CHPP

EMPOWERING COMMUNITIES
TO MAKE
CHANGE
HAPPEN

A
TRAINING MANUAL
for

COMMUNITY HEALTH
PARTICIPATORY PLANNING

Contributing authors
Bill Reger-Nash, EdD
Holli Smith, MS, MSW, CHES
Linda Cooper, MSW, LCSW
Linda Holmstrand, MPA

Cardiovascular Health Program
WV Bureau for Public Health
Charleston, WV
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For additional information, contact:

Bill Reger-Nash , Ed.D.
Department of Community Medicine
School of Medicine
West Virginia University
P.O. Box 9190
Morgantown, West Virginia 26506
304-293-0764   Fax: 304-293-6685
E-Mail: wreger@hsc.wvu.edu

One of the most significant challenges in community health is how to assist communities in making meaningful and significant changes.
Most change programs focus on individuals.
Sustainable change only occurs when an empowered community effects policy and environmental change.
A community must know how to make change and then do it.

C H P P
EMPOWERING COMMUNITIES
TO MAKE
CHANGE
HAPPEN

EMPOWERING COMMUNITIES - MAKING CHANGE HAPPEN

Successfully implemented in six West Virginia communities around specific health issues, **Community Health Participation Planning** is predicated on the concept of participants' experiencing firsthand policy, environmental, societal, and personal barriers to living a healthy lifestyle while addressing the health needs of their own community environment. This is accomplished through participants' simultaneous involvement in three types of structured experiences over a 10-12 week period:

INFORMATIONAL	EXPERIENTIAL	ACTION / TASK FORCES

Community Health Participation Planning
- -involves local stakeholders and other community members in identifying, mobilize around, and overcoming barriers to change.

- -provides a synergistic setting for critical insight and problem solving.

- -helps community members realize the true value of both personal and community support.
- -mobilizes the talents, energy, and insights of all participants.
- -utilizes direct involvement to mandate program ownership and help overcome resistance to change.
- -enables meaningful input and heightened commitment to the success of the project at hand.

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Dedication

This workbook is dedicated to a dear friend whose tireless dedication to the field of health promotion in the state of West Virginia has been the impetus for a document of this magnitude. Thanks to Alan Holmes for his continual support of the efforts of the authors and his belief in the process to improve the communities in which we live. There is no one else in our great state who stands as more of a champion for the health and well being of all. It is with love and devotion that we dedicate this Community Health Participatory Planning Workbook to Alan Holmes, Director, Division of Health Promotion, West Virginia Bureau of Public Health.

INTRODUCTION

Welcome to an innovative and fun way to get a job done through participatory planning. Many of us involved in community organizing have searched for years for a way to energize and create a base of excited and dedicated people who will help address a problem or concern facing the community. Did I say "problem"? Perhaps that word alone has caused more roadblocks than any other word. "Problem" causes people to hit the dirt and run for cover. What a participatory planning process does is invite community members to become involved in "a situation that needs attention."

The participatory planning process is based on the premise that, given helpful tools, everyone wants to make a difference. However, if folks do not believe this is the case (that everyone wants to make a difference), perhaps they should read no further. Given that there are so many groups, organizations, and entities searching for a "few good 'wo/men'," we, in the health promotion field, must be more positive and more direct in attracting those who can get the job done. We must give people an effective way to come together and to achieve a shared goal.

The Community Health Participatory Planning Model does just this. It provides a defined procedure and enjoyable process for coming and being together, for jointly and deliberately defining and developing solutions to a problem in our own community. Then, when the energies of a local community are ignited and a bit of change is achieved, hang on, for there is no telling what can be accomplished!

Holli Smith, Consultant and Enthusiast

COMMUNITY HEALTH PARTICIPATORY PLANNING
WHAT IS IT?

Community Health Participatory Planning (CHPP) is a 12-week planning process for community health interventions. The process is predicated on the concept of participants' not just reading about or being lectured to about living a healthy lifestyle but actually experiencing what is involved and, at the same time, addressing the health needs of one's own community environment. Personal involvement is a key concept of participatory planning as a model for community change.

The CHPP process is structured so that participants focus on the community while also addressing their own personal risk factor reduction (for example, a person struggling with a sedentary lifestyle, a heart condition, or diabetes). Participants are encouraged to identify and work through barriers to living a healthy lifestyle. This is accomplished by looking at personal habits and also societal and environmental influences. As a result, planning for both personal and community change are informed by individual efforts toward health behavior change.

To get close and personal, think about:

- how the ability to select healthy foods for yourself, your children, or others in the community may be influenced at the grocery store check-out counter where candy, gum, and other tasty treats are always shelved. There are no apples and other fruits so conveniently located for a quick snack.

- how one's ability to be physically active in the evening may be influenced by well-lit or dark sidewalks (if there are even sidewalks!).

- whether there is enough non-smoking seating available in local restaurants so you can avoid being exposed to others' smoke?

When pursued in conjunction with others in the community, individual efforts to change behavior and be healthier can cause eye opening "ah hah" experiences. These "ah hahs" can move individuals as well as a group of people to deeper thought and eventually to productive problem solving.

YOUR FIRST LEARNING TASK:

Review the three CHPP examples in Appendix A. Questions about their contents are incorporated in subsequent exercises.

Exercise: Think of the community in which you live or a specific community in which you work. Write down the community's name.

Community _____

    List four important lifestyle-related issues for members of the community. (For example, adolescent pregnancy rate is high, binge drinking is prevalent.)

1.   _____

2.   _____

3.   _____

4.   _____

    Now, what are some barriers that you suspect might be related to healthy living? (For example, there are few organized fun activities for adolescents, alcoholism is viewed by the community as a family problem.)

1.   _____
_____

2.   _____
_____

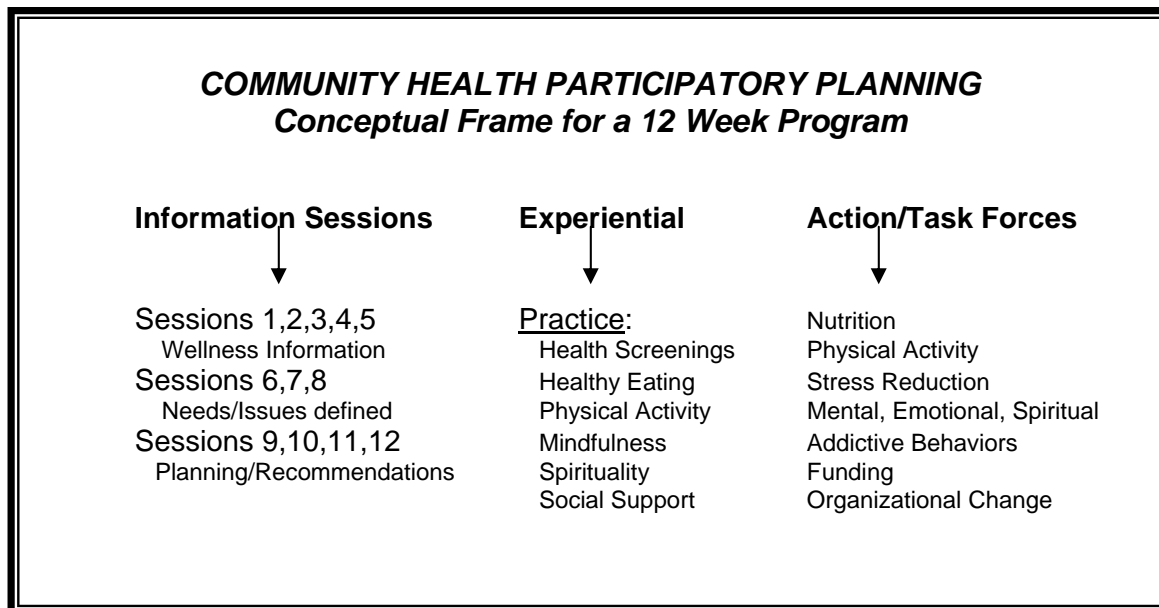3.   _____
_____

4.   _____
_____

SELF-DISCOVERY, SYNERGY, and OTHER CHPP ESSENTIAL ELEMENTS

The inclusion of self-discovery in one's personal life in CHPP provides a synergistic setting for critical insight and problem solving. People from all walks of life and many sectors of the community (including local power brokers) come together to compare notes about what they are doing to address health in their own life. In the process, they realize they are not alone on their personal journey. CHPP provides an avenue for bringing interested individuals in a community together to make these discoveries and to journey together in pursuit of the goals they establish for themselves and the community.

In the structured supportive group setting created by CHPP, individuals share experiences, skills, resources, and frustrations. Such sharing helps the individuals involved better appreciate and understand the health-related needs of both themselves and the community at-large. In the process of discovering and examining the challenges and the barriers to living a healthy lifestyle, participants can identify and mobilize community resources to overcome and to improve health in a community. The exchange also contributes to a form of group cohesion that supports and inspires change, creating a synergistic cycle to motivate continued efforts.

In addition, people's input in identifying and solving problems gives them an investment in the success of solutions. By this we mean that through the direct involvement of interested lay and professional individuals in problem identification and problem solving, a form of ownership emerges that reduces resistance to change and mobilizes talents, energy, and insights of all members. The process, therefore, creates a win-win situation for everyone.

COMMUNITY HEALTH PARTICIPATORY PLANNING
Conceptual Frame for a 12 Week Program

Information Sessions	Experiential	Action/Task Forces
↓	↓	↓
Sessions 1,2,3,4,5	Practice:	Nutrition
Wellness Information	Health Screenings	Physical Activity
Sessions 6,7,8	Healthy Eating	Stress Reduction
Needs/Issues defined	Physical Activity	Mental, Emotional, Spiritual
Sessions 9,10,11,12	Mindfulness	Addictive Behaviors
Planning/Recommendations	Spirituality	Funding
	Social Support	Organizational Change

As the table on the previous page illustrates, the three essential elements of CHPP are informational sessions, experiential practice, and task force activity. Each of these elements is important and no single element is any more important than the others. Each is designed to elicit maximum participation from the participants and allows participants to interact in a way so that their importance in planning for the well-being of their community is valued by themselves and others in the group. The informational sessions allow the group to learn from local experts. Adequate time is allowed for questions to bring the topic to a more personal level and to allow the group to interact. The experiential practice (pot lucks, energizers, screenings) is to allow the participants to utilize their knowledge and "try on" new ways of thinking and behaving. The task force work allows the participants to become part of the solution and to become energized to seek creative new ways to aid themselves, their friends and family, and their community.

Let's review:

Strengths and Outcomes of the CHPP process:

- Participants come together to examine their health and the health of their community.

- Participants compare notes and realize they are not alone.

- Participants experience the challenges of attempting to live a healthy lifestyle.

- Participants experience community, society, and personal barriers to living a healthy lifestyle.

- Group cohesion contributes to a greater appreciation of the value of both a personal and community need to be healthier.

- Participants identify, reflect on, and discuss common barriers to being healthier (e.g., food-related, physical-activity related).

- Participants work together to identify and mobilize community resources toward overcoming barriers and establishing healthier habits and environments.

- Group cohesion works to overcome resistance to change and to mobilize the talents, energy, and insights of the group.

- Group cohesion mandates ownership of the problems, the solutions, the process, and the successes.

- Group cohesion develops meaningful input and commitment to the success of participants' lifestyle process and to overall community planning/problem solving.

- The very nature of community ownership of its problems means the community is more well.

Exercise: As you read through the rest of the workbook, the strengths and outcomes of the CHPP process will become more clear to you. Right now, read through the above list again and think about each concept. Which of the concepts are not clear to you? Which concepts require you to "think outside the box"? Make comments below.

COMMUNITY HEALTH PARTICIPATORY PLANNING
WHAT IT IS NOT

The previous pages of this workbook have provided an overview of the CHPP process, the essential elements, and strengths and outcomes of the CHPP process. It is time to examine the limitations of this model and describe what this model is not.

Community Health Participatory Planning is not:

- Another model (book/binder) to put on the shelf and say "well, that was interesting".

- Strict procedures that must be followed.

- An external process that you start and watch.

- A model that works without a strong facilitator (with passion!) who works hard to get things accomplished.

- A wait and see model.

- Complicated. This means that with the right amount of nurturing and getting the right people in the right place at the right time wonderful things can happen.

- A planning model, even though planning is in its title. CHPP is an action model. Right from the first organized chat, the community becomes poised for action.

- Without boundaries. This means that for the idea to come to fruition it must be specific and measurable. The process cannot solve problems without clear direction and positive action.

- Slow. The process demands maintaining speed and momentum and respect for time.

- An individual effort. No matter how great or impassioned the facilitator, a strong team working effectively is necessary to achieve the higher order goals that CHPP professes.

- Easy. Taking calculated but prudent risks are what the process is most perfect for. CHPP invites the community to become willing to act without requiring total assurance that the outcomes will be successful.

- Sloppy. Do not be misled concerning the open ended beginning of the process. Looking at the consequences of action (or inaction) and decisions from the perspective of the community is an empowering catalyst for change.

- New. Not really. Innovation and empowerment have always been the cornerstone of seeking a better more efficient and effective way to mobilize people to do the right thing. CHPP simply allows the group to become active in their own change while seeking to assist the community as a whole. This process allows us to look for a new way to implement old ideas.

BENEFITS OF THE PARTICIPATORY PLANNING APPROACH

The following information is designed to help you think about and appreciate the value of getting a group of diverse people together to address a common problem.

Most community organizing processes simply bring together a group of professionals to make decisions about a problem. Sometimes this works very well. However, more often than not, a more thoughtful approach would have led to better results. Participatory planning is an underutilized approach to system change. Conducted within a community context, it can be very successful in achieving a desired health goal.

The 12-week process called Community Health Participatory Planning provides a forum to collect, share, and take action on information; to discuss and reflect on personal, community, and societal health; and to plan for community health programming. The approach (as described in this workbook) provides a means for accessing resources that far exceed the vision of any individual or small group of professionals. The approach forges a true working partnership between health promotion specialists and community members, avoiding the imposition of an individual professional's values on the community. Professionals are group participants like others in the community. They are a resource and they discover the many unknown resources that others in the community possess. The partnership, not just one or two individuals, is responsible for the work and can celebrate the success.

The overall format of this planning process makes it possible for participants to:

- develop group cohesiveness and trust,
- clarify personal and organizational health concerns,
- experience benefits of and barriers to living a healthy lifestyle,
- identify existing personnel and community health resources,
- provide meaningful input into the design and implementation of a health program,
- serve as health advocates within a community, and
- assist with formulating a strategy for a proposed health intervention.

WOW! If we could only guarantee all of this every time the process is used!

Well, we can't, but we can assure practitioners who choose to use this approach that they will improve their chances of making a difference in the community in which they work. As we all know, positive personal health behaviors are difficult to implement and maintain within the policy and environmental constraints of today's world. Likewise, community health

professionals often experience burn out because they feel they cannot accomplish anything. They work hard on projects – sometimes the "wrong" projects, and may become misdirected by well-meaning community leaders. The CHPP process allows a group of community members to take the lead in deciding the priority behaviors to address in the community, and then, supported by community health staff, to plan, make decisions, develop strategies, and move ahead.

As a part of individual involvement and commitment to the CHPP process, those involved receive a basic health screening and review of their health status at the onset of the planning process. The screening can be as simple as completion of the Health Lifestyle Questionnaire (See Appendix D) or more elaborate with measurements of height, weight, blood pressure, and blood lipids. Participants are given the individual results of their screening and the group discusses the general screening concepts and parameters. This information can assist an individual in making personal behavior changes and it often serves to motivate needed change.

Consequently, participants are invited to make a personal commitment to change health behaviors while assisting with planning a community health program. Doing so gives participants a better understanding of the challenges of living a health lifestyle. (Read that sentence again, will you?) This concept completely defines why this process works and it also distinguishes it from other participatory planning models.

When it all works in the best possible way (including luck and everyone's work to inspire), at the conclusion of the CHPP process participants better understand the need to not only make some personal behavior changes but also the importance of working to change community policies and environments to be more compatible with good health and a healthy lifestyle. Involvement in the CHPP process does not force but rather motivates participants to draw upon their own personal resources and to respond positively to the challenges of planning and participating in community health programming. For example, the inclusion of key decision-makers from across the community has proven effective in helping to successfully implement recommendations. By creating an overall environment conducive to social and individual empowerment, the participatory planning process leads the individual and community toward improved health.

It must again be emphasized, that in addressing personal risk factor reduction, CHPP participants experience firsthand community, society, and personal barriers to living a healthy lifestyle. As a result, planning for community change is informed by individual efforts toward health behavior change. The structure also provides a synergistic setting for critical insight and problem solving. It enables participants to identify and mobilize community resources to overcome barriers. When barriers are overcome, improved health can be achieved in an overall community.

The shared jubilation/frustration of personal success and failure contributes to group cohesion as well as adds to greater appreciation of the value of both personal and group support. Such direct involvement in the process helps to overcome individual and community resistance to change.

In short, the process works to mobilize the talents, energy, and insights of all members of the group. This participatory planning approach essentially mandates program ownership. People who have meaningful input, develop a commitment to the success of **their** program.

Exercise: Given your experience and what you have learned so far in this workbook, what are some of the pros and cons of the community health participatory planning approach?

Pros:

1.   _____

2.   _____

3.   _____

4.   _____

Cons:

1.   _____

2.   _____

3.   _____

4.   _____

How well do you think it would work in the community you identified on page 5? Record your thoughts below.

CHPP PHASES

There are four phases involved in a CHPP, ranging from who does what first, choosing sessions topics, to getting your group legitimized in the community. Let's work through them:

PHASE I   <u>CHPP commences with 1-3 people</u> -- one, two, or three interested individuals decide to address a health issue in the local community.

PHASE II   <u>Establish a Steering Committee</u> -- the interested individual(s) identified in Phase I recruit 5-6 additional individuals to work as a Steering Committee for the local effort (Task 1). The Steering Committee firms up plans for the 12-week participatory planning program and recruits 20-50 members to participate in the CHPP (Task 2). Steering Committee members ensure that individuals from all sectors of the community are involved (including decision-makers).

PHASE III   <u>Conduct the 12 CHPP Sessions</u> -- Here participants meet, learn more about, and work on living a healthier lifestyle, and at the same time develop plans for expanding health (physical activity, nutrition, tobacco cessation, for example) in their community at large. (To assist with the process, the workbook provides step-by-step details of the overall content and structure of the 12-week participatory planning program.)

PHASE IV   <u>Establish an on-going Community Advisory Board</u> **--** CHPP participants and others are asked to be involved in the project by serving on a on-going Community Advisory Board. This phase also involves the Community Advisory Board getting itself legitimized in the community and implementing its plan.

The exercises that follow relate to the Phases described on the previous page. When completed, you will have a good start on identifying folks in your community to participate in the CHPP and you will have identified other key issues for your CHHP.

Phase I Exercise 1:   You and one of your colleagues would like to address one of the health issues in the community you identified on page 5. Identify the health issue you would like to address in your community _____.

        Now, for extra practice identify the health issues from the examples listed in the back of the workbook in Appendix A.

Example 1   *WHEELING WALKS*   Health Issue: _____

Example 2   University Wellness   Health Issue: _____

Example 3   Medical School Wellness   Health Issue: _____

Phase I -- CHPP Commences with 1-3 people

1. The community health participatory planning process begins with <u>the interest of one to three people</u> with a goal of improving the health of the local community. That community can be a town, a city, a county, a state, a worksite, or a corporation.

2. The goal of the community may be your idea, may have evolved from discussions with others, may have arisen because funding is available, or may have gained the attention of the community through stories in the media. The goal, or need, is loosely defined. An example may be the concern of inactivity of the youth in the community. Exactly what that means and how you and your group will choose to address this is not important at the beginning. The statement of need is intended to leave room for lots of solutions. Do not concern yourself with solutions at this point.* You are identifying a need. Your ultimate goal is to address the need.

After your first CHPP group or two, you will learn to "trust the process." Many processes work (somewhat like recipes or "set-up" instructions). This one works. But you may have to trust it a bit until you know it for yourself. Don't be afraid.

Phase I Exercise 2:   This is a "begin with the end in mind" exercise. Assume your organizing process is a success. In the space below, make some notes for a news release (we will get to the real thing later) announcing the project you ultimately hope will be initiated or adapted through the CHPP process. *Sometimes the direction of the group is guided by overwhelming need, a funding source, steering committee vision, etc.* Go ahead, dream a bit and write that press release.

Phase IIa -- Establish your Steering Committee

3.   The one or two initial planners invite others from the community (not more than five) who are keenly interested in community health on the specific issue to join them to form the local Steering Committee to address the need or goal.

4.   You may want to hold your first Steering Committee meeting informally over lunch. Remember to meet with an open agenda to discuss, listen, and respond to everyone. Everyone on the steering committee will have their own agenda and it is important to keep turf and community "politics" out of this equation. Keep the focus on the goal, however it is defined right now. Explain to the group that the CHPP process is a new adventure to solving concerns and to attempt this new model, some old thought will need to be "checked at the door".

   While it would be terrific to move through this part rapidly, do not be tempted. Folks need time to reflect, dream a little, and to exchange ideas. Be positive that together you can succeed, however, do not rush the process.

Phase II Exercise 1:   List eight people who you believe should be on your steering committee to address the issue you identified in the Phase I exercise. If you do not know a person's name but feel it is essential to have a person with a particular skill or from a particular agency, business, or government entity, list that information. Include, phone, address, e-mail, and job title if known.

Name	Agency/Job Title	Phone/Address/E-mail

1._____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

---

5. When the Steering Committee meets:

    - listen,
    - get to know each other,
    - form a strong resolve,
    - explore potential,
    - give preliminary thought to what campaign the community might undertake, and
    - compile a list of the key people in the community who you think should participate in the CHHP process and be the on-going body for advancing the ideas.

