEIGHBORHOOD WORK. 3rd Edition. London: Routledge. Pgs. 8 – 21.

[11] Paul Mattessich PhD & Barbara Monsey, MPH. (1997) COMMUNITY BUILDING: WHAT MAKES IT WORK. St Paul, MN: Amherst H. Wilder Foundation. pg. 24

[12] Kagan, S.L (1991) UNITED WE STAND: COLLABORATION FOR CHILD CARE AND EARLY EDUCATION SERVICES. New York: Teachers College Press. Pgs. 1 – 3.

[13] The Patient-Centered Primary Care Collaborative. 2007.

http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home

[14] US Dept. of Health and Human Services. PLANNED APPROACH TO COMMUNITY HEALTH: A GUIDE FOR THE LOCAL COORDINATOR. Atlanta, GA: US Dept. of Health and Human Services, Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

[15] Phil Bartle, PhD. COMMUNITY PROJECT DESIGN; GUIDELINES FOR LEADERS. http://www.scn.org/cmp/modules/pd-pd.txt

[16] US Dept. of Health and Human Services. PLANNED APPROACH TO COMMUNITY HEALTH: A GUIDE FOR THE LOCAL COORDINATOR. Atlanta, GA: US Dept. of Health and Human Services, Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

[17] Phil Bartle, PhD. COMMUNITY PROJECT DESIGN; GUIDELINES FOR LEADERS. http://www.scn.org/cmp/modules/pd-pd.txt

[18] Jeanette Nagy and Stephen Fawcett. CREATING OBJECTIVES. http://ctb.ukans.edu/tools/EN/sub_section_main_1087.htm

[19] EVALUATING COMPREHENSIVE COMMUNITY CHANGE. March, 1997. Report of the Annie E. Casey Foundation's Research and Evaluation Conference.

[20] Geraldine Olivia, Teddy Milder, Lisa Brill, Nicole L. Cosand. DEVELOPING AN EFFECTIVE PLANNING PROCESS: A GUIDE FFOR LOCAL MCH PROGRAMS. University of California, San Francisco.

[21] US Dept. of Health and Human Services. PLANNED APPROACH TO COMMUNITY HEALTH: A GUIDE FOR THE LOCAL COORDINATOR. Atlanta, GA: US Dept. of Health and Human Services, Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

[22] Phil Bartle, PhD. COMMUNITY PROJECT DESIGN; GUIDELINES FOR LEADERS. http://www.scn.org/cmp/modules/pd-pd.txt