6. Discuss with your Steering Committee the health campaign the community might undertake (see *functional* definition in box below). Remember each person will have an agenda, including you. The goal of the participatory planning model is *to energize and mobilize* a community (perhaps even a community within a community, see box). Once energized, other goals can be pursued using the same model. Do not get bogged down on what you do – concentrate this first go round on **how** you do it and on achieving a community success.

WHAT IS "COMMUNITY"?
(structural and functional definitions)

A. geographic area with boundaries and usually a name
   (e.g., Sutton, Pine Grove, Charleston). *structural definition*

B. **individuals with underline characteristics, interests,
    goal (s), values, sense of identity, norms, and/or
    communication.** *functional definition*

CHPP focuses on and builds *functional* "community"

Green and Kreuter, 1999, pg. 263

Phase II Exercise 2: You invited all eight individuals listed in the previous exercise to be on the steering committee. Sadly, but not unexpectedly, only three to five people truly share your interest and enthusiasm and accept your invitation to be on the steering committee. Brainstorm with your committee. Who else might serve as a catalyst to form the ultimate steering committee? Come up with 8 additional names of people who might pitch in to get the job done. If you have a job title, phone, address, or email, include it here.

Name	**Agency/Job Title**	**Phone/Address/E-mail**

1._____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

7. A discrete task of the Steering Committee is to develop a **one page** concept paper (planning document) that will be used to create flyers, posters, and for making personal invitations to the CHPP sessions.

8. As Step 1 in this task, let's first take a little time to dream again.

Phase II Exercise 3: Again, as a "begin with the end in mind" exercise, assume your organizing process is a success. In the space below, **write a news release** announcing the project you ultimately hope will be initiated or adapted through the CHPP process. *Sometimes the direction of the group is guided by overwhelming need, a funding source, steering committee vision, etc.* Go ahead, dream a bit and write that press release.

Step 2. Now let us move on to the concept paper. The paper should include statements that address:

- the concern (as viewed by your Steering Committee) in the community,

- why participatory planning is important to the success of the community health endeavor, and

- the challenge of addressing the issue and how it will not be addressed unless **WE** do it.

Phase II Exercise 4:   What is this all about--who, what, when, where, why? Write your concept paper: [Our concern is:]

[Explain participatory planning and its importance to addressing this concern.]

[Challenge statement: This concern will not be addressed unless WE do it.]

9. Once there is consensus on the community concern/goal, **identify meeting times and places**. The first meeting should be held in four to six weeks.

Phase II Exercise 5:   Complete the following:

Our Meeting time(s):   _____

Our Meeting place(s):   _____

Our Meeting Dates: _____
                          _____
                          _____

---

10. Another essential task of the Steering Committee is to **engage the assistance of a project coordinator and to generate seed funding to cover this and other costs.** This is essential. One of the primary uses of this funding is to pay a coordinator. Yes, it is possible that someone could take this on as a volunteer but we recommend against this. The tasks that need to be accomplished from here on are hard work, legitimate, serious and important work, and it needs to be compensated.

Phase II Exercise 6: Take a minute to think about this. At this point in the process (Steering Committee tasks), what are some tasks that you need a formal Coordinator to do:

-

-

-

-

-

-

-

-

-

-

-

-

Yes. You are getting there. You absolutely need someone to:

- Reserve room for Steering Committee meetings.

- Remind Steering Committee members of meeting time and place each week.

- Take notes at all meetings and coordinate Steering Committee activities.

- Take major responsibility for recruiting the Community Advisory Board members (since the individual Steering Committee members are busy/have limited time to take care of them vitally important details) including:

  ➢ Follow-up on initial invitations made by Steering Committee members.
  ➢ Send invitations (including "concept paper").
  ➢ advertisements in local newspapers
  ➢ construct and distributed flyers on CHPP to interested people
  ➢ design and post posters
  ➢ make presentations to appropriate community organizations
  ➢ send personal invitations to key community leaders, decision makers, administrators, natural helpers, and other individuals in positions of authority and/or influence focus special recruitment efforts on laborers, lower-income, and minority groups, which are typically under-represented in health programs.
  ➢ See Appendix B for a CHHP budget and Appendix C for a list of CHPP Coordinator tasks.

We estimate a person will work quarter-time (10 hours a week minimum) for 16 weeks and should be paid $15 per hour (or $20 per hour if Master-level training).

Some of this funding can be in-kind. Perhaps a local college has a graduate student looking for an internship or a Family Resource Network coordinator sees this as part of his/her job description. Be creative. Do not overlook the possibility of a local business or foundation providing some seed money for the staffing, food, copying, etc. Check out the Heart Association, the American Cancer Society, Cooperative Extension Service. Sometimes it is easier to get agencies or businesses to donate food, copying, and postage rather than making a monetary contribution to support your sessions.

Phase II Exercise 7: Where will we get the funding we need? Brainstorm here.

11.   Now, an equally challenging task: Decide who your Coordinator will be.

12.   The Steering Committee also needs to **develop the content of the initial 5 CHPP sessions**. This is the lifestyle content and answers the questions, "What does it take to be healthy?" This content will be quite consistent no matter what community goal is chosen. Remember that personal lifestyle itself is a process and regardless of what goal you address, participants will need to hear and have information on a variety of lifestyle topics to see the totality of the process.

Phase II Exercise 8: Having reviewed the job description/work tasks of the coordinator, brainstorm here on who you know can and will serve in this capacity for your effort:

Phase II Exercise 9:   Participatory planning sessions need to address a number of important health-related topics in addition to the one of primary concern. Read over the 3 examples in Appendix A and think about the various issues discussed in these planning sessions. Using the information included in the examples and knowledge about your community, list 5 overall health-related issues that might be of interest to participants (e.g., understanding your blood lipids, how to cook with low-fat foods, integrating exercise in everyday life) If you can, list a speaker who could provide information and lead a discussion on each topic (for example, stress management with Carole Jones from community mental health).

	Topic	**Speaker**
1.		
2.		
3.		
4.		
5.		

Phase IIb --Recruiting CHPP Participants

13. The coordinator and the Steering Committee members invite possible participants to the meetings. This can be done by telephone, e-mail, and/or written invitation through the mail. If members of the steering committee have personal or professional relationships with invitees, they can make the initial contact explaining the process and expanding on the one page concept paper. Follow-up with invitees is critical to the success of the process. *Rule one of community organizing - People do not go to programs, people go to people.* Each invitee must feel <u>vital</u> to the process and the coordinator must spend time and energy assuring invitees that the CHPP process is viewed by the community as "the IN thing". Each invitee and especially key people may need to be contacted multiple times to get them to participate in the 10-12 week-program. This means that the process is not for the faint of heart and also why it should not be assigned to a volunteer.

   DO: make the CHHP process inclusive rather than exclusive. For example, you should include minorities, all economic levels, professionals and non-professionals, men and women, geographic diversity, movers and shakers in the community, health professionals, government (especially those who are leaders or decision-makers related to the issue), and the "rabble rousers.". This broad-based involvement is inherent to the participatory planning approach. (Caution: some folks have indicated they will not work with others. If so, go cautiously.)

   DO: remember that people like to be included at the <u>beginning</u> of the process. As you meet with the Steering Committee, encourage the group to keep searching for the core decision-makers and the fringes of the community. Be sure that the people who can benefit the process are invited and included. Remember, for the process to work it must be win/win. This means that the process must serve the people and organizations involved as well as having the participants serve the process. The best organizing strategies serve all. For this process to evolve as designed, it must be participatory. <u>Do</u> invite the "troublemaker," the overweight, the cigarette smoker. If his/her energies can be focused and transformed into achieving the goal, the community's ability to keep moving in positive directions will be enhanced ("rabble rousers" can be great allies).

SPECIAL NOTE: Invite family members who reside in the same household as the invitee to come to the sessions and be involved in the full process. This can include, a spouse, teen youths (use your judgement on an individual basis), or seniors residing in the home. The rationale behind this is that there is an adult in each home who acts as the informal "organizer" for the family, does the shopping, cooking, and makes the majority of the health decisions in the family. This person needs to see the value in living a healthy lifestyle and must be included in the community health participatory planning sessions. When the family takes on lifestyle changes as a unit, the changes are more likely to become permanent. In addition, it makes the effort a "family affair," a joint effort, and means that family members are not separated from each other for one more evening (if your sessions are in the evening) as so many busy family are these days.

RECRUITMENT STRATEGIES

No matter how good the plan, the Coordinator and Steering Committee will have to work very hard to make the process work. The best possible program can be planned, with the best speakers (who serve as facilitators of understanding and discussion), plenty of parking, great seats, adequate lighting, and still the process may fail. Why? Because the right people are not present. Keep in mind that people will come to important gatherings **with "important" people**. Make your Community Health Participatory Planning "the IN thing" in the community. Recruitment is 90% of the future success of the program. We have found that if people come, they are sold. So how do you get them in the door?

- If at all possible, **give your effort a name**; an appealing, catchy, I-want-to-be-a-part-of-that-no-matter-what name.

- **Advertisements in local newspapers.** You are looking for volunteers. Along with inviting the VIPs on your list, open the door to the community to participate. This often brings the worker bee and people with real insight into what the population faces on a day-to-day basis. Use information from the concept paper to develop advertisements for the paper. This does not have to be paid advertising. You might be able to get your program listed in community events or a writer may be willing to work with you on a story for the paper. Often, local newspapers are looking for news and will print exactly what you give them.

- **Flyers.** Design or have someone else design a creative flyer (possibly leading with a question) and distribute it at community events, service club meetings, church functions, school functions, etc. Be sure to include a phone number and e-mail address for individuals seeking additional information. Use information from the concept paper to develop the flyer.

- **Posters.** A poster can be a larger version of the flyer. Perhaps a more eye-catching poster could be developed. Place this in businesses, social service agencies, schools, etc. Use information from the concept paper to develop posters. Be consistent with your message.

- **Presentations to appropriate community organizations.** The coordinator can give 10-minute informational presentations. A steering committee member. who is a member of a group, could deliver the invitations. Use information from the concept paper to develop your presentation. Leave written flyers for group members.

- **Personal invitations to key leaders and decision makers** (administrators, natural helpers, elected officials, and others in positions of authority and/or influence). This invitation can come from the whole steering committee or perhaps the Mayor or another prominent public figure will agree to sign the letter. Do not be afraid to ask. Also, do not overlook the power of an organization's letterhead. Give consideration to what and who will get the most attention in your community. Use information from the concept paper to develop the invitation.

- **Special effort must be focused on laborers, lower-income, and minority groups,** who are typically underrepresented in health programs and who are often among the most needy related to your goals. For this reason, many programs and campaigns are not successful. Review your list and be sure that your steering committee and CHPP participants are representative of the community you hope to serve.

Phase II Exercise 10:   Who will you invite to the planning meetings? The steering committee will help you come up with names. *OVER INVITE.* Plan on 30% turning you down or telling you they will come and then not showing up. To some extent, the size of your meeting room will determine how many people to invite. Again, if you have phone, address, and e-mail, add it here – you will not have to do it later. List at least 10 people who you will invite.

	__Name__	__Agency/Job Title__	__Phone/Address/E-mail__
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Phase II Exercise 11:   List five key places (businesses, agencies, schools) in your community where you can distribute flyers inviting folks to the CHPP.

1. _____

2. _____

3. _____

4. _____

5. _____

List five businesses, agencies, schools where you can display posters in your community.

1. _____

2. _____

3. _____

4. _____

5. _____

List five community organizations where you can make a presentation inviting individuals to the CHHP process.

1. _____

2. _____

3. _____

4. _____

5. _____

Phase II Exercise 12:   Revisit your list of possible invitees you listed under ***Phase II Exercise 10***. Using the following system: e-mail (E), mailed invitation (MI), personal call (PC), personal visit (PV), code how you will make your initial contact with each person. Each person may have more than one code. If your code includes a personal (P) be sure to include the name of the person responsible for making the contact.

Now, go through the list one more time and code it for an additional method of contact. See box below for an explanation.

A person must be
U<u>EXPOSED</u>
<u>to a message or an idea</u>
<u>at least 5 TIMES</u>
before they begin
to even pay attention to it.

So, when pitching an idea
(or seeking involvement in a group),
do not be deterred if it takes
several appeals.
It's human nature.

Plan for an evaluation for your CHPP. A simple to use instrument is the Healthy Lifestyle Questionnaire (Appendix D). Your evaluation will be designed to measure the impact of your efforts. It also can be extremely helpful in assessing the groups progress and help determine strengths, weaknesses and overall effectiveness. In addition, the evaluation results can be used to help elicit support for your efforts, as well s future health promotion programs.

In addition to the Health Risk Appraisal and Healthy Lifestyle Questionnaire, measures of social capital, wherein local residents and organizations mobilize processes and conditions that lead to accomplishment of a goal of mutual social benefit, are helpful. A simple scale for measuring social capital is provided in Appendix E. Change is assessed by comparing overall scores on the measures taken at different times, e.g., from Session 1, at the end of the CHPP, and at the end of 1 year, 2 years, etc.

Phase II Exercise 13:   What questions do you have? Is there anything unclear about the process? We have attempted to cover the small details that can be the most frustrating part of the process, however, we may have missed something. What comes to mind? Either alone or in a group, discuss the 16 process detail tips and list your questions and concerns. What step or detail has been left out in order for you to completely understand the process?

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

OTHER ISSUES TO CONSIDER in conducted CHPP

Always Begin ON TIME

Because the meeting is one hour only, it is highly important to always begin and end on time. This also shows respect for people's time. Folks usually get used to this very quickly.

> Question: How do you begin a meeting on time?
>
> Answer: BEGIN IT ON TIME. NO EXCEPTIONS.

Health Screening

A health screening is a significant part of the CHPP process. Having said that, if you do not have funding that will allow you to have a full blown health screening you can still run a very effective CHPP program. Conducting a pre and post health screening is one of the most dynamic tools of the CHPP process – a chance for participants to evaluate their own lifestyle. The results of the screening allow each participant to compare his/her findings with preferred numbers. The participant can then gauge how the community either supports on detracts from desired lifestyle changes. When a person and a group begin to focus on their own lifestyle journey they become more attentive to the needs of the community. They become a participant in the need for sidewalks for an afternoon walk or pretzels in a vending machine. Participants can, and often do, become advocates for themselves and the community at the same time.

Screenings are designed to enhance perception of self-responsibility for health and long term prevalence of positive behavior change. The screening process will also enhance compliance with attending sessions. When people are actively involved in their own health and see their health as their responsibility, they tend to seek methods of changing their behavior. This need for change, during the CHPP process, is then used to aid the community in mobilizing the masses to make change easier and more sustaining for everyone.

What does a typical health screening include?

There are several types of health screenings and various protocols. Most screenings attempt to assess exercise level, blood pressure, cholesterol, obesity, smoking, excess or prolonged stress, seat belt use, nutritional patterns and other modifiable health risk reduction factors.

Key concepts of a screening:

- Accurate assessment techniques by trained and proficient professionals

- Logical and sound screening progression
- Clear and strong mandate in the screening follow-up session as to what is to be done to change the readings and assessment to more agreeable numbers
- Adequate staffing, a friendly smile at the screening goes a long way
- Confidentiality

Other Methods of Keeping your Participation High Include:

- Invite the entire family to take part in sessions.

- Create an environment where all opinions are valued, allow everyone time to talk.

- During the initial sharing (first 5 minutes of each session) the facilitator may want to identify some of his/her own personal struggles during the week, i.e., not enough time to be physically active, poor food choices, over the top work stress, problems in parenting.

- Be sure the group understands that what is said in the sessions should stay in the sessions. Confidentiality among the participants is a must. Do not assume that everyone understands and accepts this.

- Allow people to bring a friend. Participants should be encouraged to bring a significant other or friend to partake in the lifestyle and community empowerment effort. Let everyone know that you understand that change happens best with support. This means support from a buddy who has agreed to walk the walk with you and from a group that meets once a week.

- Have participants evaluate each speaker. Be sure to read the evaluation prior to the next session to clue the incoming speaker of what the crowd seems to enjoy and what they can live without.

- Be sure to evaluate the speaker separate from the topic. There is no guarantee that you will enlist 6 excellent speakers. If the speaker did not go over well, try another speaker and a different take on the subject at a later date.

- Be sure the speaker allows at least 5 minutes at the end of his/her 20 minute presentation for questions and answers.

- Encourage speakers to bring handouts. You may want to copy handouts for the speaker. Work out these logistics. Handouts that you will copy should be in your hands at least one week prior to the session.

- If possible videotape the sessions so folks that miss a session can catch up on the content information. Keep track of who checks out the video. If a participant watches the video, this counts as attending the session.

- The facilitator (staff) should arrive about 30 minutes before the session begins and stay at least 15 minutes after each session concludes. This allows participants to discuss things with staff that they may not be comfortable saying in a group.

- Telephone or e-mail all no-shows the day after they miss a meeting: Inquire on how they are doing, let them know that you missed them, and that you look forward to seeing them next week. It is also a good strategy to randomly call a few of those that attended to let them know you were glad to see them and to ask for their input on the sessions that have been held and the future sessions.

- Make people feel important and special. Learn their names.

- This involves a bit of work but you may want to send weekly e-mails to your participants. This can include: minutes or a summary from the previous session, announcements and reminders, and supportive messages thanking them for their participation and enthusiasm.

Effective Focusing

With each CHHP participant you may have another new and good idea. You must keep your group focused on one idea or issue. A well-managed CHHP involves tracking the groups' energy, reinforcing close approximations, using positive feedback, coaching and counseling during and between the CHHP sessions, and a commitment to provide on-going communication and focus.

Track the Groups' Energy:

- Expectations should be achievable. This means the community organizer must have a some knowledge of what the community is capable of achieving in a set amount of time. Are their grants available for a desired campaign? Is there a competing high profile activity that will compete with your idea? Is there a logical community champion available to "lead" the activity?

- The idea must be relevant. Is there a timeliness to the idea that lends itself well to getting the idea accomplished? For example, the local high school principal just had an unforeseen heart attack – or – a group of high school children were in a car accident where alcohol was involved – or – data was just released mentioning your town or county having a high incidence of teen pregnancy, etc.

- The consideration might be previously identified by another organization (city council, health department, chamber of commerce, etc) as being on their priority list. This can give your planning a head start.

- The idea must have a beginning and an ending. Most people want to know what they are signing up for. Many people will sign up for a project with clarity. Remember that you are designing a campaign that will have legs and be lasting in the community by its design.

Reinforce Close Approximations:

- Remember that the organizer must take principal responsibility for shepherding the idea. "Babysitting" and "incubating" ideas is part of the job. Perhaps you can combine or further enhance a thought to make it fit more than one priority. Remember to emphasize that the CHPP process will allow for one idea to be done first and then another. Because the community will be tuned in and turned on, soon, every concern will have a place.

- See how ideas can be achieved in the day to day activities of the interested parties. Things that are easily done get done.

- Steer the group toward a project that is easily achievable (first project) and whose results can be measured. You will be more likely to attract grant money, get press coverage, generate interest and keep the community motivated, if you can tell how you found something and then tell them how you left it after the intervention. Formally, known as evaluation.

- Try to avoid distractions. As important as it is to be timely with what is happening in the community, once a course has been set, do what you can to make the agreed upon idea "appealing" to those involved. This can be done with your own enthusiasm, press coverage, asking people for their advice, putting people in leadership roles at the onset, and keeping meetings and gatherings short and on task.

Use Positive Feedback:

- What resources are available to you? Phone, e-mail, cards, prompt delivery of meeting minutes, updates in the press, word of mouth, etc. Be sure to utilize all of these to keep your core organization well informed and distraction free. Make what you are doing important and others will also see it that way.

- Positive feedback requires time and attention. Budget your time to include a full 20% of your time on the project to make personal contact with your core people between meetings. If they do not attend a meeting you will need to follow-up. People do what is important. Your job is to keep CHPP important.

- Positive feedback is important and critical. If your people are not happy, you will not be happy. The time you spend getting to know your participants, what they envision as important in the vision, and helping them understand their role in the process will make all the difference.

Coach and Counsel:

- Conditions change. Be aware that personal and business priorities continually shift. Stay flexible and remember to let your key individuals know that even a bit of time devoted to the CHPP process is appreciated and needed.

- Become a vehicle for networking. Once you know your community you will be able to offer suggestions for the folks that have concerns that are getting in the way of their participation in CHPP. When people realize there are options to solving their dilemmas and the CHPP group members are supportive of them, CHPP becomes the place to go, not simply one more thing to do.

Ongoing Communication and Focus:

- Observe and provide feedback. This is especially important as the steering committee recruits the bigger group for CHPP. Keep a close eye on the follow-up contacts that people agreed to do and fill the gaps where necessary. You do not want the steering committee to see their failure to reach or invite someone to the CHHP as a problem. People will not come to meetings unless they feel they have something positive to report. Help them have something positive to report.

- Provide the steering committee and CHHP with a written action plan. Hand write and distribute chore lists to people before they leave the meeting, if possible.

- Do not be afraid to set goals and timelines. Ideas that are important have deadlines and due dates. There are also measurable goals and objectives to measure progress. It will give the group small accomplishments to celebrate along the way.

On DEVELOPING TEAMS AND TEAMWORK

Scores of Canada Geese spend the winter in nearby fields. They fly over the house to a nature pond almost every morning. What is distinctive about these flights is that the geese always fly in a V pattern. The reason for this pattern is that the flipping wings of the geese in front create an updraft for the geese that follow. This V pattern increases the range of the geese collectively by 71 per cent compared to flying alone. On long flights, after the lead goose has flown at the front of the V for awhile, it drops back to take a place in the V where the flying is easier. Another goose then takes over the lead position, where the flying is more strenuous. If a goose begins to fly out of formation, it is not long before it returns to the V because of the resistance it experiences when not supported by the other geese's wings flaps.

Another noticeable feature of these geese is the loud honking that occurs when they fly. Canada Geese are mpt quiet when they are flying. One can always tell when they are in the air because of their sound. The reason for the honking is not random, however. It occurs among geese in the rear of the formation in order to encourage the lead goose. The leader does not honk--just those who are supporting and urging on the leader.

If a goose becomes ill, is shot, or falls out of the formation, two geese break ranks and follow the wounded or ill goose to the ground. There they remain, nurturing their companion, until it is either well enough to return to the flock or dies.

This remarkable phenomenon serves as an apt metaphor for teamwork. The lessons garnered from the flying V formation help highlight <u>important attributes of effective teams and skillful teamwork</u>. For example:

o **Effective teams have interdependent members. Like geese, the productivity and efficiency of an entire unit is determined by the coordinated, interactive efforts of all its members.**

o **Effective teams help members be more efficient working together than alone. Like geese, effective teams outperform even the best individual's performance.**

o **Effective teams function so well that they create their own magnetism. Like geese, team members desire to affiliate with a team because of the advantages they receive from membership.**

o **Effective teams do not always have the same leader. Like geese, leadership responsibilities often rotate and are shared broadly in skillfully led teams.**

o **In effective teams, members care for and nurture one another. No member is devalued or unappreciated. All are treated as an integral part of the team.**

o **In effective teams, members cheer for and bolster the leader, and vice versa. Mutual encouragement is given and received by each member.**

o **In effective teams, there is a high level of trust among members. Members are interested in others' success as well as their own.**

GOOD MEETINGS Review

Typical Meeting Difficulties	Some Characteristics of Good Meetings
o No goals / objectives o No agenda o Too lengthy o Poor preparation o Wrong participants o Outcome unclear o Getting / Staying off the subject o Late start o Interruptions o Discussion domination o No closure on matters o Rambling, redundant discussion o Discussion topics irrelevant o No laughter or joy in interactions	o Well-defined purpose o Shared responsibility and ownership o Productive o Efficient o Creative o Active Participation o High-quality results o Viewed as worthwhile

Some Key Steps to Getting There

➢ **Define the Need / Purpose of the Meeting--Answer the question: Why meet?** (information sharing, problem solving, planning, review and discussion, gain support, plan action,
   all the above, etc.)

➢ **Plan the Meeting**
   ~Determine meeting objectives
   ~Develop Agenda
   ~Clear understanding content and process
   ~Participants identified
   ~Roles and responsibilities clarified (who is facilitator, who is participant, etc.
   ~When and where meet (logistics) understood by all.
   ~Ongoing contact/support of participants

➢ **Between meetings**
      ~Assemble and distribute Minutes to ALL (esp. those absent) asap
      ~Follow-up on action items
      ~Finalize agenda for next meeting
      ~Do meeting reminders

➢ **Agree on meeting decorum -**all participate, don't interrupt, minimize side-discussion, etc., <u>as a means to</u> accomplish purposes.

➢ **Have an Agenda** --that lists: key things must accomplish this meeting (information
   need to share, decisions need to make, things must discuss, topics of action that must be taken)

➢ **Course of Meeting**
      ~Follow agenda (limit item time if needed)
      ~Address or otherwise dispose of all items on agenda (folks expect this)
      ~Assign and record responsibilities
      ~Record decisions
      ~Plan agenda and date of next meeting
      ~Find some things to laugh about together

Handling Difficult Situations & Unproductive Group Dynamics
 (See Appendix G)

 - ➢ Some general guidelines
 - ➢ Joking relentlessly
 - ➢ Speaking for the group
 - ➢ Dominating discussions
 - ➢ Expressing hostility toward leader
 - ➢ Interrupting
 - ➢ Coming in late
 - ➢ Getting Involved in conflict with other participants
 - ➢ Being difficult to satisfy in relation to questions posed
 - ➢ Not participating

PHASE III. Conduct the 12 CHPP Sessions

OVERVIEW OF SESSIONS

Sessions 1, 2, 3, 4, 5
Wellness Information

Sessions 6, 7, 8
Needs/issues Defined

Sessions 9, 10, 11, 12
Planning and Recommendations

OUTLINE OF SESSIONS

Session 1:   Introductions and explanation of nature of program

Session 2:   Health screenings

Session 3:   Discussion of health screening results
Topic presentation and discussion

Session 4:   Topic presentation and discussion

Session 5:   Topic presentation and discussion

Session 6:   Topic presentation and discussion
Identify community needs and issues

Session 7:   Identify community needs and issues
Establish Task Forces

Session 8:   Task Force meetings (including discussion of personal health and the role
of policies and organizations in promoting health; planning)

Session 9:   Task Force meetings (including discussion of personal health and the role
of policies and organizations in promoting health; planning)

Session 10:   Task Force meetings (including discussion of personal health and the role
of policies and organizations in promoting health; planning)

Session 11:   Repeat health screenings

Session 12:   Review health profiles
Present Task Force recommendations

Session #1

Goal: The goal of **Session #1** is to secure buy-in from participants in the Community Health Participatory Planning process.

Sample Agenda

<u>Welcome:</u>   Coordinator

<u>Introductions:</u> Everyone should introduce themselves by stating their name, something about their job if they are employed, health interests, and perhaps who invited them to the CHPP or why they are attending the CHPP. Give each participant 1-2 minutes to talk about themselves. This is an important first step to building group cohesion.

<u>Brief overview of CHPP:</u>   Explain the 12 week process for both personal and community health, the purpose of putting together and implementing a plan to enhance the health in the community, the health screening, how information is provided to help them achieve a desired lifestyle but that all changes are voluntary, how no exercise classes and no special diets are required, how input from and commitment from everyone is essential, and explain how one hour a week of participation will lead to results. Share your dream about what the group can achieve.

<u>Discussion:</u>   Discussion of the local situation, desire to do something about it, barriers (why nothing has been done to date), and how nothing is going to happen unless WE do it.

<u>Program schedule:</u>   Distribute the program schedule and explain it.

<u>Brainstorming:</u>   Ask all to join in the effort and ask the question, "Who is not here that should be?" Generate another list of community members to invite to the remaining sessions.

<u>Health profile or community survey:</u> Completion of personal health profile or community survey if desired). See Appendix D for a copy of the Healthy Lifestyles Questionnaire and Appendix E for a copy of a social capital survey. Remember that any assessment or survey results should be tabulated before Session 3 and utilized either for community or personal motivation. Do not burden people with more paper and pencil busy work unless your intentions are clear and the results of which will be reported to the group in a timely fashion.

We also recommend use of the Health Path health risk appraisal, a 75-question, computer-analyzed, paper-and-pencil assessment that focuses on health risk behaviors and traits. This tool can be obtained from Partners in Corporate Health (304-599-6981). It is a nominally priced assessment and can give pre and post assessment of personal health status. Partners can also process a group assessment that can be used for emphasis and serve as a microcosm of the community for dramatic effect.

Exercise: Prepare an agenda for your first session. Assign people to different parts of the agenda. Use times (to the minute) to identify who will do what and when they will do it. Be sure to allow ample time for introductions. Introductions are an important first step in building group cohesion.

<table>
<tr><td></td><td>**What?**</td><td>**Who?**</td></tr>
<tr><td>6:00*</td><td></td><td></td></tr>
<tr><td>6:10</td><td></td><td></td></tr>
<tr><td>6:15</td><td></td><td></td></tr>
<tr><td>6:20</td><td></td><td></td></tr>
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<tr><td>6:35</td><td></td><td></td></tr>
<tr><td>6:40</td><td></td><td></td></tr>
<tr><td>6:45</td><td></td><td></td></tr>
<tr><td>6:50</td><td></td><td></td></tr>
<tr><td>6:55</td><td></td><td></td></tr>
</table>

an example, beginning hour is flexible

Session #2

Goal: The goal of **Session #2** is to complete the initial health screenings.

Session #2 is the all-important health screening that is repeated in the next-to-final Session for evaluative purposes. The screening must be well organized and professionally implemented. This becomes even more important because the screening occurs so early in the CHPP. If the participants are not treated with the utmost professionalism they will view the process as less able to achieve the goals you have enthusiastically espoused at the previous meeting and during recruitment. Information on how to run a professional screening can be obtained from Bill Reger at West Virginia University (304-293-0763), your local university, Bureau for Public Health, and/or your local hospital. Please note that screenings with lipid profile is a budget item. You may be able to arrange for the local hospital to conduct the blood testing and local nurses or health students to do the actual screening. They may donate some or all of the time but the individual lipid profiles will probably involve a charge. This must be worked out in advance.

Include in the screening: physiologic measures of weight, height, blood pressure, resting heart rate, and a cardiovascular blood panel (total, HDL- and LDL-cholesterol, triglycerides and glucose).

This screening provides a profile of individual (and community) risks and behaviors. The health screenings are not mandatory for participation. However, they are a powerful motivator for personal lifestyle change. For this reason, we highly recommend it. With timely individual results participants can take specific action to make changes in their own lives. In the next to final session, the screenings can be repeated and changes can be noted in the physical findings, and also in the behavior and attitudinal aspects.

If your CHPP does not include health screenings you will probably want to reduce the number of sessions to 10. Your Session #2 will focus on a dimension of a targeted health behavior, see Sessions #3-6 for a discussion of content.

Session #3

Goal: The goal of Session#3 is to distribute and discuss the results of the individual health screenings.

Session #3 commences with the distribution of the results of the health screenings to each individual. These are confidential documents and must be treated as such. The presenter (local physician/nurse or professor in a health-related field) reviews the parameters of the various measures, and interprets the overall (but not individual) results. The group discusses/questions the results. Members are encouraged to take a serious look at their results and to consider making changes in their lifestyle consistent with their own perceived needs and interests. Explain that future sessions will include information to help achieve desired lifestyle changes. All changes, however, are voluntary. Explain that no exercise classes are held as part of this CHPP and no special diets are required.

> **Important note** – Provide the opportunity for a health professional to review the results and discuss any dangerously high numbers with any individual for whom this is appropriate. Screenings often find health concerns that require attention.

Session #4

Goal: The goal of **Sessions #4 and #5** is to provide participants with health-related information and to address community-wide health issues.

The session will provide a supportive setting for participants to learn more about health issues, to learn more about each other, and to become empowered (via information and experience with each other and professional speakers) to address community-wide and personal health issues.

Sample Agenda

5 Minutes **--Assessment** of participants' knowledge about a specific health topic or thoughts on their personal health goals and progress (led by coordinator)

20 Minutes --**Overview** of a specific health topic (led by the designated local speaker.)
5 Minutes --Questions and Answers with the Speaker.

20 minutes --**Small group** interactions about the specific health topic (initiated by the speaker.)

10 minutes --**Wrap-up** and large-group discussion (led by coordinator and speaker)

Sample Topics

Healthy Eating	Smoking/Addictive Behaviors
Spirituality	Emotional and Mental Health
Physical Activity	Stress Management
Health in the Workplace	

Session #5

Goal: The goal of **Sessions #4 and #5** is to provide participants with health-related information and to address community-wide health issues.

       The session will provide a supportive setting for participants to learn more about health issues, to learn more about each other, and to become empowered (via information and experience with each other and professional speakers) to address community-wide and personal health issues.

Sample Agenda

       5 Minutes **--Assessment** of participants' knowledge about a specific health topic or thoughts on their personal health goals and progress (led by coordinator)

       20 Minutes --**Overview** of a specific health topic (led by the designated local speaker.)
        5 Minutes --Questions and Answers with the Speaker.

       20 minutes --**Small group** interactions about the specific health topic (initiated by the speaker.)

       10 minutes --**Wrap-up** and large-group discussion (led by coordinator and speaker)

Sample Topics

Healthy Eating	Smoking/Addictive Behaviors
Spirituality	Emotional and Mental Health
Physical Activity	Stress Management
Health in the Workplace	

Session #6

Goal: The goal of **Sessions#6** is to provide participants with health-related information and to address community-wide health issues and also to begin to identify community needs and issues for the Task Forces that will be established in **Session #7.**

The session will provide a supportive setting for participants to learn more about health issues, to learn more about each other, and to become empowered (via information and experience with each other and professional speakers) to address community-wide and personal health issues.

Sample Agenda

5 Minutes **--Assessment** of participants' knowledge about a specific health topic or thoughts on their personal health goals and progress (led by coordinator)

20 Minutes --**Overview** of a specific health topic (led by the designated local speaker.)
5 Minutes --Questions and Answers with the Speaker.

15 *minutes* --**Small group** interactions about the specific health topic (initiated by the speaker.)

15 *minutes* --**Wrap-up** and large-group discussion (led by coordinator and speaker) focusing on which community needs and issues are candidates for the "task forces" to be established in Session # 7.

Session #7

Goal: The goal of **Session #7** is to identify community issues that can be investigated by groups of participants. These groups are called "task forces." Participants chose a task force that they will be involved with for the remaining 5 sessions. An informal potluck is also a good idea for this session.

By Session #7, participants are ready to identify community issues for further investigation in small task forces. The structure of the meetings changes to include 25 minutes for task force group meetings.

These task forces are vital to the process as they lay the foundation and create the enthusiasm for later advocacy. Identified by participants, these task forces* often address issues such as: nutrition; physical activity; stress; mental, emotional, and spiritual health; addictive behaviors; funding; organizational change; etc. Individual task forces are formed around these topics and participants assign themselves to the group of their choice.

> **IMPORTANT:**
> The Steering Committee needs to give some initial thought to the topics of the task forces. Also it is not unheard of to assign a "ringer" to each group – that is a person that the coordinator asks to sit in on that particular committee. A good example is a businessman or a local community executive director to sit on the funding committee. You might ask a nutrition person to lend their expertise to a task force addressing this area, etc. It is important to be sure (or as sure as you can be) that the groups will be representative and not "stacked". By stacked, we mean biased in one particular area. An example might be the stress group which only looks at job stress and does not consider eating as a problem when it comes to stress issues.

It is important that the task forces have a clear directive as to what you hope they will accomplish in the few minutes allotted after the content sessions. People should be permitted to serve on the task force they see as most relevant to them, one they feel they contribute most to, or the task force content area they would like to learn more about. It is important to allow most people to choose their own task force as they will most likely put their energy into a group of their own choosing. Do not expect all the nutrition people to head to the nutrition group. As an example you may see the nutrition people anxious to try the exercise or addiction group. This is most positive as you are not only looking for the expert opinion in a group, but the questions and concerns from others. Participants will give of their time and energy if they choose for themselves, perhaps based on their screening numbers or a personal reason. Their nutrition expertise does not disappear because they are not in the nutrition group. You can always ask them to serve as a resource or to answer a question.

In addition to assessing knowledge and imparting information on specific topic areas, the sessions also serve as a springboard for reflection, discussion, and the opportunity to further examine the community's overall health, environmental concerns, and the personal price we all pay when the culture does not support healthy behaviors. These task forces will explore the social, policy, administrative, and physical barriers as well as assets of the community. Someone should volunteer to be the recorder in each group. The recorder will develop a written report at the end of the CHPP program. Give direction to the group members. Ask them to address as many of the following issues as possible in their report. This list is to provide guidance and is not intended to limit the scope of the Task Forces.

- Description of the general state of the subject area.
- Purpose of looking at this subject area – include relevant and current community or personal considerations.
- Qualifying conditions (limitations and barriers).
- Key features to be considered (include environmental and cultural considerations).
- Potential yield – What is to be gained if the community chooses to enhance this subject area?
- Pros and cons found in the community regarding the subject area.
- Evaluation considerations – How will we be able to tell when we have made significant strides in your subject area?
- References and resources - Who/what can help us with our next steps? Include agencies, people, phone numbers, websites, email addresses, specifics, you name it – we want it!!!
- Formal assed assessment (information from the WV Bureau from Public Health, scientific literature, community surveys, etc.).

Remember to assign a key person to be the recorder in each group. You might ask the recorder to turn in a typed report of the minutes from their meetings. Even the smallest remark might make a difference when the issues/subject areas are reviewed. Include "To Do" lists with the minutes.

Sessions #8

Goal: The goal of Sessions #8, #9, and #10 is:

(1) to discuss personal health and the role of policies and organizations in promoting health, and,

(2) to continue Task Force discussions.

Sample Agenda

15 minutes --**Questions and Answers** related to personal health, the underlying causes of ill health and the role of the organizational structure and policy for promoting health (led by coordinator) Note--*15 minutes rather than the previously allotted 5 minutes*

25 minutes --**Task Force discussion** to address needs assessments, problem solving, and planning in a specific health area (led by individual group leaders).

15 minutes --**Large group discussion** to address issues and thoughts brought before the group by any task force that wishes to share. (led by coordinator)

5 minutes **--Wrap-up** of session and announcements for next session. (led by coordinator)

There will be no guest speakers for these sessions. Task force members may, and are encouraged to, hold additional meetings and gather information outside the regularly scheduled weekly sessions. Steering committee members should make themselves available to assist the task forces. They also can guide and advise the drafting of the separate task force proposals that are submitted to the project coordinator prior to but no later than the final session (Session #12).

Sessions #9

Goal: The goal of **Sessions #8, #9, and #10** is:

> (1) to discuss personal health and the role of policies and organizations in promoting health, and,
>
> (2) to continue Task Force discussions.

Sample Agenda

> *15 minutes* --**Questions and Answers** related to personal health, the underlying causes of ill health and the role of the organizational structure and policy for promoting health (led by coordinator) Note--*15 minutes rather than the previously allotted 5 minutes*
>
> *25 minutes* --**Task Force discussion** to address needs assessments, problem solving, and planning in a specific health area (led by individual group leaders).
>
> *15 minutes* --**Large group discussion** to address issues and thoughts brought before the group by any task force that wishes to share (led by coordinator).
>
> *5 minutes*   **--Wrap-up** of session and announcements for next session (led by coordinator).

There will be no guest speakers for this and the rest of the sessions. Task force members may, and are encouraged to, hold additional meetings and gather information outside the regularly scheduled weekly sessions. Steering committee members should make themselves available to assist the task forces. They also can guide and advise the drafting of the separate task force proposals that are submitted to the project coordinator prior to but no later than the final session (Session #12).

Sessions #10

Goal: The goal of **Sessions #8, #9, and #10** is:

> (1) to discuss personal health and the role of policies and organizations in promoting health, and,

> (2) to continue Task Force discussions.

Sample Agenda

> *15 minutes* --**Questions and Answers** related to personal health, the underlying causes of ill health and the role of the organizational structure and policy for promoting health (led by coordinator) Note--*15 minutes rather than the previously allotted 5 minutes*

> *25 minutes* --**Task Force discussion** to address needs assessments, problem solving, and planning in a specific health area (led by individual group leaders).

> *15 minutes* --**Large group discussion** to address issues and thoughts brought before the group by any task force that wishes to share. (led by coordinator)

> *5 minutes*   **--Wrap-up** of session and announcements for next session. (led by coordinator)

There will be no guest speakers for these sessions. Task force members may, and are encouraged to, hold additional meetings and gather information outside the regularly scheduled weekly sessions. Steering committee members should make themselves available to assist the task forces. They also can guide and advise the drafting of the separate task force proposals that are submitted to the project coordinator prior to but no later than the final session (Session #12).

Session #11

Goal: The goal of **Session #11** is to repeat the personal health profiles and health screenings that were done in Session #2. In addition, Task Forces may meet if there is available time.

This session may follow the format of Sessions #8 - 10 but will include a repeat of the personal health profile and health screening of Sessions #2). The drafts of task force reports are due this session.

Sample Agenda

40 minutes --**Repeat the screening of Session #2**: physiologic measures of weight, height, blood pressure, resting heart rate, and a cardiovascular blood panel (total, HDL- and LDL-cholesterol, triglycerides and glucose.

15 minutes --**Task Force discussion** to wrap up any final ends essential to submitting report this session.

5 minutes --**Wrap-up** of session and announcements for next session (led by coordinator).

Session #12

Goal: The goal of **Session #12** is:

      -- to review the health profile and screening results,

      --review Task Force issues and recommendations,

      --provide some concluding thoughts on how the process worked and
        what will be the next steps, i.e., discussion of Community
        Advisory Committee.

PHASE IV. Concluding the Session

All good things must come to an end and the final session must have clarity. Have the participants evaluate the entire process. The participants will be thirsty for the next steps. Be sure you know where things will be going. If at all possible, set a date 2 months from the last session to reconvene. At the 2-month meeting, have a final summary report of the CHPP process and recommendations available to review with the group. Consider inviting the press. E-mail the report to all members of the group that are unable to attend the 2-month follow-up meeting. Answer the following questions in the report:

- What was the overall impression of the group concerning the CHPP process?

- What conclusions were drawn from the task force reports?

- What was learned from the reports, the indication of the desired next steps?

- Who is interested on continuing the process, perhaps in a lobbying, fundraising or in a policy role?

- When does the planning for the campaign, task force mission, grant, etc. become final?

- When and how will the group hear from you again? E-mail becomes vital as it is an inexpensive and easy method to communicate with many people at one time.

It is important to keep the participants of the CHPP regularly updated and informed, even if they do not become members of your Community Advisory Board. The former participants may be willing to help with a special project, act as an advocate at their school or workplace, offer to contact specific groups and individuals, or even just attend public health events.

Session Real Life

Goal: The goal of real life is to take the recommendations made by the Task Forces and implement them.

Now, real life begins. After completing the 12-session CHPP ask for and seek volunteers to remain with the project as members of a Community Advisory Board. This Board will be charged with carrying out the plans and recommendations derived from the Community Health Participatory Planning process. This group will review the task force reports, report to the media, raise funds, plan a campaign, provide ideas, be influential in gaining the support of community officials, plan the next CHPP, etc. This group can seek further legitimization by the community ("ordained" by the city or county), become a committee of another group, formally establish itself as an advocacy organization, or find another way to establish itself as an action-oriented entity.

EXAMPLE 1

WHEELING WALKS Community Advisory Board

A Community Health Participatory Planning process was conducted in Wheeling a year in advance of the WHEELING WALKS media campaign for community development, needs assessment, and assistance with the exploration of community health promotion. Dr. Reger-Nash initially identified four key community leaders to serve with him as a steering committee. This group included a representative of the local health department, the African-American community, interested students, and the community at large.

The steering committee identified and recruited 60 individuals to participant in the program. In recruitment, attention was given to inviting at-large community members and community stakeholders with some direct or indirect interest in physical activity, and to maintaining gender balance. Others invited included the mayor of Wheeling; city council; representatives of local hospitals, the chamber of commerce, civic organizations; low-income, minority, and elderly communities; public and private schools, colleges, and universities; and the West Virginia Bureau for Public Health.

The initial goal of the group was to explore possible avenues and resources to improve overall health and wellness in the Wheeling area. The group followed the process as described in this manual. The topics of the 12 one-hour weekly sessions were: physical activity, nutrition, spirituality, addictive behaviors, and mental health. Each of the sessions includes information sharing, dialogue, reflection, and discussion. In Session 7 the group established seven task forces, with every member participating on at least one task force. These task forces were: nutrition, physical activity, stress reduction, mental, emotional, spiritual, addictive behaviors, funding, and organizational change. The task forces reported to the full group during Session12.

Among the reports was the concept for a media-based physical activity intervention targeting walking. The group adopted this plan as its initial community focus, and began to design a comprehensive community walking campaign that included ongoing empowerment, mass media, as well as policy and environment initiatives.

Dr. Reger-Nash submitted a proposal for this campaign to the Roberts Wood Johnson Foundation. RWJF was particularly impressed with the strong community involvement and funded the project. During the campaign, members remained highly involved and continued to advise the principal investigator. The group also continued to meet and became the Wheeling Walks Task Force. Following the campaign, the task force regrouped and was charged by the Mayor of Wheeling to function as the Walkable Wheeling Task Force to pursue policy and environmental changes to further support and enhance walking in the community.

Examples of the Task Force's policy and environmental initiatives include:

- Engaging with city agencies to improve safety and aesthetics of the walkable environment including the planning and streets departments, law enforcement, parks, and highways.
- Working with a WVU engineering team to develop a walkable community (baseline assessment, links to area Heritage Corporation, conduct Walkable Workshop with community leaders to develop action plans).
- Links to Wheeling National Heritage Area Corporation (WNHAC) as part of an urban renewal and redevelopment project for downtown Wheeling.

> "Throughout the years, WHNAC has worked with the city to increase citizen and community involvement with in our trail system. Wheeling Walks was an outstanding community health project that showcased and utilized the Wheeling Heritage Trails to the benefit of all…. Recognizing the continued and future importance of the Heritage Trail system, WNHAC has supported and funded initiatives to enhance the trails, including the wayside signage project and the Transportation and Community and System Preservation (TCSP) Pilot program, which will include a pedestrian element as part of downtown revitalization."
>
> *Personal communication: Hydie Friend, Wheeling National Heritage Area Corporation (WNHAC) Director, to Bill Reger, 3/29/02.*

- Planning with the Army Corps of engineers to upgrade trails around Wheeling Creek.
- Planning for an urban state park linking existing city trails.
- Supporting the Ohio Valley Runners Club in becoming the Ohio Valley Runners and Walkers Club and expanding its mission to include walking.
- Promoting walking as part of existing running events, particularly the Wheeling Distance Classic 20km Race.
- Writing a weekly column on walking in the Sunday newspaper (circulation 43,000) for 60+ weeks including during the 8-week campaign.
- Watching the enrollment in a recreation course on walking, given by the local WV Northern Community College, doubled.

EXAMPLE 2

UNIVERSITY WELLNESS

The CHPP model was utilized to establish wellness on the West Virginia University (WVU) campus in Morgantown, WV. Dr. Reger-Nash gathered a five-member steering committee for overall organization and planning activities and a 12-week participatory planning program was conducted, involving 103 members of the WVU community. A Wellness Advisory Board then went on to implement task force recommendations.

DETAIL: Steering Committee: Interest in establishing a wellness program on the West Virginia University campus had long been expressed by faculty, staff, students, and retirees. The interested individual recruited a five-member steering committee. The Steering Committee developed a brief concept paper for the West Virginia University president. The president endorsed the concept and provided seed money to pay a part-time coordinator. The Steering Committee generated a list of potential participants.

Initial Recruitment: To promote maximal participation on the part of the community members, which is inherent to the participatory planning approach (Green and Kreuter, 1999; Reger, 1992), individuals from all sectors of the community were recruited including minority populations and gender reference groups such as Women's Studies, individuals of varying socioeconomic status, and top administrative decision-makers. Of the 56 individuals approached by the Steering Committee, 37 individuals volunteered to help with further planning. This larger group met for 90 minutes per week for four consecutive weeks to develop a mechanism for addressing campus wellness. They designed a 12-week participatory planning program to further pursue campus wide wellness and developed suggestions for recruiting participants into the next level of the planning process. .

Student Wellness Team: A part-time graduate student was recruited to assist with the 12-week program and to supervise a volunteer interdisciplinary student wellness team. This team was comprised of graduate and undergraduate students (social work, nutrition, medicine, safety management, and community health promotion). With the coordinator's assistance, this student wellness team conducted advertising, recruitment, enrollment, testing, data collection, data management, and assisted with conducting the community needs assessment and overall program planning.

Further Recruitment: Individuals were recruited to participate in the 12-week planning process utilizing: (1) advertisements in the student and the faculty-staff campus newspapers, (2) posters on campus, (3) presentations to organizations and classes, and (4) personal invitations to key campus leaders and decision makers--administrators, natural helpers, and other individuals in positions of authority and/or influence. Special recruitment efforts were also focused on classified staff, lower-income personnel, and minority campus groups, which are typically underrepresented in wellness programs (Baker, et al., 1994; Palank, 1991; Stange, Strecher, Schoenbach, Strogatz, Dalton, and Cross, 1991; Stange, et al., 1991).

Sixty-seven volunteers from the university community and 36 personally invited university leaders participated in the 12-week process. The campus leaders included the president of the faculty senate, the president of the staff council, minority community leaders, representatives of organized labor, the dean of the medical school, and the West Virginia University president. All members were treated the same throughout the 12-weeks.

Participants signed an informed consent form, and all dimensions of the program were voluntary. The planning process was predicated on participants' experiencing the challenges of attempting to live a wellness lifestyle while addressing the wellness needs of the university environment.

Health Screenings: Health screenings were conducted at the beginning and end of the participatory planning process. The screenings included: (1) physiologic measures of weight, height, blood pressure, resting heart rate and a cardiovascular blood panel (total, HDL- and LDL-cholesterol, triglycerides and glucose); and (2) the HealthPath health risk appraisal, a 75-question, computer-analyzed, paper-and-pencil assessment which focused on health risk behaviors and traits. The HealthPath risk rating algorithm has been shown to be positively associated with premature mortality of selected Framingham cases (Anderson, Brink, and Courtney, l995; Smith, McKanley, and Thorington, l987). HealthPath provided a profile of individual and community risks and behaviors. The pre and post results were used to evaluate the effect of the 12-week planning process on participant health risks and behaviors and to analyze the projected community cost savings. (Goetzel, Anderson, Whitmer, Ozminkowski, Dunn, Wasserman, and Health Enhancement Research Organization (HERO) Research Committee, 1998). Personalized health risk appraisal result reports were distributed and discussed during the first and last of the 12 weekly sessions.

The health screenings were not mandatory. Participants were not excluded from the 12-week planning process if they did not participate in the baseline screening. However, if a participant missed either of the screenings, their values were not included with individual or group results.

Participatory Planning Process. Because of the size and complexity of WVU, the 12 weekly one-hour sessions were conducted at three different sites and times (8 a.m., 12 noon, and 5 p.m.) on campus. They were designed to provide a supportive community for members to learn more about wellness and to be empowered to address institutional as well as personal wellness issues. The sessions were facilitated by faculty, staff, graduate students, and other people in the community.

The weekly session included initial assessment of participants' knowledge about a specific wellness topic area (5 minutes), an overview of a wellness topic by a community member (20 minutes), small-group interaction (15 minutes), and large-group discussion (20 minutes). Sessions 1-6 focused on the content areas as defined by the National Wellness Institute: the physical, social, emotional, spiritual, intellectual, and occupational components of wellness. During Session 7, members identified the following issues for further investigation and advocacy: nutrition, physical activity, stress, mental, emotional, and spiritual health,

addictive behaviors, funding, and organizational change. Task forces were formed around these topics, and participants signed up for the group of their choice.

To enhance information exchange, develop a sense of community among members, and promote healthful eating behaviors, Sessions 7 and 12 included potluck meals. Members were encouraged to bring a low-fat dish (less than 20% fat) along with the recipe. Interactions and discussions were less structured on the days of the potlucks so that participants would have time to informally interact with each other.

Sessions 8-12, which addressed needs assessments, problem solving, and planning in the specific wellness task forces, began with 15 minutes of questions and answers related to personal health, the underlying causes of ill health, and the role of the organizational structure and policy for promoting wellness. Issues specific to each task force were addressed during the next 25 minutes. The remaining time was utilized to address issues brought before the larger group.

In addition to assessing knowledge and imparting information on specific topic areas, the sessions served as a springboard for reflection, discussion, and the opportunity to further examine the overall West Virginia University wellness environmental context. We explored the social, policy, administrative, and physical barriers and assets of the community.

From the beginning, members were encouraged to make changes in lifestyle consistent with their own perceived needs and interests. All changes, however, were voluntary. No exercise classes were held and no special diets required.

Task force members were involved in additional meetings and information gathering outside the regularly scheduled weekly sessions. The nutrition task force members met with university food service and vending machine company representatives about more healthful food alternatives across campus. A compendium of community physical activity resources on and off campus was compiled. The funding task force examined grant possibilities for on-campus wellness and met with West Virginia University administrators about financial and policy support. The addictions and stress task force worked with student health and employee and student assistance program personnel about collaborative efforts to improve well-being on campus. An unsuccessful attempt was made to obtain summary information on employee health insurance utilization. The mental, emotional, and spiritual health task forces met with representatives from mental health and the faith communities. Student Wellness Team members were available to assist the wellness task forces upon request. They also guided the drafting of the separate task force proposals that were submitted to the project coordinator prior to Session 12.

Institutional Outcomes--Each of the task force reports included sections on health risk prevalence, institutional and personal barriers to wellness, proposed university wellness goals and objectives, available wellness resources (people and facilities within the university and the surrounding community), proposed wellness interventions, implementation strategies, possible funding mechanisms, and evaluation guidelines. The five-member steering committee was charged by the group with synthesizing the overall recommendations into a final report that was distributed to the project members, the West Virginia University president, the Vice President for

Health Sciences, the faculty senate, and the staff council. The final report was also made available to the university community at large.

Within the first year following the participatory planning program, institutional policy changes included:

- establishing flextime for faculty and staff for health screenings during work hours.

- establishing wellness programs in university dormitories and daily wellness specials in the university cafeterias.

- establishing the first wellness office on campus with a part-time director, a full-time coordinator, a full-time secretary, three graduate student assistants, and an 11-person volunteer graduate student resource team within the wellness office to facilitate additional participatory wellness programs within departments, and an ongoing wellness advisory committee.

- identifying volunteer wellness coordinators in the academic and non-academic departments on campus.

- working with the volunteer wellness coordinators to facilitate participatory planning wellness programs in 16 departments on campus.

- conducting wellness screenings on 631 faculty, staff, and students.

- developing a campus-based wellness lecture series that delivered 17 lectures to over 350 individuals.

- offering graduate courses in foundations of wellness, wellness assessment, and personal lifestyle management.

- conducting annual 5K fitness walk/run prior to spring semester final exam week.

- hosting an annual West Virginia community wellness conference.

Today, the wellness program continues at West Virginia University with full-blown participation, service, and research missions.

EXAMPLE 3

MEDICAL SCHOOL WELLNESS PROJECT

The goal of the Medical School Wellness Project was to assess, diagnose, design, and implement wellness at the West Virginia University School of Medicine as a means to enhance prevention and health promotion instruction.

Volunteers for the eight-week project were recruited by posters placed throughout the West Virginia University Health Sciences Center, announcements to medical school classes, and flyers distributed to faculty and students. Thirty-five West Virginia University students (ages 23 $\pm$ 2.4 years) and 20 faculty (ages 47 $\pm$10.3 years) volunteered for the project.

The project had four components: (1) eight one-hour consecutive weekly interactive sessions, (2) pre- and post-project health screenings, (3) task forces formed by student volunteers that further examined current health promotion barriers and resources within the School of Medicine, and (4) recommendations for institutional changes, All lifestyle changes were voluntary. No exercise classes were held and no special diets were prescribed. However, individual consultants were made available to assist participants with any desired lifestyle changes.

Empowerment Strategies. The project's weekly one-hour sessions were designed to provide a supportive community for members to learn more about wellness, to stimulate discussion and reflection, promote problem ownership and problem solving, and empower participants to address personal and medical school wellness issues including developing recommendations for health promotion activities, programs, and policies. Areas of focus included personal and institutional responsibilities, nutrition, physical activity, stress, mental/ emotional health, alcohol, tobacco, and other addictions, and the health screening results. The sessions provided a brief conceptual overview that was followed by small- and large-group discussion. Each was facilitated by faculty, staff, graduate students, and other local community resource persons. Each session was conduced at three different sites and times (8 a.m., 12 noon, and 5 p.m.) on campus. In addition, interested individuals were recruited to serve on task forces that further examined different concerns.

Content of Weekly Interactive Sessions and Task Forces. Sessions 1-6 focused on the following wellness issues: personal and institutional responsibilities, nutrition, physical activity, stress management, mental, emotional, and spiritual health, and alcohol, tobacco, and other addictive behaviors. Content was presented as a point of departure for reflection and discussion, rather than as a prescription. The sessions began with a five-minute question-and- answer period, followed by a 20-minute informational session, 20 minutes of small group discussion, and finally 15 minutes of large-group discussion.

To further enhance information exchange, develop a sense of community among members, and promote healthful eating behaviors, Sessions 7 and 12 included potluck meals. Members were encouraged to bring a low-fat dish (less than 20% fat) to share with 4-6 people.

The participatory planning program agendas were addressed in a less formal fashion on these days.

During Session 7, members identified nutrition, physical activity, stress, mental, emotional, and spiritual health, addictive behaviors, funding, and organizational change for further investigation and advocacy. Task forces were formed around these topics, and participants signed up for the one of her/his choice.

Sessions 8-12 addressed needs assessments, problem solving, and planning in the specific wellness task forces. Sessions 8-11 began with 15 minutes of questions and answers related to personal health, the underlying causes of ill health, and the role of the organizational structure and policy for promoting wellness. The issues specific to each task force were addressed during the next 25 minutes. The remaining time was utilized to address issues brought before the larger group.

Task force members were involved in additional meetings and information gathering outside the regularly-scheduled weekly sessions. Presenters were available to assist the wellness task forces upon request and to help draft proposals that were submitted to the project coordinator prior to Session 12.

Pre- and Post-Health Screening: Health screenings were conducted as a means of identifying participant risk factors and lifestyle patterns. All members participated in the screening at the beginning and at the end of the project. This included: (1) physiologic measures of weight, height, blood pressure, resting heart rate and a cardiovascular blood panel (total, HDL- and LDL-cholesterol, triglycerides and glucose), and (2) the HealthPath health risk appraisal, a 75-question, computer-analyzed, paper and pencil assessment which focused on health risk behaviors and traits. The screening results were used as educational tools to interpret personal health risks and behaviors. Individualized reports were provided to each participant and overall (not personal) results were discussed during the first and last sessions of the 12-week program.

RESULTS   *Consensus recommendations included:*

(1) increasing prominence for the medical student advocate;

(2) establishing health promotion as part of the required medical school curriculum;

(3) making healthy foods available in the health sciences center and hospital cafeterias, vending machines, and snack bars;

(4) establishing exercise facilities;

(5) providing more assistance for stress management; and

(6) increasing recognition by administration that the medical school educational process can be debilitating.

Consistent with these recommendations, the following year

- a wellness lifestyle component was integrated into the community medicine course curriculum for second-year students;

- low-fat wellness meal specials were offered daily in the cafeterias;

- healthy snack foods were added to the vending machines;

- the university hospital fitness center was opened for use by third- and fourth-year medical students; ----stress management received additional focus during the orientation of first-year students;

- a "lunch and learn" lecture series on stress management was initiated; and

- and faculty and staff were encouraged by administration to invite students into their lives and homes.

DISCUSSION

The project included listening, dialogue, reflection, planning, and action consistent with public health empowerment techniques that assist individuals and communities in addressing problems in an effective and sustainable manner. Community organizing theory suggests that participatory-based actions growing out of real-life experience become deeply rooted and sustained. Such participation and ownership are key components of both personal and institutional change (Ashton, 1986; Glanz, 1997; WHO, 1986). In addition to the institutional results, the individual risk factor reductions of participants suggest that personal learning translated into living a healthier lifestyle. Because the participants had recognized, defined, and solved their own problems, the empowered actions taken to address the problems were both effective and sustained.

The deliberate inclusion of both student and faculty is effective for helping to positively impact institutional policies. The West Virginia University School of Medicine is very student-oriented. Whereas medical student views are valued highly by the medical school administration, faculty members were more politically astute about how to incorporate health promotion into the medical school curriculum. Faculty and students synergistically impacted institutional change to lessen barriers to a healthy lifestyle and to promote health.

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APPENDIX B

TASKS OF A CHPP COORDINATOR

- Manage and coordinate logistics for CHPP.

- Reserve room for Steering Committee meetings.

- Remind Steering Committee members of meeting time and place each week.

- Take notes at all meetings. Type minutes, and distribute to participants within 48 hours.

- Coordinate Steering Committee activities.

- Send invitations, follow-up on invitations, and recruit Community Advisory Board members.
    - advertisements in local newspapers
    - construct and distributed flyers on CHPP to interested people
    - design and post posters
    - make presentations to appropriate community organizations
    - send personal invitations to key community leaders, decision makers, administrators, natural helpers, and other individuals in positions of authority and/or influence
    - focus special recruitment efforts on laborers, lower-income, and minority groups, which are typically underrepresented in health programs

- Reserve site for CHPP sessions.

- Develop program schedule.

- Contact, make arrangements, and confirm arrangements for all session presenters.

- Assemble materials and equipment for sessions, as needed.

- Arrange for screenings, including personnel to conduct them.

- Deliver and retrieve health screening profiles.

- Be present at all sessions to assist as needed.

- Support participants and presenters as needed.

- Seek sponsors, patrons, funders, and build credibility of Advisory Board to help with goal accomplishment.

CHPP BUDGET

Coordinator
working 10 hours a week for 16 weeks or 160 hours
beginning 4-8 weeks before the initial CHPP session
$15/hr. ($20 per hour if trained at Masters-level)
$15/hr. x 160 hrs. = $2,400
$20/hr. x 160 hrs = $3,200

	$2,400	$3,200
Travel	200	200
Supplies (paper, food, door prizes)	200	200
Communications (telephone, fax, copying, e-mail)	150	150
Health Risk Appraisals ($20 x 20 participants*)	400	400
Blood Lipids Profiles ($10 x 20 participants*)	100	100
Total	**$3,450**	**$4,250**

adjust depending on number of participants

APPENDIX D

Health Screen Information and Protocols

SCREENING EQUIPMENT

1. Two blood pressure cuffs (one obese cuff and one juvenile cuff) and sphygmomanometer

2. Two stethoscopes

3. Scale

4. Flexible cloth tape (7-foot roll)

5. Flexible cloth tape for waist/hips

6. Pocket calculator

7. Sit-and-reach box and large towel

8. Large skinfold calipers

9. Room divider for body fat and waist/hip measurement

10. Statement of confidentiality for technicians

11. Name tags

12. Black magic marker

13. Six tables

14. 20 chairs

15. A phlebotomist to do Blood Draws, or arrangements for these off-site before this session

Statement of Confidentiality

      I understand that my work, although volunteer, with the_____ screening is in a professional capacity and that any information or behavior that I observe as a part of the screening will be handled with the utmost confidentiality and will be shared with no other individual other than _____.

_____
       My name (please print)

_____   _____
       Date   **My Signature**

                                  _____
                                   Signature of Witness

REGISTRATION PROTOCOL
for
HEALTH SCREENING

Purpose:

1. Welcoming area: Serves as the initial focal point of the screening
2. Information: Provides the necessary guidance and instructions for the participants
3. Coordination: Assures that the screening flows smoothly

Aids and Methods:

1. A large table with a clean, white table cover
2. Chairs for registration staff and participants
3. Appropriate registration forms
4. Manila file folders
5. Pencils/pens
6. If available/appropriate, a table centerpiece (e.g., fruit bowl, flowers)

Procedures:

1. Wear a white top, name tag, and dark blue slacks/skirt.

2. Greet participants in a pleasant manner to make them feel comfortable and at ease. Professionalism of the registration staff is very important, as it can reflect on the entire health screening.

3. Briefly explain the forms that will need to be completed.

4. Describe briefly the stations that participants will be visiting (can use screening checklist).

Forms:

Give participants the following forms: (1) sheet explaining lab fees, (2) blood analysis form, (3) Consent form, (4) PAR-Q, (5) checklist, (6) personal record, (7) permanent address form, (8) McReger Healthy Lifestyle Questionnaire, (9) SCL-90-R, (10) SF-36, (11) Lakeview Fitness Center consent form, (12) screening evaluation form.

- The first form to be completed is the blood analysis form, which registration will deliver to the phlebotomist.
- Participants will be given directions to completed the forms in a private, quiet area provided by screening staff.
- Forms will be returned to the registration staff to reassemble before participants begins the screening. Staff will direct the participants to the first screening station.

After Screening:

1. Recheck participants' forms (front and back) for completion and signature. Check to see if they missed a station.
2. Make sure that name, address, and social security numbers appear are listed at the appropriate locations on forms.
3. Ask participants to complete the screening evaluation form (evaluation forms will be placed in a separate stack).
4. Organize forms in file folder.

VERY IMPORTANT: THANK THEM FOR PARTICIPATING!!!

BLOOD PRESSURE PROTOCOL

Purpose:

The overall purpose of this assessment is to accurately determine an individual's normal resting blood pressure.

Aids and Methods:

Aids will include a stethoscope and a sphygmomanometer (with various cuff sizes for an adult, a large adult, and a child). The methods for blood pressure determination will generally follow the procedures established by the American Heart Association's "Recommendations for Human Blood Pressure Determination by Sphygmomanometers."

Procedures:

1. Introduce yourself.

2. Seat the individual in a quiet, comfortable environment with arms resting at approximately heart level. Explain to the individual that he/she needs to sit quietly and comfortably for about 5 minutes without talking, reading, eating, or drinking in order to achieve a resting heart rate and, therefore, a more accurate resting blood pressure reading.

3. Place the manometer at eye level, sufficiently close to read the calibrations marking the gauge.

4. Locate the brachial artery along the inner upper arm by palpation.

5. Wrap the cuff smoothly and snugly around the arm, centering the bladder over the brachial artery (note the position of the brachial artery guide on the cuff and adjust if necessary). The lower margin should be about 2.5 cm above the antecubital space. NOTE: If circulation is impaired, the cuff is too tight.

6. Position the stethoscope over the palpated brachial artery below the cuff at the antecubital fossa. Earpieces should point forward, and the bell head of the stethoscope should be applied with light pressure using the index or middle finger (not the thumb). NOTE: Explain to the individual that you are going to take three independent blood pressure readings and average among the three.

7. Rapidly and steadily inflate the cuff to the maximal inflation level.

8. Release the air in the cuff so that the pressure falls at a rate of 2 to 3 mm per second.

9. Note the systolic pressure at the onset of at least two consecutive beats for both adults and children. Blood pressures should always be recorded in even numbers and read to the nearest 2 mm Hg mark on the manometer.

10. Note the diastolic pressure at the muffling for children and the cessation of sound for adults. When the last sound is heard, that is the diastolic blood pressure in adults. Listen for 10 to 20 mm Hg below the last sound heard to confirm disappearance, and then deflate the cuff rapidly and completely (gently squeeze out excess or trapped air if necessary).

11. When recording blood pressures, record the cuff size, the arm used (left or right), and systolic/diastolic blood pressures (for example: adult cuff, left arm 120/68 mm Hg; (2nd reading); (3rd reading).

12. Wait 1 to 2 minutes before repeating the procedure to permit the release of blood trapped in the arm veins.

13. Three separate blood pressure readings should be taken per individual, and the average of the three will be recorded as the resting blood pressure.

14. The individual administering the assessment should maintain a professional, nonjudgmental manner at all times:

    a. Respect an individual's right to privacy and confidentiality. Do not discuss a subject's readings with others, especially other subjects. Keep all information **confidential**.
    b. Do not "diagnose" someone who appears to have an abnormal reading (it may be appropriate to advise an individual to see a physician if readings appear to be abnormal, but only a physician can make a diagnosis).
    c. Do not use rude, vulgar, or inappropriate language in the presence of subjects, and avoid nonprofessional, inappropriate conversations as well. Be pleasant, friendly, and professional at all times.

BODY FAT PROTOCOL

Purpose:

The purpose of the skinfold assessment is to accurately measure a subject's body mass or percentage of body fat through measurements taken at various sites on the body.

Aids and Methods:

For this measurement, a precalibrated Skyndex electronic skin caliper is used along with a percent fat chart (for example, the chart found in *The Y's Way to Physical Fitness*, pp. 79-82). Methods used are based upon information supplied by the Skyndex manufacturers with slight modifications to the assessment procedure.

Procedures:

1. Set aside two enclosed, secluded areas (one for males, and one for females) for assessing body fat. Assessments should be performed on a same-sex basis (a male assessing males, and a female assessing females).

2. Plug in and charge the Skyndex calipers for approximately one-half hour before use. Calibrate the calipers before use as well.

3. Introduce yourself to the subject.

4. Ask the subject his/her age and set the calipers accordingly.

5. Take all measurement's from the right side of the subject's body.

6. Take a skinfold measurement from the triceps of the right arm (measure vertically on the back of the arm midway between the top of the shoulder point and the elbow).
    a. Grasp the fold of skin firmly between the left thumb and four fingers, then lift it up. Pinch and lift the fold several times to be certain that no muscle is grasped.
    b. Continue to hold the skinfold and place the contact surface of the skin calipers just below the thumb and fingers.
    c. After the skinfold measurement has been taken, lock in ready on the calipers.

7. Take a skinfold measurement of the biceps of the right arm (measure vertically over the midpoint of the muscle. Repeat steps 6a through 6c for the biceps measurement.

8. Take a skinfold measurement at the subscapula (measure at a 45-degree angle just below the top of the scapula). Repeat steps 6a through 6c for the subscapula measurement.

9. Take a skinfold measurement at the iliac crest (measure a 45-degree angle directly on top of the crest of the hip in line with the axilla, i.e., the armpit). NOTE: It may be appropriate to

ask the subject to locate this site initially before applying the calipers. Repeat steps 6a through 6c for the iliac crest reading.

11. A total of all four readings will be given on the Skyndex display. Record this number as total body fat.

12. A percent fat chart is used to determine the percent of body fat as derived from the total body fat measurement and the subject's age.

13. The individual administering the assessment should maintain a professional, nonjudgmental manner at all times:

   a. Respect an individual's right to privacy and confidentiality. Do not discuss a subject's readings with others, especially other subjects. Keep all information **confidential**.
   b. Do not "diagnose" someone who appears to have an abnormal reading (it may be appropriate to advise an individual to see a physician if readings appear to be abnormal, but only a physician can make a diagnosis).
   d. Do not use rude, vulgar, or inappropriate language in the presence of subjects, and avoid nonprofessional, inappropriate conversations as well. Be pleasant, friendly, and professional at all times.

SIT AND REACH PROTOCOL

Purpose:

      The overall purpose of this assessment is to test the flexibility of the joint site in the lower back and muscle flexibility in the legs (hamstrings) and lower back.

Aids and Methods:

      The aid used for this assessment is the sit-and-reach box, and methods have been adapted from The Y's Way to Physical Fitness, 1989, pp. 108-109, 142.

Procedures:

1. Introduce yourself.

2. Ask if the subject has any type of back problem that would not permit them to participate in this assessment. If the answer is yes, do not proceed (make a note of the reason for nonparticipation on the subject's paperwork).

3. Instruct the subject to remove his/her shoes in order to achieve a more accurate measure.

4. Instruct the subject to sit on the floor with feet flat against the front of the sit-and-reach box and knees flat against the floor.

5. Explain how to position the hands (arms straight with one hand on top of the other and fingers pointing forward).

6. Explain that he/she is to reach as far as possible across the ruler on the top of the box **4 separate times** (for example: "reach-relax, reach -relax...") while keeping the knees flat against the floor at all times. Place your hand gently on their knees.

7. Instruct the subject to begin. As he/she reaches, count aloud with each independent reach (for example: "one, two, ... and four"), while at the same time marking the **farthest effort only** with your finger on the box. After the fourth reach, record the best reach in inches (or centimeters, depending on ruler). The scale (ruler) should range from - 6 inches to + 6 inches, with "0" being at the toes.

8. The individual administering the assessment should maintain a professional, nonjudgmental manner at all times:

    a. Respect an individual's right to privacy and confidentiality. Do not discuss a subject's readings with others, especially other subjects. Keep all information **confidential**.
    b. Do not "diagnose" someone who appears to have an abnormal reading.
    c. Do not use rude, vulgar, or inappropriate language in the presence of subjects, and avoid nonprofessional, inappropriate conversations as well. Be pleasant, friendly, and professional at all times.

HEIGHT AND WEIGHT PROTOCOL

Purpose:

The overall purpose of this assessment is to accurately measure and individual's height to within 1 inch and weight to within 0-2 pounds.

Aids and Measures:

Aids for these measures are a calibrated scale, a 7-foot wall chart for height (measuring tapes), a stool, a straight edge, and tape. Methods are standard with calibrated and tested instruments.

Procedures:

1. Introduce yourself.

2. Calibrate and test equipment before screenings begin. Tape the height chart to an unobstructed wall and check for accuracy using an additional measuring tape. Check scale against a set weight.

Height

3. Ask the subject to remove his/her shoes and stand with his/her back flat against the middle of the height chart (feel should be together and about 1/2 to 1 inch from the wall.

4. With the individual looking straight ahead, take the straight edge and firmly place it on the top of the head while pressing the back of the straight edge against the chart (making sure the straight edge is level). NOTE: Make certain you are looking down or are at eye level with the straight edge (it may be necessary to use a stool).

5. Record the measurement by rounding up or down from the nearest 1/2 inch.

Weight

6. Make certain that the subject has removed his/her **shoes** and any other heavy clothing within reason in order to obtain a more accurate reading.

7. Have the individual step onto the scale standing straight and as still as possible in the middle of the scale until the digital readout stops changing (if using a digital scale) or until the scale is balanced at 0 after manipulation of the weights (if using a balance scale).

8. Weigh the individual once, and record weight after the scale has stabilized.

9. The individual administering the assessment should maintain a professional, nonjudgmental manner at all times:

a. Respect an individual's right to privacy and confidentiality. Do not discuss a subject's readings with others, especially other subjects. Keep all information **confidential**.
b. Do not "diagnose" someone who appears to have an abnormal reading (it may be appropriate to advise an individual to see a physician if readings appear to be abnormal, but only a physician can make a diagnosis).
c. Do not use rude, vulgar, or inappropriate language in the presence of subjects, and avoid nonprofessional, inappropriate conversations as well. Be pleasant, friendly, and professional at all times.

BLOOD DRAW PROTOCOL

These protocols are followed by the phlebotomist or nurse who will conduct the blood draw.

GLOSSARY OF BLOOD COMPOUNDS

Glucose

Glucose is the sugar floating free in the blood. The glucose test is performed to detect adult-onset diabetes. (Juvenile-onset diabetes is a different disease.)

Reference range: 65.0 to 130
Recommended levels: 115 and below

Suggestions: Adult-onset diabetes (95% of cases) is usually caused by a diet high in fats (derived from meats, cheeses, eggs, oil, etc.) and low in fiber. Correcting the offending diet is an essential first step. Exercise will help lower blood sugar levels. For overweight people, weight loss also helps.

Cholesterol

Cholesterol is a fatlike substance the body uses to make cell walls and hormones as well as for other functions. The body produces all the cholesterol it needs. Saturated fats and cholesterol in the diet may produce excess cholesterol which can build up on the artery walls and narrow the blood path to the heart. A heart attack occurs when an artery becomes so clogged that it cannot carry blood to the heart.

Reference range: 150 to 240 (depending on age)
Recommended values: 180 and below
Ideal values: 150 and below

Suggestions: To lower total cholesterol, eat a diet that is high in complex carbohydrates (vegetables, fruits, whole grains, peas, beans and lentils) and low in fat (reduce intake of meats, oils, whole mild, cheese, and eggs).

HDL (High-Density Lipoproteins)

HDLs are the "good" cholesterol in the blood. The presence of increased amounts of HDL has been associated with a noticeable lack of heart and artery disease.

Recommended values: cholesterol/HDL ratio of 4.5 and under
Ideal values: cholesterol/HDL ratio of 3.5 and under

Suggestions: Aerobic exercise will help improve the cholesterol/HDL ratio.

Triglycerides

Triglycerides are also fats found circulating in the blood. High triglyceride levels have been associated with an increased risk of heart disease, diabetes, and poor circulation

Reference range: 50 to 200
Recommended values: 150 and under

Suggestions: Exercise, high-fiber foods (starches and vegetables), and weight loss will lower triglycerides to healthy levels. By contrast, triglyceride levels are elevated by eating high-fat foods, drinking alcohol, and by eating simple sugars.

SAMPLE
This is your official registration activities CHECKLIST

Please check off the items below as you complete them. After you have finished, please return this form to the registration desk.

___   Registration list   -make sure we have your correct name, address, and phone number

Choose a seat around the table and deposit your belongings. Then proceed immediately to:

HEALTH SCREENING: PART I — visit each station to record:

___	Blood pressure	_____
___	Pulse	_____
___	Height	_____
___	Weight	_____
___	Waist	_____
___	Hip	_____
___	Waist/Hip Ratio	_____
___	Body Fat	_____
___	Sit and Reach	_____
___	Blood draw	_____

HEALTH SCREENING — PART II

___   Collect **health screening packet** (with your name on it) at registration desk

___   Complete all parts of the **health screening packet**

___   Return both the **packet** and **this sheet** to the registration desk. At the same time,

HEALTH SCREENING PERSONAL RECORD

Blood pressure   _____

Pulse   _____

Height   _____

Weight   _____

Waist   _____

Hip   _____

Waist/Hip Ratio   _____

Body Fat   _____

Sit and Reach   _____

Blood Draw   _____

Recommended healthful guidelines to follow during CHPP

• Park in designated area at _____

• Observe confidentiality regarding information shared

• Bring an open mind

• Display a willingness to participate

• Commit to behavior change

• Exercise moderately and sensibly

• Drink at least four 8-ounce glasses of water daily

• Drink 8 ounces of water for each 20 minutes of exercise

• Reduce tobacco intake by 50 percent (smoke only in parking lot area)

• Do NOT consume caffeinated beverages during class times (coffee, tea, soft drinks)

• Keep fat content below 20 percent of total calories consumed

• Reduce sodium intake to less than 2 grams daily

• Consume 25-30 grams of fiber daily: fruits, vegetables, cereals, grains, legumes

• Do NOT consume meat, chicken, turkey, or fish during the week (that is, don't eat anything with a mother!)

• Do NOT consume alcohol during the week

Healthy Lifestyle Questionnaire

Name:_____   Date:_____

Please indicate your weekly lifestyle behaviors for each of the following:

Physical Activity/Exercise: Give yourself **2 points** for each day per week you
engage in physical activity/exercise (brisk walking, cycling, jogging, swimming,
aerobic dancing, active sports, gardening) for at least 30 minutes. **(10 point maximum)**   _____

Television watching: Give yourself **10 points** if you watch 7 or less hours per week.
Subtract 2 points for each additional 3 hours per week of television watched.   _____

Tobacco use: Give yourself **10 points** if you do not currently use tobacco products;
5 points if you smoke a pipe or cigars only, or currently smoke less than 10 cigarettes
per day; **0 points** if you currently smoke ten or more cigarettes daily.   _____

Seat belt use: Give yourself **10 points** if you always wear your seat belt when driving
or riding in a car; most of the time = **8 points**; half the time = **5 points**; seldom or
never = **0 points**. **(10 points maximum)**   _____

Mental, emotional, spiritual health: Give yourself **10 points** for engaging in one hour
of activities that promote mental, emotional and/or spiritual health per week (e.g.,
worship, fellowship, counseling, meditation, yoga, Tai Chi, journal writing); 30 minutes
per week = **5 points (10 points maximum)**   _____

Social support: Give yourself **2 points** for each time (or 10 minutes per
week) you share problems or joys and/or get help from a good social support
system (family, friends, church, etc.). (**10 points maximum)**   _____

Sleep: Give yourself **10 points** if you average 7-9 hours of sleep per night; **7 points**
for 6 or 10 hours per night; **4 points** for 5 or 11 hours per day. **(10 points maximum).**   _____

Eating: Give yourself **2 points** for every serving of vegetables (1/2 cup) and/or fruit
you eat per day **(18 points maximum).**   _____

Water: Give yourself **2 points** for every 8 oz.cup of water and/or juice you drink
per day. (**10 points maximum).**   _____

Rate your overall health (circle the appropriate number) **(10 points maximum)**

/_____10_____/_____8_____/_____5_____/_____2_____/_____0_____/   _____
Excellent   Good   Poor

                                                                      TOTAL   _____

***Total your points (up
to 100) to determine
your relative health
lifestyle***

90 and higher	= excellent
80-89	= very good
70-79	= good
60-69	= acceptable
Less than 60	= needs more attention

APPENDIX F

Community Ability to Create Wellness Changes (Social Capital)

We appreciate your efforts on behalf of a better quality of life in the _____ area. Your response to the items on this page will be helpful. Place a check along the line to indicate your feelings about this community-building process. **This survey is anonymous.**

INDICATE YOUR SENSE OF:

Commitment to the process

_____
None   **Very Strong**

Enjoyment of the process

_____
None   **Very Strong**

Confidence that process will achieve outcomes

_____
None   **Very Strong**

Shared purpose among group members

_____
None   **Very Strong**

Your contribution is valued

_____
Not at all   **Very Strong**

You tend to trust the process

_____
Not at all   **Very Strong**

Any other comments about the group_____

_____

_____

Thank you for completing this survey.

Handling Difficult Situations &
Unproductive Group Dynamics

<u>*General Guidelines*</u>

For Disruptive Behaviors That Become Problematic Try:

- Viewing the behavior as an interesting challenge rather than as a personal affront.

- Realizing that difficult behavior can be an opportunity for you to gain credibility with the rest of the group by the methods you use to deal with it.

- Attempting to see the situation from the difficult participant's viewpoint rather than assuming that the behavior is random and unfounded.

- Recognizing that difficult persons who are won over by facilitator effectiveness are often ultimately the most supportive of the effort, and they're often the first to comment on the leader's skills.

- Remaining collected and professional outwardly even if you feel inwardly frustrated, impatient, or angry.

Joking Relentlessly

Manifestations:

Gets carried away with own sense of humor; uses humor to belittle effort or others.

Tips for Handling:

- Ignore unless other participants seem to resent or be the target of the humor.

- Ask the joker a serious question; if a nip or humorous response follows, say that you're serious about your question and that you'd like to know the participant's real response.

- If all else fails, talk to the person privately, indicating that you value humor but fell that it has gotten out of hand and that it is becoming disruptive to the workshop objectives and group dynamics.

Speaking for the Group

Manifestations

Expresses opinions allegedly "on behalf of the group"; assumes the mantle of authority.

Tips for Handling

- Acknowledge participant's behavior feelings or opinions as valid for the participant to have.

- When you feel participant has overstepped reasonable boundaries, say something like, "I'd like to find out whether others agree with you. Let's hear from a few other people."

- For chronic offenders-repeat above tactic as many times as necessary.

Dominating Discussions

Manifestations

Talks too much and too often.

Tips for Handling

- Interrupt tactfully with a direct question or a summarizing statement.

- Record the participant's comments in a visible place.

- Allow members of the group to handle, if you think they will.

- Say, "That's an interesting point...Now let's what someone else has to say."

- For chronic abusers, confront diplomatically but directly in private.

Expressing Hostility Toward Leader

<u>Manifestation</u>

Acts combatively; jumps to conclusions; attacks trainer's thoughts or ideas; attacks relevance or course materials.

<u>Tips for Handling</u>

- Ask participant to restate what he or she particularly disagrees With.

- Acknowledge viewpoint and clarify any misconceptions.

- Avoid letting the group become argumentative in response.

- Avoid letting your own temper inflame the situation.

Interrupting

Manifestations

Won't let others complete their thoughts; cuts leader or others off.

Tips for Handling

- Politely, but firmly, stop the interrupter cold.

- Indicate that you're interested in his or her thoughts, but that someone else has the floor.

- Allow the interrupter to speak after the original speaker is finished.

   For chronic abusers-discuss in private how interrupting affects others and ask how you can be helpful in aiding the person 10 stop interrupting.

Coming In Late

Manifestation

Arrives at any point after the clearly-communicated start time.

Tips for Handling

- Start on time to discourage future tardiness.

- Avoid starting over for latecomers.

- Use break time to fill latecomers on what transpired.

- For chronic abusers – indicate in private how tardiness affects the rest of the schedule and the group (or confront in the full group if many are guilty of tardiness).

Getting Involved in Conflict With Other Participants

Manifestations

Expresses opinions diametrically opposed to others' views so often as to appear manipulative; seems to argue for the sake of polarizing; creates win-lose dynamics.

Tips for Handling

- Avoid taking sides.

- Try to find common ground between divergent viewpoints.

- Ask others for any possible points of agreement they hear in listening to the divergent viewpoints.

- Indicate that the discussion is useful but that you don't want conflict to derail the session.

- For chronic abuser-discuss in private with all concerned the affect conflict is having on group dynamics.

- Indicate that you'd like the session to remain non-combative; find merit in one point -if possible-acknowledge it, and move on

- For chronic abusers – discuss privately to try to gain cooperation. Try to decide why person isn't talking (boredom, nervousness, insecurity, discomfort with groups, was attacked earlier).

Being Difficult to Satisfy in Relation to Questions Posed

Manifestations

Doesn't accept trainer's responses as sufficient; restates questions repeatedly, asking for more and more detail.

Tips for Handling

- Avoid trying to prove your expertise.

- Relay person's question to the group for response.

- When an appropriate response has come from members of the group, acknowledge it, express your agreement, and indicate that it's time to move on.

- For any given question that has gotten out or hand, indicate that you'd be glad to spend more time with the participant during breaks or at the end of the session

- For chronic abusers-let the person know in private that his or her need for detail exceeds that of other group members and that the two of you will have to find an alternate way of responding to person's questions.

Not Participating

Manifestations

Appears quiet and reserved; hesitates to contribute; avoids involvement in discussions/exercises.

Tips for Handling

- If you suspect boredom, try to create interest by soliciting opinion.

- If you suspect nervousness, insecurity-reinforce even the slightest contribution positively.

- If you suspect withdrawal because of earlier attack-draw out directly and acknowledge value or validity of response.

- When asking question, make eye contact with person.

- Draw out a participant sitting next to quiet one, then turn to quiet one for comment on what's just been said.

- Go around the whole group to get everyone's ideas/comments in seating order.

- If all else fails, ask during a break if the participant is generally this quiet or if he or she is reacting in any way to the effort or to the group dynamics.

Brainstorming

- Widely-recognized technique.

- Used to encourage creative thinking.

- Useful in identifying causes or developing solutions.

- Useful in developing new ideas, approaches, processes, etc.

- Encourages participation.

- Different than list making – No analysis and evaluation.

- Uninhibited process of generating greatest possible number of Ideas – No censoring, analysis, or evaluation.

<u>**Rules for Brainstorming**</u>

- Encourage everyone to participate.

- Don't inhibit yourself or others.

- Encourage free-wheeling. It may provoke thoughts from others.

- Don't criticize or evaluate ideas offered.

- Record all ideas.

- Let ideas incubate…allow silence to occur.

Group Decision-Making

Decision by Plop

Someone suggests an idea and no one reacts. Another person suggests an idea and no one reacts. The group continues this process until it finds an idea that it will act on.

Decision by Authority

Chairperson/leader telling the decision or listening to ideas and then single handedly making the decision.

Decision by Minority Rule

Someone suggests an idea and acts on it right away with no discussion from other members.

Decision by *Maiori11' Rule*

Voting...How many for and how many opposed.

Decision by *Consensus*

All members feel they have an opportunity to express their ideas, that their ideas were listened to and although the group may not agree with them, that they will abide by and support the group's decision.

Decision by Multi-voting

Conducting a straw poll or votes to select the most important items from a list with limited discussion and difficulty. Each series of votes cuts the list in half or so, making it more workable.

PHYSICAL ACTIVITY BEST PRACTICES-- Integrating the CHPP PROCESS INTO YOUR PLANNING

1.   **Leadership, Planning, Management, and Coordination**

No program or community effort stands alone. CHPP gives community leaders the chance to integrate their passions and pet projects in one meeting and location. Community leaders have limited time and are looking for avenues that will best maximize their limited resources (time, money, energy, influence). By offering a CHPP program in your area you will allow the right people to come together to plan the right project with a proven and comprehensive approach to community organizing.

2.   **Environmental, Systems, and Policy Change**

Meaningful and sustained change must begin with environmental, systems, and policy change. Begin the CHPP process with these issues on the front burner. Many programs and campaigns have a limited run because these issues are not in the forefront of planning and organizing. Remember the ultimate goal of CHPP is to maintain change. To maintain change, the culture of the community must evolve. CHPP invites the community to think through the process in a systematized manner. When the environment (business, home, church, and community), systems (how things are done) and policy (regulations or cultural norms) all support health and wellness, change sustains and the foundation is laid to move to even more meaningful experiences with the CHPP process.

3.   **Mass Communication**

Utilizing the media is the best way to get your message out. Whether the message is delivered in a paid ad, earned media, or even public service announcement format, the media is your best method to reach the most people in a systematized way. This is a relatively new concept to health educators and community organizers as we have viewed the media as an appendage to the process. CHPP maintains that the media is a true partner in the process as a part of the steering committee, lifestyle sessions, and eventual advisory board. The media is valuable and allows for a message to reach a vast number of people. Most programs cannot even begin to hope to have the influence it wants without the media. Developing a consistent and simple message will make the CHPP movement important. When a message is viewed as important, people will want to be involved. The media will assist your CHPP process in finding other community people who can help that otherwise you might miss and that you may have

never been aware of. Time spent educating public relations and media people about your CHPP is time well spent. They can spread the word, get the message out, and make your job easier.

4. Community Programs and Community Development

CHPP is all about building community to develop community programming and self-reliance. A good community program can save lives and improve the quality of life of many. Getting to the vital stages of a project can be time consuming and energy draining. CHPP helps a community build capacity, focus, and synergize for the right program at the right time. CHPP has also proved to be a great way to garner resources and to make all members of the coalition feel part of the process without each member giving up their own issues/priorities. CHPP means we will get to our individual concerns in turn. The community becomes a focused machine with a process to get things done. Through CHPP every member of the group has a voice and a way to make things happen for the community.

5. Programs for Children and Youth

CHPP works well when planning youth, adult, environmental, and special programs.

6. Health Care Delivery

With all the concern and emphasis on the health care crisis in the United States, a process like CHPP allows the local community group to identify and synergize community problems, resources, and solutions. Health care delivery, like any other program, subject, or service can be addressed and tackled with the CHPP process. Remember, we need a method to impact the program, subject, or service in a meaningful way **and** that will allow the interested group to make a difference. A strategic process will impact the health care delivery system in the most positive of ways and build the team necessary to not only impact meaningful change in the industry but to sustain the change.

7. Surveillance, Epidemiology, and Research

CHPP is a good process for research by mobilizing talents, which surpass those of any of the members. Because the process is linear and comprehensive, it gives the researcher an excellent venue to both observe the process and measure the progress. CHPP believes strongly in the need to access existing data as well as measure the effectiveness of health promotion and community organizing efforts. Only with a scientific mind will we be able to say what really works in making a difference in the lives of our fellow citizens. We encourage any community to team with a local academic institution or organization to observe and measure the process. When we know what works, we can write it down, and we can replicate it.

APPENDIX I

RESPONSIBILITIES OF HEALTH EDUCATORS*

The seven **Responsibilities of the Health Educator** are the essence of what a health educator does in the community. The entire Community Health Participatory Planning (CHPP) process is focused on promoting these responsibilities, skills, and competencies.

CHPP personalizes community health promotion by involving participants in their own personal health as well as the health of their community. The goal of CHPP is to provide a personal context for a first hand, meaningful understanding of the problems involved in effectively addressing health issues. Through interaction with a diverse community group over several months while engaging in one's own journey toward wellness, each participant can better appreciate the challenges, barriers, and rewards of making lifestyle change. This CHPP environment is a rich classroom for reflection, dialogue, insights, and developing social capital.

1 = This competency in place   2 = Need to develop this competency

Responsibility I - Assessing Individual and Community Needs for Health Education	1	2
Competency A: Obtain health-related data about social and cultural environments, growth and development factors, needs, and interests. Sub-competencies/ Able to:		
1: Select valid sources of information for health needs and information.		
2: Utilize computerized sources of health-related information.		
3: Employ or develop appropriate data-gathering information.		
4: Apply survey techniques to acquire health data.		
Competency B: Distinguish between behaviors that foster and those that hinder well-being. Sub-competencies/ Able to:		
1: Investigate physical, social, political, emotional, and intellectual factors influencing health behaviors.		
2: Identify policies that tend to promote or compromise health behaviors.		
3: Recognize the role of policy and environment in shaping patterns of health behavior.		
4: Engage in conflict resolution.		
Competency C: Infer needs for health education on the basis of obtained data. Sub-competencies/ Able to:		
1: Examine needs assessment data.		
2: Determine priority areas of need for health education including areas of policy and environment.		
3: Develop statement of need.		

Disclaimer: The intricacies of conducting a formal needs or asset assessment are beyond the scope of CHPP. This will be covered in an additional workshop. You may want to consult Green and Kreuter, *Health Promotion Planning*, 1999.

Community members commit to being together for 12 weeks to address personal and community wellness. Thus, the baseline assessment and the informational sessions undertaken during the first six weeks focus on better understanding personal and community problems. Because of the shared experiences of the participants and a supportive environment, participating members come to appreciate the community's problems at a deeper level than they would by simply receiving information. This is essential to the planning process as these introductory activities set the stage for informed planning.

Beginning with week six of the 12-week program, participants volunteer for one of a number of group-defined task forces. One task force will deal with needs assessment, which is comprised of epidemiologic, behavioral, environmental, educational, and ecological assessments (See Green and Kreuter, *Health Promotion Planning*, 1999). Generally, community members with the skills to access and interpret primary and secondary data will readily volunteer (Can you believe that some folks actually enjoy this?).

Asset assessment is as crucial as any component of community endeavors for it determines the spectrum of available resources. Since no two communities are alike, it is important to learn how to build community programs that capitalize on available resources.

		1	2
Responsibility II - Planning Effective Health Education Programs			
Competency A: Recruit communication organizations, resource people, and potential participants for support and assistance in program planning. Sub-competencies/ Able to:			
1: Communicate need for the program to those who will be involved.			
2: Obtain commitment from personnel and decision makers who will be involved in the program.			
3: Seek ideas and opinions of those who will affect or be affected by the program.			
4: Incorporate feasible ideas and recommendations into the planning process.			
Competency B: Develop a logical model and/or sequential plan for a health education program. Sub-competencies/ Able to:			
1: Determine the range of health information requisite for a given program.			
2: Organize the subject areas comprising the scope of a program in logical sequence.			
Competency C: Formulate an appropriate work plan and/or measurable program objectives. Sub-competencies/ Able to:			
1: Develop a framework of broadly-stated operational objectives relevant to a proposed health education program.			
Competency D: Design programs consistent with specified program objectives. Sub-competencies/ Able to:			
1: Matched proposed program activities with those implicit in the stated objectives.			
2: Formulate a wide variety of alternative educational methods.			
2: Select strategies best suited to implementation of program objectives in a given setting.			
3: Plan a sequence of learning opportunities building upon and reinforcing mastery of preceding objectives.			

The planning process is solidly initiated by recruiting community stakeholders and members at large (first tasks in CHPP). Involvement of the local health department, voluntary associations (American Heart Association, American Cancer Society, etc.), politicians, laborers, members of minorities, and the local media, among others, provides expertise and skills not otherwise available. These people become the eyes, ears, hands, and voice in accomplishing the planning process with sensitivity and competency.

Assuming that the community has no predetermined idea as to which problem is the most pressing, the task forces will examine different problems, assets, and potential solutions. The goal of the 12-week CHPP is then to determine the focus for the community.

If the needs assessment has already been accomplished prior to CHPP, the task forces can move the planning process forward by setting goals and objectives. For example, key members

of the CHPP Steering Committee may have determined that the greatest need is increased physical activity. In this case, the informational sessions and the task forces direct their energies toward the key components of an appropriate intervention.

Each task force submits its report to the Steering Committee prior to the final session. During the final session, the task forces give an overview of their activities and efforts to the rest of the group. The final report of CHPP activities is a summary statement prepared by the health educator. Although this concludes the work of the Community Health Participatory Planning process, now is the most satisfying work begins, i.e., program implementation.

1 = This competency in place   2 = Need to develop this competency

	1	2
Responsibility III - Implementing Health Education Programs		
Competency A: Exhibit competence in carrying our planned programs. Sub-competencies/ Able to:		
1: Employ a wide range of educational methods and techniques.		
2: Apply individual or group process methods as appropriate to given learning situations.		
3: Utilize instructional equipment and other instructional media.		
4: Select methods that best facilitate practice of program objectives.		
Competency B: Formulate objectives as needed to implement programs in specified settings. Sub-competencies/ Able to:	1	2
1: Ascertain present abilities and knowledge relative to proposed program objectives.		
2: Develop subordinate measurable objectives as needed for instruction.		
Competency C: Select methods and media best suited to implement program plans for specific groups. Sub-competencies/ Able to:		
1: Analyze learner characteristics, legal aspects, feasibility, and other considerations influencing choices among methods.		
2: Evaluate the efficacy of alternative methods and techniques capable of facilitating program objectives.		
3: Determine the availability of information, personnel, time, and equipment needed to implement the program for a given audience.		
Competency D: Monitor program development, adjusting short-term objectives and activities as necessary. Sub-competencies/ Able to:		
1: Compare actual program activities with the stated objectives.		
2: Assess the relevance of existing program objectives to current needs.		
3: Revise program activities and objectives as necessitated by changes in learner needs		
4: Appraise applicability of resources and materials relative to given educational objectives.		

Prior to implementing a program, CHPP members are recruited to serve on the program's Advisory Commission. After the 12 sessions, some members will be enthusiastic about ensuring that their ideas are property implemented and thus will want to serve on this Commission.

After a thorough needs assessment, asset mapping, planning, and the assistance of a strong Advisory Commission, implementing a program is a joy. This Commission assists in communicating with the media, community agencies, special populations, and the overall target population. In fact, a good Advisory Commission includes members of all of these groups.

In program implementation, it is important to remember that all new programs need constant monitoring and nurturance.

1 = This competency in place   2 = Need to develop this competency

	1	2
Responsibility IV - Evaluating Effectiveness of Health Education Programs		
Competency A: Develop plans to assess achievement of program objectives. Sub-competencies/ Able to:		
1: Determine standards of performance to be applied as criteria of effectiveness (i.e., B.M.I., weight, walking--policy and/or environmental factors		
2: Establish a realistic scope of evaluation efforts.		
3: Develop an inventory of existing valid and reliable tests and instruments.		
4: Select appropriate methods for evaluating program effectiveness.		
Competency B: Carry out evaluation plans. Sub-competencies/ Able to:		
1: Facilitate administration of the tests and activities specified in the plan.		
2: Utilize data-collection methods appropriate to the objectives.		
3: Analyze resulting evaluation data.		
Competency C: Interpret results of program evaluation. Sub-competencies/ Able to:	1	2
1: Apply criteria of effectiveness to obtaining results of a program.		
2: Translate evaluation results into terms easily understood by others.		
3: Report effectiveness of educational programs in achieving proposed objectives.		
Competency D: Evaluate findings for future program planning. Sub-competencies/ Able to:		
1: Explore possible explanations for important evaluation findings.		
2: Recommend strategies for implementing results of evaluation.		

It is essential that there be an evaluation component for all programs. Evaluation should be based on the goals and objectives established during the planning process. CHPP participants often can recruit academics to take charge of the evaluation framework. The involvement of public health representatives and academics in evaluation can be a match made in heaven, since it is essential that program effectiveness (or ineffectiveness) be documented. Academics need to publish, and we need to know if we have made any kind of difference with our programs. The resulting synergistic relationship motivates talented people to work together for the common good.

In CHPP, there is a baseline assessment (physiologic measures, social capital, behavioral assessment) conducted in the first session, which is then repeated prior to the last session. Analysis of the difference between the baseline and post-assessment can assist in evaluation of the group effort.

1 = This competency in place   2 = Need to develop this competency

	1	2
Responsibility V **Coordinating Provision of Health Education Services**		
Competency A: Develop a plan for coordinating health education services. Sub-competencies/ Able to:		
1: Determine the extent of available health education services.		
2: Match health education services to proposed program activities.		
3: Identify gaps and overlaps in the provision of collaborative health services.		
Competency B: Facilitate cooperation among levels of program personnel. Sub-competencies/ Able to:		
1: Promote cooperation and feedback among program personnel.		
2: Apply various methods of conflict reduction/resolutiion as needed.		
3: Analyze the role of health educator as liaison between program staff and outside groups and organizations.		
Competency C: Formulate practical modes of collaboration among health agencies and organizations. Sub-competencies/ Able to:		
1: Stimulate development of cooperation among personnel responsible for community health education programs.		
2: Suggest approaches for integrating health education within existing health programs.		
3: Develop plans for promoting collaborative efforts among health agencies and organizations with mutual interests.		
Competency D: Organize inservice training for teachers, volunteers, and other interested personnel. Sub-competencies/ Able to:		
1: Plan an operational, competency-oriented training program.		
2: Utilize instructional resources that meet a variety of inservice training needs.		
3: Demonstrate a wide range of strategies for conducting inservice training programs.		

Public health resources are scarce and expensive. Duplication is unacceptable. By involving a wide spectrum of community members, organizations, and agency representatives to be part of CHPP, health information is constantly exchanged. Wellness, health promotion, and prevention service delivery is coordinated and streamlined. In addition, the Advisory Commission will involve many of these same individuals who coordinate service provision in relation to the chosen problems and programs. The ideal mix is a cooperative effort involving all major community health agencies.

1 = This competency in place   2 = Need to develop this competency

	1	2
Responsibility VI - Acting as a Resource Person in Health Education		
Competency A: Utilize computerized health information retrieval systems effectively. Sub-competencies/ Able to:		
1: Match an information need with the appropriate retrieval system.		
2: Access principal on-line and other database health information resources.		
Competency B: Establish effective consultative relationships with those requesting assistance in solving health-related problems. Sub-competencies/ Able to:		
1: Analyze parameters of effective consultative relationships.		
2: Describe special skills and abilities needed by health educators for consultation activities.		
3: Formulate a plan for providing consultation to other health professionals.		
Competency C: Interpret and respond to requests for health information. Sub-competencies/ Able to:		
1: Analyze general processes for identifying the information needed to satisfy a request.		
2: Employ a wide range of approaches in referring requesters to valid sources of health information.		
Competency D: Select effective educational resource materials for dissemination. Sub-competencies/ Able to:		
1: Assemble educational material of value to the health of individuals and community groups.		
2: Evaluate the worth and applicability of resource materials for given audiences.		
3: Apply various processes in the acquisition of resource materials.		
4: Compare different methods for distributing educational materials.		

As generalists, health educators are called upon to do everything but walk on water! The scope of being an all-encompassing community resource is simply too great for any one person. Although computer skills are important and have made information retrieval easier than before, there are obvious limits to what a single person can achieve. Further, providing health information is not enough.

By engaging and interfacing with community resource persons in a CHPP process, health educators establish rapport with providers and clients in such a way that makes effective public health programming a reality. By facilitating this process, the health educator involves the community in recognizing, owning, and working to solve its own problems. Being thus empowered, community members are more likely to be committed to the success of their efforts. The health educator is a resource to the community. Community members are resources to the health educator. Together they can set up training programs, pursue funding, develop materials, and effect the appropriate policy and environmental changes which provide public health programs the staying power that is needed in communities.

Responsibility VII - Communicating Health and Health Education Needs, Concerns, And Resources		1	2
Competency A: Interpret concepts, purposes, and theories of health education. Sub-competencies/ Able to:			
1: Evaluate the state-of-the-art of health education.			
2: Analyze the foundations of the discipline of health education.			
3: Describe major responsibilities of the health educator in the practice of health education			
Competency B: Predict the impact of policy and environment changes on societal value systems. Sub-competencies/ Able to:			
1: Investigate social forces causing opposing viewpoints regarding policy and environment problems.			
2: Employ a wide range of strategies for dealing with controversial health issues.			
Competency C: Select a variety of communication methods and techniques in providing health information. Sub-competencies/ Able to:		1	2
1: Utilize a wide range of techniques for communicating health and health education information.			
2: Demonstrate proficiency in communicating health information and health education needs.			
Competency D: Foster communication between health care providers and consumers. Sub-competencies/ Able to:			
1: Identify the significance and implications of health care providers' messages to consumers.			
2: Act as liaison between consumer groups and individuals, and health care provider organizations.			

Probably no skill is as important to health education as communication. Health educators constantly expose myths, interface between the medical and client community, and interpret the results of new scientific studies. For these and other reasons, health educators must be good communicators. Not just oral communicators, however, since communication is as much non-verbally as it is our words. Through the activities of CHPP, health educators meet and become comfortable with all types of community members, healthy or ill, wealthy or poor, and of all ethnic and lifestyle persuasions.

Through assisting with identifying and recruiting CHPP Steering Committee members, participants for CHPP, and Advisory Commission recruitment, we have the opportunity to further refine our oral, written, computer, and mass-mediated communication skills.

SUMMARY: All of these responsibilities, competencies, and sub-competencies are important; and no one stands alone. They overlap and interrelate. CHPP provides opportunities to enhance professional effectiveness by developing skills to identify, mobilize, and empower communities in the ever-evolving profession of health education. After the CHPP workshop, you are encouraged to complete the following goal sheet for yourself:

Name:_____

This year, I expect to accomplish:

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)

_____   _____

Signature   **Date**

The **KEIRSEY TEMPERAMENT SORTER**
is a modified from of the Myers-Briggs Type Indicator*

DIRECTIONS:

There are no "right" or "wrong" answers to these statements. Your responses will help show how you like to look at things and how you like to go about deciding things. Knowing your own preferences and learning about other people's can help you understand where your special strengths are, what kinds of work you might enjoy and be successful doing, how you relate to others in groups and how people with different preferences can relate to each other to accomplish tasks and be valuable to society.

Read each statement carefully and mark you choice. Do not think too long about any statement. Work through until you have answered all the questions.

Following the directions for scoring to determine your type. Then consult the information provided for interpretation.

Compare and discuss your results with friends and colleagues to more fully appreciate the range of types.

*Myers, IB and Briggs, PG. *Gifts Differing - Understanding Personality Type*. See http://www.myers-briggs.com/detail/detailitem.asp?ic=7270 or do a Google search on "Myers-Briggs."

THE KEIRSEY TEMPERAMENT SORTER

1. **At a party do you**
   - (a)   interact with many, including strangers
   - (b)   interact with a few, known to you

2. **Are you more**
   - (a)   realistic than speculative
   - (b)   speculative than realistic

3. **It is worse to**
   - (a)   have your "head in the clouds"
   - (b)   be "in a rut"

4. **Are you more impressed by**
   - (a)   principles
   - (b)   emotions

5. **Are you more drawn toward the**
   - (a)   convincing
   - (b)   touching

6. **Do you prefer to work**
   - (a)   to deadlines
   - (b)   just "whenever"

7. **Do you tend to choose**
   - (a)   rather carefully
   - (b)   somewhat impulsively

8. **At parties do you**
   - (a)   stay late, with increasing energy
   - (b)   leave early, with decreased energy

9. **Are you more attracted to**
   - (a)   sensible people
   - (b)   imaginative people

10. **Are you more interested in**
    - (a)   what is actual
    - (b)   what is possible

11. **In judging others are you more swayed by**
    - (a)   laws than circumstances
    - (b)   circumstances than laws

12. **In approaching other is your inclination to be somewhat**
    - (a)   objective
    - (b)   personal

13. **Are you more**
    - (a)   punctual
    - (b)   leisurely

14. Does it bother you more having things
    (a)   incomplete
    (b)   complete

15. In your social groups do you
    (a)   keep abreast of other's happenings
    (b)   get behind on the news

16. In doing ordinary things are you more likely to
    (a)   do it the usual way
    (b)   do it your own way

17. Writers should
    (a)   "say what they mean and mean what they say"
    (b)   express things more by use of analogy

18. Which appeals to you more
    (a)   consistency of thought
    (b)   harmonious human relationships

19. Are you more comfortable in making
    (a)   logical judgments
    (b)   value judgments

20. Do you want things
    (a)   settled and decided
    (b)   unsettled and undecided

21. Would you say you are more
    (a)   serious and determined
    (b)   easy-going

22. In phoning do you
    (a)   rarely question that it will all be said
    (b)   rehearse what you'll say

23. Facts
    (a)   "speak for themselves"
    (b)   illustrate principles

24. Are visionaries
    (a)   somewhat annoying
    (b)   rather fascinating

25. Are you more often
    (a)   a cool-headed person
    (b)   a warm-hearted person

26. Is it worse to be
    (a)   unjust
    (b)   merciless

27. Should one usually let events occur
    (a)   by careful selection and choice
    (b)   randomly and by chance

28. Do you feel better about
    (a)   having purchased
    (b)   having the option to buy

29. In company do you
    (a)   initiate conversation
    (b)   wait to be approached

30. Common sense is
    (a)   rarely questionable
    (b)   frequently questionable

31. Children often do not
    (a)   make themselves useful enough
    (b)   exercise their fantasy enough

32. In making decisions do you feel more comfortable with
    (a)   standards
    (b)   feelings

33. Are you more
    (a)   firm than gentle
    (b)   gentle than firm

34. Which is more admirable:
    (a)   the ability to organize and be methodical
    (b)   the ability to adapt and make do

35. Do you put more value on the
    (a)   definite
    (b)   open-ended
36. Does new and non-routine interaction with others
    (a)   stimulate and energize you
    (b)   tax your reserves

37. Are you more frequently
    (a)   a practical sort of person
    (b)   a fanciful sort of person

38. Are you more likely to
    (a)   see how others are useful
    (b)   see how others see

39. Which is more satisfying:
    (a)   to discuss an issue thoroughly
    (b)   to arrive at agreement on an issue

40. Which rules you more:
    (a)   your head
    (b)   your heart

41. Are you more comfortable with work that is
    (a)   contracted
    (b)   done on a casual basis

42. Do you tend to look for
    (a)   the orderly
    (b)   whatever turns up

43. Do you prefer
    (a)   many friends with brief contact
    (b)   a few friends with more lengthy contact

44. Do you go more by
    (a)   facts
    (b)   principles

45. Are you more interested in
    (a)   production and distribution
    (b)   design and research

46. Which is more of a compliment:
    (a)   "There is a very logical person."
    (b)   "There is a very sentimental person."

47. Do you value in yourself more that you are
    (a)   unwavering
    (b)   devoted
48. Do you more often prefer the
    (a)   final and unalterable statement
    (b)   tentative and preliminary statement

49. Are you more comfortable
    (a)   after a decision
    (b)   before a decision

50. Do you
    (a)   speak easily and at length with strangers
    (b)   find little to say to strangers

51. Are you more likely to trust your
    (a)   more practical than ingenious
    (b)   more ingenious than practical

52. Do you feel
    (a)   more practical than ingenious
    (b)   more ingenious than practical

53. Which person is more to be complimented: one of
    (a)   clear reason
    (b)   strong feeling

54. Are you inclined more to be
    (a)   fair-minded
    (b)   sympathetic

55. Is it preferable mostly to
    (a)   make sure things are arranged
    (b)   just let things happen
    (c)
56. In relationships should most things be

(a)   renegotiable
(b)   random and circumstantial

57. When the phone rings do you
    (a)   hasten to get to it first
    (b)   hope someone else will answer

58. Do you prize more in yourself
    (a)   a strong sense of reality
    (b)   a vivid imagination

59. Are you drawn more to
    (a)   fundamentals
    (b)   overtones

60. Which seems the greater error:
    (a)   to be too passionate
    (b)   to be too objective

61. Do you see yourself as basically
    (a)   hard-headed
    (b)   soft-hearted

62. Which situation appeals to you more:
    (a)   the structured and scheduled
    (b)   the unstructured and unscheduled

63. Are you a person that is more
    (a)   routinized than whimsical
    (b)   whimsical than routinized

64. Are you more inclined to be
    (a)   easy to approach
    (b)   somewhat reserved

65. In writings do you prefer
    (a)   the more literal
    (b)   the more figurative

66. Is it harder for you to
    (a)   identify with others
    (b)   utilize others

67. Which do you wish more for yourself:
    (a)   clarity of reason
    (b)   strength of compassion

68. Which is the greater fault:
    (a)   being indiscriminate
    (b)   being critical

69. Do you prefer the
    (a)   planned event
    (b)   unplanned event

70. Do you tend to be more
    (a)   deliberate than spontaneous
    (b)   spontaneous than deliberate

Enter a check for each answer in the column for a or b

	a	b		a	b		a	b		a	b		a	b		a	b		a	b
1			2			3			4			5			6			7		
8			9			10			11			12			13			14		
15			16			17			18			19			20			21		
22			23			24			25			2			27			28		
29			30			31			32			33			34			35		
36			37			38			39			40			41			42		
43			44			45			46			47			48			49		
50			51			52			53			54			55			56		
57			58			59			60			61			62			63		
64			65			66			67			68			69			70		

1   2   3   4   3   4   5   6   5   6   7   6   7   8

1   2   3   4   5   6   7   8

E   I   S   N   T   F   J   P

Directions for Scoring

1. **Add down** so that the total number of "a" answers is written in the box at the bottom of each column (see next page for illustration). Do the same for the "b" answers you have checked. Each of the 14 boxes should have a number in it.

2. **Transfer the number** in box No. 1 of the answer sheet to box No. 1 below the answer sheet. Do this for box No.2 as well. Note, however, that you have two numbers for boxes 3 through 8. Bring down the first number for each box beneath the second, as indicated by the arrows. Now add all the pairs of numbers and enter the total in the boxes below the answer sheet, so each box has only one number.

	a	b		a	b		a	b		a	b		a	b		a	b		a	b
1	✓		2	✓		3	✓		4		✓	5		✓	6	✓		7		✓
8	✓		9	✓		10	✓		11		✓	12		✓	13	✓		14	✓	
15	✓		16	✓		17	✓		18		✓	19		✓	20	✓		21	✓	
22		✓	23	✓		24	✓		25		✓	2		✓	27	✓		28	✓	
29	✓		30	✓		31		✓	32		✓	33		✓	34	✓		35	✓	
36	✓		37	✓		38	✓		39		✓	40		✓	41	✓		42	✓	
43		✓	44		✓	45	✓		46		✓	47		✓	48	✓		49		✓
50	✓		51	✓		52	✓		53		✓	54	✓		55	✓		56		✓
57	✓		58	✓		59	✓		60		✓	61		✓	62	✓		63		✓
64	✓		65	✓		66		✓	67		✓	68		✓	69	✓		70	✓	

	8	2		9	1		8	2		0	10		1	9		10	0		7	3
1			2	3		4	3		4	5		6	5		6	7		8	7		8

	9	1		1	19		10	0

	8	2			17	3			1	19			17	3	
1			2	3			4	5			6	7			8

3. **Now you have** four pairs of numbers. Circle the letter below the larger number of each pair (see answer sheet below for illustration). If the two numbers of any pair are equal, then circle neither, but put a large X below them and circle it.

4. You have now identified your "type." It should be one of the following:

INFP	**ISFP**	**INTP**	**ISTP**
ENFP	**ESFP**	**ENTP**	**ESTP**
INFJ	**ISFJ**	**INTJ**	**ISTJ**
ENFJ	**ESFJ**	**ENTJ**	**ESTJ**

If you have an X in your type, yours is a mixed type. An 'X' can show up in any of the four pairs: E / I, S / N, T / F, or J / P. This gives you multiple results. Using the above example, receiving an 'X' in the S / N section would give the possible types of both ESFJ and ENFJ.

E   I   S   N   T   F   J   P

INTREPETATION
of
KEIRSEY TEMPERAMENT SORTER

There are two opposite preferences on each scale. The four scales deal with where you like to focus your attention (E or I, the way you like to look at things (S or N); the way you like to go about deciding things (T or F). and how you deal with the outer world (J or P). Short descriptions of each scale are shown below:

E You prefer to focus on the outer world of people and things

I You prefer to focus on the inner world of ideas and impressions.

or

S You tend to focus on the present and on concrete information gained from your senses

N You tend to focus on the future, with a view toward patterns and possibilities.

T You tend to base your decisions on logic and on objective analysis of cause and effect

F You tend to base your decisions primarily on values and on subjective evaluation of person-centered concerns.

J You like a planned and organized approach to lie and prefer to have things settled

P You like a flexible and spontaneous approach to life and prefer to keep your options open

----

Each type tends to have different interests and different values. On the following pages are very brief descriptions of each of the sixteen types. Find the one that matches the four letters of your Type and see whether it fits you. If it doesn't, try to find one that does. For amore complete description of the types and the implications for career choice, relationships, and work behavior, see *Introduction to Type* by Isabel Briggs Myers.

Remember that everyone used each of the preferences at different times; your Type shows which you are likely to prefer the most and probably use most often.

The Sixteen Types

Each pair of letters forms a spectrum, and thus no single letter should be taken as naming a type of person (there are no "Extraverts" or "Thinkers," etc., as such). A personality is a **complex** unity of traits, and these letters **merely suggest** stronger or weaker tendencies in a person's overall makeup.

Performer (ESFP)	Supervisor (ESTJ)	Field Marshal (ENTJ)	Teacher (ENFJ)
Composer (ISFP)	Inspector (ISTJ)	Mastermind (INTJ)	Counselor (INFJ)
Promoter (ESTP)	Provider (ESFJ)	Inventor (ENTP)	Champion (ENFP)
Crafter (ISTP)	Protector (ISFJ)	Architect (INTP)	Healer (INFP)

Characteristics frequently associated with each type

Introverts

<table>
<tr><td rowspan="2">Sensing Types</td><td>ISTJ
Serious, quiet, earn success by concentration and thoroughness. Practical, orderly, matter-of-fact, logical, realistic, and dependable. See to it that everything is well organized. Take responsibility. Make up their own minds as to what should be accomplished and work toward it steadily, regardless of protests or distractions.</td><td>ISFJ
Quiet, friendly, responsible, and conscientious. Work devotedly to meet their obligations. Lend stability to any project or group. Through, painstaking, accurate. Their interests are usually not technical. Can be patient with necessary details. Loyal, considerate, perceptive, concerned with how other people feel.</td></tr>
<tr><td>ISTP
Cool onlookers - quiet, reserved, observing and analyzing life with detached curiosity and unexpected flashes of original humor. Usually interested in cause and effect, how and why mechanical things work, and in organizing facts using logical principles.</td><td>ISFP
Retiring, quietly friendly, sensitive, kind, modest about their abilities. Shun disagreements, do not force their opinions or values on others. Usually do not care to lead but are often loyal followers. Often relaxed about getting things done, because they enjoy the present moment and do not want to spoil it by undue haste or exertion.</td></tr>
<tr><td rowspan="2">Intuitive Types</td><td>INFJ
Succeed by perseverance, originality, and desire to do whatever is needed or wanted. Put their best efforts into their work. Quietly forceful, conscientious, concerned for others. Respected for their firm principles. Likely to be honored and followed for their clear convictions as to how best to serve the common good.</td><td>INTJ
Usually have original minds and great drive for their own ideas and purposes. In fields that appeal to them, they have a fine power to organize a job and carry it through with or without help. Skeptical, critical, independent, determined, sometimes stubborn. Must learn to yield less important points in order to win the most important.</td></tr>
<tr><td>INFP
Full of enthusiasms, but seldom talk of these until they know you well. Care about learning, ideas, language, and independent projects of their own. Tend to undertake too much, then somehow get it done. Friendly, but often too absorbed in what they are doing to be sociable. Little concerned with possessions or physical surroundings.</td><td>INTP
Quiet and reserved. Especially enjoy theoretical or scientific pursuits. Like solving problems with logic and analysis. Usually interested mainly in ideas, with little liking for parties or small talk. Tend to have sharply defined interests. Need careers where some strong interest can be used and useful.</td></tr>
</table>

Characteristics frequently associated with each type ~ continued

Extraverts

<table>
<tr><td rowspan="2">Sensing Types</td><td>

ESTP
Good at on-the-spot problem solving. Do not worry, enjoy whatever comes along. Tend to like mechanical things and sports, with friends on the side. Adaptable, tolerant, generally conservative in values. Dislike long explanations. Are best with real things that can be worked, handled, taken apart, or put together.

</td><td>

ESFP
Outgoing, easygoing, accepting, friendly, enjoy everything and make things more fun for others by their environment. Like sports and making things happen. Know what's going on and join in eagerly. Find remembering facts easier than mastering theories. Are best in situations that need sound common sense and practical ability with people as well as with things.

</td></tr>
<tr><td>

ESTJ
Practical, realistic, matter-of-fact, with a natural head for business or mechanics. Not interested in subjects they see no use for, but can apply themselves when necessary. Like to organize and run activities. May make good administrators, especially if they remember to consider other's feelings and points of view.

</td><td>

ESFJ
Warm-hearted, talkative, popular conscientious, born cooperators, active committee members. Need harmony and may be good at creating it. Always doing something nice for someone. Work best with encouragement and praise. Main interest is in things that directly and visibly affect people's lives.

</td></tr>
<tr><td rowspan="2">Intuitive Types</td><td>

ENFP
Warmly enthusiastic, high-spirited, ingenious, imaginative. Able to do almost anything that interests them. Quick with a solution for any difficulty and ready to help anyone with a problem. Often rely on their ability to improvise instead of preparing in advance. Can usually find compelling reasons for whatever they want.

</td><td>

ENTP
Quick, ingenious, good at many things. Stimulating company, alert and outspoken. May argue for fun on either side of question. Resourceful in solving new and challenging problems, but may neglect routine assignments. Apt to turn to one new interest after another. Skillful in finding logical reasons for what they want.

</td></tr>
<tr><td>

ENFJ
Responsive and responsible. Generally feel real concern for what others think or want, and try to handle things with due regard for the other person's feelings. Can present a proposal or lead a group discussion with ease and tact. Sociable, popular, sympathetic. Responsive to praise and criticism.

</td><td>

ENTJ
Hearty, frank, decisive, leaders in activities. Usually good in anything that requires reasoning and intelligent talk, such as public speaking. Are usually well informed and enjoy adding to their fund of knowledge. May sometimes appear more positive and confident than their experience in an area warrants.

</td></tr>
</table>

TYPES--In Groups / On Teams

EN*T*Js
--are goal-oriented, want to stick to the job and get it done, are anxious when things are not getting done, and will not let the group flounder
--are always looking for a better way so they critique and then generate ideas and propose plans to address problems or make improvements
--are gregarious but not necessarily warm, and may be uncomfortable with small talk
--often have or assume authority; question authority when they don't have it

E*N*TPs
--have enthusiastic, entrepreneurial characters and champion ideas, can win support of and motivate others, and like their own ideas and
   contributions to be recognized
--are comfortable with and begin with the big picture (abstract, future possibilities) and are less interested in the specifics of implementation; can see
   multiple points of view and may frustrate other by seeming to change their minds as new information or options emerge
--seek to create a stimulating environment, want work to be playful and fun, and often engage in intellectual play
--like to communicate directly and straightforwardly, readily offer suggestions for improvement or provide critiques

E*N*FPs
--are catalysts, initiators, and motivators who get things going, and are energized by starting something new
--attend to the "people" and group process aspects of the team, notice and encourage the gifts in others, want and give recognition, and work to
   develop and maintain harmonious, inclusive relationships
--are fun loving, bring and stimulate energy and gusto are adaptable and dexterous
--willing to jump in wherever needed (without being particularly concerned about "authorship" or who gets credit)

I*N*FJs
--are imaginative, have or generate ideas (though ideas may have to be drawn out of them), are comfortable with abstraction and complexity, and
   can synthesize multiple perspectives or diverse information
--encourage and empower others, want and give appreciation and affirmation, seek to create cohesion
--prefer to have both organization and structure <u>and</u> concern for people and human values; want the team to organize itself around vision and
   values
--are good at working on teams, though too much of a group can fatigue or overload them

IN*F*Ps
--emphasize interpersonal values - warmth, cooperation, sharing of information, and building trust - and are aware of and sensitive to "process
   issues"
--are reflective and insightful - see patterns and possibilities, and may have a unique or unusual perspective
--like to feel connected to others on the team, seek to create a sense of pulling together, and want others to feel like they belong
--work doggedly, often unobtrusively, for what is important to them

IN*T*Ps
--generate creative ideas and solutions, are originators and builders of systems, and provide a framework or model to aid understanding of
   problems
--give more attention to the problem-solving process (e.g., questions posed, data brought to bear) than to achieving a particular result or end point
--want to base team decisions on tough-minded analysis, and will call the group back to the logic of the situation
--often work best alone (though they like to be in interaction with people on the "cutting edge"), not naturally collaborative, may seem to be working alone
   even when a member of a team, don't give much feedback

The Eight
Preferences
At Work

PERCEIVING at work

People with a preference for perceiving like to gather information and generate alternatives, to keep their options open as long as possible, and to approach life in an unstructured and flexible manner.

A person who prefers perceiving…

What You Might Notice First
- waits to see what unfolds, and is comfortable proceeding without a definite plan
- uses terms suggesting a general course. e.g., "direction", "thrust", "approach"
- is open, receptive, and exploratory
- seems less serious, more playful and lighthearted

Work Style
- is adaptable and often devises flexible or innovative approaches to work
- likes to start things - motivation and interest may decline when it's time to finish
- uses approaches or processes which emanate from experiences with the work at hand
- sees work and play as intertwined aspects of life, and wants work to be productive, enjoyable and playful

In Groups / On Teams
- takes a "let's wait and see what rolls out" approach; may frustrate others by bringing up new information o possibilities after a decision seems to have been made
- is comfortable not having something definite to work toward, and may feel constrained by what they perceive to be narrow or rigid goals and deadlines; wants the group to focus on processes and to organize around ways they will work together (e.g., gathering information, making decisions)
- initially welcomes a new assignment or project, thinking there's lots of time to get it done - and later my feel pushed to fit everything in

During Change
- welcomes the excitement and opportunities that accompany change
- trusts that the best way to carry out the change will emerge from the experiences and needs of those involved
- finds unanticipated events interesting and a source of learning

During Conflict
- seeks out various perspectives form which to understand people or events
- proposes alternative approaches that flexibly incorporate multiple viewpoints
- may need to make an effort to be clear about which alternative they themselves prefer

Contributions
- brings in new information, perspectives, and options
- incorporates the unanticipated and promotes taking changing circumstances into account
- has fun and encourages other to do so too

May Be Experienced As
- spontaneous, "go with the flow", open to new experiences and not wanting to miss out on anything, fun loving, and *sometimes* as having difficulty deciding, tentative, less organized than others, being "last minute"

The Eight
Preferences
At Work

$\mathcal{F}$EELING at work

....

People with a preference for feeling decide based on humane values and the anticipated effects of the decision on people. For them, a good decision is one that "feels right".

A person who prefers feeling...

What You might Notice First
- is amiable and approachable
- typically responds by first looking for common ground and expressing agreement or sharing concern
- is sensitive to others, sometimes at the cost of being direct

Work Style
- often want to spend some time getting to know others and build relationships before getting to the work at hand
- has interactions that encompass both work and non-work matters
- is naturally appreciative of people's ideas and contributions
- wants expectations, organizational structure, decisions, procedures, etc. to "feel right" to themselves and others

In Groups / On Teams
- believes that how the group works together and the interpersonal climate are equally important as what is accomplished; pays more attention to and places greater value on the "people" parts of work
- expects the best ideas and solutions to emerge from cooperation and building on everyone's contributions; may experience give and take arguments as disruptive
- prefers receiving regular feedback that acknowledges contributions and fosters growth and development
- believes that having harmonious working relationships is a prerequisite to being able to focus effectively on the task

During Change
- bases actions on subjective values and how people have been affected and will be affected
- wants to know how others have dealt with similar situations
- is comfortable basing change on the experiences or needs of individuals

During Conflict
- experiences conflict as disruptive to working relationships, and wants to resolve it so that the team can get on with its work
- serves as a barometer for group climate, and often is the first to be aware that there is conflict; may be negatively affected even though the conflict doesn't directly involve them
- places more importance on resolutions that feel right to those involved and respond to the particular situation; seeks win/win results

Contributions
- is sensitive to how others will react or be affected
- promotes harmony, conciliation, and well-being
- urges actions that are congruent with individual values and the professed values of the organization

May Be Experienced As
- people-oriented, affirming, supportive of others, sympathetic and *sometimes* as not making the "tough" decisions (not "sticking to their guns"), giving more attention to people and relationships so they may not seem to "get down to business", taking things personally when they weren't intended to be, "illogical"

The Eight
Preferences SENSING at work
At Work

People with a preference for sensing become aware directly through the five senses. They naturally turn first to, are most interested in and put the most trust in concrete and verifiable information about what is or what has been.

A person who prefers sensing...

What You might Notice First
- focuses first on and is most interested in specifics and the details of current or past reality; notices the "trees" before noticing the "forest"
- communicates straightforwardly
- is realistic, practical, and works with "what is"

Work Style
- works at a steady pace
- prefers - and gives - complete instructions indicating both the end result and the specifics about how to get there
- works on one thing at a time
- likes to begin from and use what is already known

In Groups / On Teams
- wants the team to have a clear purpose and goals
- needs accurate information in order to move ahead confidently
- wants the work of the team to be realistic and doable, and is less interested in (and may be impatient with) discussions about vague, unrealistic, or "theoretical" possibilities

During Change
- seeks to retain elements that have been shown to be valuable, tried and true ("If it ain't broke, don't fix it.")
- favors change which builds on existing footings and past experiences, and speaks in terms such as "incremental change" or "continuous improvement"
- wants to know how the change will actually be carried out and to see an example of it

During Conflict
- experiences conflict as rooted in the specifics of particular events
- seeks a complete and accurate account of what has happened
- offers practical solutions which may seem to others to miss the underlying point

Contributions
- is aware of the current situation and provides data for group deliberations
- brings previous experience to bear on work at hand
- keeps things grounded

May Be Experienced As
- down-to-earth, meticulous, reminding others of what is practical and realistic, able to enjoy the present moment and *sometimes* as not giving much attention to the long range view, paying too much attention to details, overlooking on the underlying meanings or patterns, wanting to continue to do what has been shown to work rather than try something with no track record

The Eight Preferences At Work

I�‑𝑁TUITION at work

People with a preference for intuition become aware indirectly through hunches, imagination, "ahas", and inspiration. They naturally turn first to, are most interested in and put the most trust in flashes of insight, abstractions, theory and notions of what could be.

A person who prefers intuition…

What You might Notice First
- focuses first on and is most interested in the big picture, global issues, future possibilities; notices the "forest" before noticing the "trees"
- communicates in general terms with fewer details
- is speculative and works toward "what if"

Work Style
- works in bursts, awaits inspiration, may skip around, pursing what "strikes my fancy"
- prefers - and gives - general instructions, indicating the end result but not necessarily how to get there
- may work on several things at the same time

In Groups / On Teams
- wants the team to have an engaging vision and mission
- is comfortable moving ahead with little or incomplete information
- initiates and enjoys consideration of possibilities or theoretical matters - assumes there's a way to get it done once we're clear about the concept
- takes things figuratively and looks for a "deeper" meaning

During Change
- welcomes, creates, is enthusiastic about change, and is excited by future possibilities ("If it ain't broke, break it.")
- envisions broad, sweeping, fundamental changes, and speaks in terms such as "paradigm shift" and "transformative change"
- assumes there's a way to bring change about - "We'll work out the details later."

During Conflict
- experiences conflict as growing out of differing interpretations of patterns of events
- seeks to comprehend and delve into the significance of what has happened
- posits general solutions which may seem vague to others

Contributions
- provides a vision of the future, a long range view
- arouses energy and zeal, especially for pursuing the mission and for innovations
- creates a synthesis of data, ideas, and viewpoints

May Be Experienced As
- full of ideas and options, rising to a challenge (especially an intellectual one), looking to the future, seeing connections among seemingly unrelated things and *sometimes* as overlooking the facts or generalizing from only a few facts, communicating indirectly (skipping around and changing topics), making proposals that seem impossible to carry out, exaggerating

The Eight Preferences At Work

*E*XTRAVERSION at work

People with a preference for extraversion focus their attention on the outer world and are energized by interaction and activity.

A person who prefers extraversion...

What You might Notice First
- is someone who reaches understanding through interaction and discussion, is someone who wants to talk it through
- willingly engages and involves others
- is energetic and prone to take action

Work Style
- creates opportunities to be involved with others from the outset of a project or assignment
- moves around and may "do business" in various locations
- welcomes people "stopping by" or calling to touch base or chat
- prefers physical space which facilitates interaction

In Groups / On Teams
- participates, often speaking up right away
- lets others know what s/he thinks or feels
- seeks, gives, and desires more feedback
- regards meetings as places to build relationships and as vehicles to get work done

During Change
- has radar to scan the external world and responds to guidance from the environment - co-workers, customers, the market, trends
- sees others as an important resource, seeks input from others, and talks with them about change as it is occurring
- wants to move ahead, to make a decision or try something

During Conflict
- expresses self-thought, feelings, possible solutions
- engages with others to consider the conflict
- prefers to discuss and deal with conflict now

Contributions
- is energetic and enthusiastic
- is aware of the impact of what's going on in the larger organization and the outside world
- makes headway which comes from the inclination to take action and get things done

May Be Experienced As
- energetic, sociable, making things happen, involving others and *sometimes* as overwhelming others with their energy and enthusiasm, asking a lot of questions (some of which might seem personal), moving rapidly from one topic or activity to another, persistently advocating their own ideas or positions

The Eight Preferences At Work

People with a preference for introversion focus their attention on the inner worlds and are energized by reflection and solitude.

A person who prefers introversion…

What You might Notice First
- is someone who reaches understanding by contemplating and mulling things over, is someone who wants to think about it
- seems less engaged, even when around others
- is reflective and prone to consider before acting

Work Style
- works alone at first, involving others after one's own ideas or position have been formulated
- stays in own area and others may need to go there to conduct business
- experiences people who "stop by" or call to chat as interruptions
- prefers physical space which allows for privacy and concentration

In Groups / On Teams
- participates and speaks up after observing and formulating own impressions and questions
- may need to be asked what s/he thinks or feels
- seeks, gives, and desires less feedback
- regards meetings as taking time away from work and as places where more work gets generated or assigned

During Change
- has an internal gyroscope to keep self on track and responds to the guidance of one's own vision, standards, experience, sensations
- sees own self as the primary resource and keeps own counsel or seeks advice from a few confidants; often communicates only after reflecting, perhaps not until after the change has occurred
- want to be deliberate about making a decision or trying something

During Conflict
- seeks time to sort out thoughts and feelings and to formulate solutions
- withdraws from others to consider the conflict
- wants to discuss it later (sometimes not at all)

Contributions
- is calm, cool-headed
- is aware of internal guiding principles, philosophy, and commitments
- provides perspective which comes from the inclination to "take-a-step-back" and reason things through

May Be Experienced As
- quiet, stable, thoughtful, deep and *sometimes* as disinterested, tending to keep to themselves, less active than others, not naturally sharing much information

The Eight Preferences At Work

*T*HINKING at work

People with a preference for thinking decide based on logic and analysis of causes and effects. For them, a good decision is one that "makes sense".

A person who prefers thinking…

What You might Notice First
- may seem distant and/or unapproachable
- typically responds by first asking questions and challenging what is said
- is direct, sometimes at the cost of being insensitive to others

Work Style
- focuses on the work at hand; doesn't allocate much time to get to know others and build relationships
- has interactions that are often brief and to the point
- is naturally critical of ideas and proposals, and often makes suggestions for "how to improve" things
- wants expectations, organizational structure, decisions, procedures, etc. to "make sense"

In Groups / On Teams
- believes that <u>what</u> is accomplished is more important than <u>how</u> the group works together, and so pays less attention to and places less importance on the "people" parts of work
- expects the best ideas and solutions to emerge from argument and debate, and enjoys give and take
- wants feedback to focus on results and to identify weakness and areas for improvement; may distrust or discount too much positive feedback
- believes that having business-like working relationships is a prerequisite to being able to focus effectively on the task

During Change
- bases actions on principles and tries to remain objective, even about personal change
- isn't particularly concerned with how others have dealt with similar situations
- believes that organizational change should be undertaken for "business" reasons and to meet system needs

During Conflict
- accepts that conflict is a normal part of work and doesn't necessarily expect or need it to be resolved, hence, may not consider it urgent to deal with conflict
- may not be aware that others are experiencing discord and may be less comfortable with "people" aspects of conflict
- works toward solutions that are fair and based on principles that can be applied in similar situations

Contributions
- analyzes objectively - is able to step back and be impartial
- identifies deficiencies in ideas and plans, and impediments to achieving goals
- champions sticking to the principles

May Be Experienced As
- an independent thinker, task-oriented, skeptical, analytical and *sometimes* as making suggestions for improvement that are experienced as criticism by others, direct to the point of being blunt, sarcastic, distant and "cool"

People with a preference for judging like to reach closure, to decide and to approach life in an orderly and structured fashion.
A person who prefers judging…

What You might Notice First
- has or wants a plan and may be uncomfortable proceeding without one
- uses terms suggesting a definite result, e.g., "goal", "objective", "outcome"
- is decisive and deliberate
- is serious

Work Style
- is methodical and systematic, and often develops routine approaches to work
- likes to finish things - may do so even when finishing is no longer appropriate or necessary
- brings a structure (e.g., categories, a model, a checklist) to the work at hand
- sees work and play as distinct aspects of life assuming that (for the most part) play should take place outside of work or at designated events (such as holiday parties or office picnics)

In Groups / On Teams
- takes a "let's get on with it/let's get it done" stance, and may frustrate others by deciding "too quickly" without "sufficient" input and discussion of alternatives
- works best when there is something definite to work toward (e.g., a goal, deadline, milestone); wants the group to focus on and organize to accomplish the agreed-upon result
- wants to be sure everyone knows the expectations and standards and that each member carries out their responsibilities and keeps commitments
- initially responds to a new task or assignment with, "There's no way we can take on a new project," then later adjusts plans and schedules to fit it in

During Change
- often experiences change as disruptive, even change that is seen as necessary
- assumes there is a best approach to take or a "right way" to go about the change
- wants to plan the change in order to minimize false starts and unanticipated events

During Conflict
- begins consideration of the conflict from one point of view or perspective
- has a preferred solution or proposed course of action in mind; seems firm about own view, apparently leaving little room for flexibility or negotiation
- may find it a challenge to set own position aside to consider other options

Contributions
- is decisive and has a drive to "get on with it"
- supports planning
- perseveres - sticks to commitments, plans, and schedules

May Be Experienced As
- dependable, deliberate, conclusive, focused and *sometimes* as taking things "too seriously", deciding too quickly, demanding, and being so focused on goals they have set that they miss out on other things

The Sixteen Types At Work

EN*T*Js at work

What You might Notice First
- are tough-minded, logical and critical
- are energetic and action-oriented, take the initiative and get things organized, quick and decisive
- are articulate and assertive, have definite opinions, are often clever with words and sometimes brusque
- are confident, responsible, hard working, and get a lot done

Work Style
- want their work to be challenging and to provide opportunities to develop and advance, like their accomplishments to be visibly acknowledged
- are self-starters who build - but don't necessarily maintain - structures and systems
- place great value on competence, prefer to work with masterful and ambitious people, may become impatient or intolerant of irresponsibility or incompetence
- set and meet objectives, generally follow procedures unless they interfere with accomplishing goals, and are frustrated by lack of action or closure

In Groups / On Teams
- are goal-oriented, want to stick to the job and get it done, are anxious when things are not getting done, and will not let the group flounder
- are always looking for a better way so they critique and then generate ideas and propose plans to address problems or make improvements
- are gregarious but not necessarily warm, and may be uncomfortable with small talk
- often have or assume authority; question authority when they don't have it

During Change
- perform well in a crisis
- able to deal with complexity and handle multiple factors at the same time
- believe that change can be managed rationally by utilizing plans, structures, and models
- prone to introduce change with leading; but may be less comfortable when not in control or when there is ambiguity

During Conflict
- see "conflict" as a problem to be solved, a situation to get beyond, or something to negotiate; are not uncomfortable "agreeing to disagree" or living with tensions such as "personality differences"
- may overlook process issues and the other "people parts" of conflicts, and may have difficulty understanding, accepting, and dealing with feeling values
- may be viewed by others as the cause of conflict due to their drive to critique and improve systems and people
- under stress, may focus even more strongly on the task; may have an uncharacteristic flare-up of feelings - explode or attack - or cover up their own feelings with humor

Contributions
- broad vision and the ability to anticipate and plan for long-term organizational challenges
- initiative to move the team or organization in new directions, to attempt the seemingly impossible
- willingness and the ability to make and stand by tough decisions
- understanding of power and how to see it, political astuteness, an d ability to work within the structure

May Be Experienced As
- decisive and *sometimes* as concluding too quickly; after considering too few options
- great at running things and *sometimes* as imposing ideas on others or making decisions for them
- very focused on the goal or task and *sometimes* as so intent on reaching their aim that they are not sensitive to others' concerns, are impersonal, critical, or impatient
- career and work-oriented and *sometimes* as being too serious, not playing enough

What You might Notice First
- are kind, warmhearted, caring, accepting, tolerant, and patient
- are reserved, unassuming, unceremonious, and may appear laid back
- in their work areas, they may have distinctive features which reflect people, animals, or concerns important to them
- are realistic and observant, particularly attentive to what's going on with people

Work Style
- want to be helpful, want their work to foster and further their people-oriented values in tangible ways
- have an active, hands-on-style, and place most confidence in what has been learned from direct experience
- are independent, preferring to have freedom from restrictive structures and rules, but also like to be involved with others (though they are not necessarily drawn to meetings)
- pay attention to details and can readily work with a lot of specific information

In Groups / On Teams
- prefer a cooperative, supportive, and participatory climate where everyone is regarded as equal and treated with respect
- are excellent gatherers of information, bringing data to bear on team deliberations
- accomplish much that may go unnoticed since they do little to draw attention to themselves and often work "behind the scenes"
- don't like to give or receive feedback which they regard as criticism; as supervisors, may dislike evaluating others

During Change
- are usually open to change that is congruent with their values and commitments to people, but may have difficulty supporting changes that seem to go against these commitments
- are responsive, flexible, and pragmatic unless a deeply held (and possibly heretofore unexpressed) value is compromised
- focus their attention and energy on actualities and the concerns of the present; and may be less drawn to or comfortable with considering what "might be"
- are reflective, open, and willing to listen to all points of view

During Conflict
- often are barometers for conflict and are aware when discord exists in a relationship or group
- clearly prefer harmony, seek to reach win/win solutions, and may avoid distasteful situations or agree to premature solutions in order to relieve discomfort
- may assume responsibility for fixing what they did not break
- under stress, may be critical toward themselves and/or find fault with others

Contributions
- bring an awareness of people's needs into the day-to day deliberations of the work place, and naturally appreciate human diversity
- value and demonstrate loyalty to people, groups, and organizations
- champion to spontaneous enjoyment of life, particularly today's special moments
- help keep things running smoothly by unobtrusively carrying out much of the less visible work of organizations

May Be Experienced As
- particularly attentive to the needs of others, often showing they care by doing something special for them and *sometimes* as
- not assertive enough about their own needs and deeds and having difficulty saying "no"
- so responsive to current needs that they become "side-tracked"
- "free spirits" who take a very personal approach to life and create their own pathway through life's adventures
- having deeply held values which they express through action but don't communicate about very much

What You might Notice First
- are goal-directed and task-oriented, take work seriously, and are hard working
- are energetic and action-oriented, have a "get it done" attitude, and love to accomplish things
- are decisive, realistic, and matter-of-fact
- are responsible, reliable, conscientious, and consistently follow through

Work Style
- rely on facts, logic, and experience to make decisions, and have definite criteria for what is correct
- are systematic, structured and efficient; follow rules, procedures, and standard ways; judge work objectively
- like the practical "real world" aspects of work where concrete and useful results are realized and likes to have clear results to work toward
- prepare thoroughly

In Groups / On Teams
- like a structured environment with clear procedures that can be counted on and clear roles and responsibilities that people are accountable for
- usually have a definite opinion of where the team should head and how it should get there, and focus on goals and objectives to the group going and keep it on track
- are clear, direct, and often forceful communicators who may offer teammates "constructive criticism" (which is meant to help others fulfill their responsibilities)
- are friendly, but not personal, and prefer to keep discussions centered on the business at hand

During Change
- like stability and order, and are uncomfortable with frequent change or ambiguous situations, and so may respond to change by seeking to impose a structure or plan on it
- respect tradition and "lessons learned", seek to retain what has been shown to work
- have lucid, often strongly held views of what ought to happen
- support change when current practice is illogical, there is a convincing rationale or a tangible improvement that can be show to result; no inclined to support change in the absence of a visible problem or "for the sack of change"

During Conflict
- experience conflict when things are not logical or don't go according to plan, may not regard interpersonal or group process issues as conflict, and are less comfortable when emotions are brought into play
- have a solution in mind and strongly advocate it, and may become frustrated with those with a different view
- may over-depend on past experience when seeking solutions
- under stress, may feel overwhelmed, may become overly sensitive and not feel valued, and may feel uncharacteristically emotional

Contributions
- get things organized, and keep groups and institutions on an even keel
- push for clarity about all things – goals, roles, assignments, standards, timelines
- being productive and task-oriented – get the job done on time, meeting standards, and within budget
- make efficient and sensible use of resources

May Be Experienced As
- decisive and organized and *sometimes* as closing off options abruptly and leaving others out of the process
- efficient and productive and *sometimes* as impersonal, not warm, and overlooking or devaluing the subjective factors and the interpersonal aspects of working together
- impatient, especially with those regarded as inefficient, lacking direction or common sense, not abiding by the rules, or being too emotional
- having definite viewpoints and *sometimes* as not listening well to ideas which deviate from their own, not, responsive to other points of view

INFPs at work ---------------

What You might Notice First
- are adaptable, tolerant, receptive, and calm
- are oriented toward the future ("what could be") and suggest possibilities and options
- often have good communication skills, though they may not communicate much, especially about themselves
- are sensitive to others, congenial, and empathetic

Work Style
- like quiet and alone time for concentration, and may have periods of high activity and productivity followed by apparent lulls
- are most captured by work that has personal meaning or is an expression of "who I am", and helps make the world a better place
- like flexibility, and dislike a lot of routine, structure, and rules (e.g., prescribed procedures and tight timelines)
- are comfortable and patient with complexity, and may overlook details

In Groups / On Teams
- emphasize interpersonal values – warmth, cooperation, sharing of information, and building trust – and are aware of and sensitive to "process issues"
- are reflective and insightful – see patterns and possibilities, and may have a unique or unusual perspective
- like to feel connect to others on the team, seek to create a sense of puling together, and want other to feel like they belong
- work doggedly, often unobtrusively, for what is important to them

During Change
- are open to change, naturally look beyond the present to see and create possibilities
- are able to deal with ambiguity, fluidity, and matter "in process"
- favor change that advances "people values" and what feels right for people, and want the process of change to be inclusive and "people friendly"
- protective of their own relationships during change

During Conflict
- don't like interpersonal conflict, and may be thrown off by it or seek to withdraw
- often serve as peacemaker or harmonizer, look for and can usually find an open door in a dilemma or an impasse
- may assume too much personal responsibility for conflict in relationships
- under stress, can become preoccupied, over-react, be difficult to be around, and/or find fault with others

Contributions
- endeavor to create a positive, harmonious environment that fosters the growth and development of people
- interpersonal sensitivity
- adaptability and flexibility (though that are not flexible when integrity is at stake
- idealism, inspiration, and a deep commitment to values that leads them to expect the organization to live out its own values

May Be Experienced As
- loyal and committed to people and *sometimes* as so committed that they become overextended trying to fulfill promises or please others
- having high expectations, hard on themselves, "perfectionistic"
- postponing making decisions until the "last minute"
- non-conforming when in pursuit of their own inner values or vision

What You might Notice First
- readily connect with people – are warmhearted, friendly, outgoing, sensitive, and helpful
- take assignments and responsibilities seriously, are dutiful, conscientious, and dependable
- are active, energetic, and productive
- are decisive and inclined to take action

Work Style
- like direct cooperative involvement with others, and values above all, work that provides tangible benefits to people
- work best within and follow existing structures that help things run smoothly (e.g., procedures, schedules, the chain of command), will create structure when it is missing, and want to know clearly what is expected and how it will be assessed
- follow through – stick with projects with projects to completion
- like to be actively appreciated and recognized for contributions and achievements

In Groups / On Teams
- are good team players who are supportive of others, exert a positive influence, work to have everyone pulling in the same direction, and may be the glue that holds the team together
- favor personable, harmonious, and cooperative environments where people feel part of the group and at ease and where appreciation is expressed for everyone's contributions
- want the team to take action and are themselves inpatient with drawn-out philosophical or theoretical deliberations
- are attentive to detail, especially people-oriented detail, and foresee people's needs

During Change
- favor changes that benefit the entire group and change processes where people pull together
- like clear beginnings and endings, and do best when there is time to adjust to new approaches - appear to be less comfortable with ambiguity and the loose ends of transition
- have strong, often traditional values, and may seek to preserve these during change
- if they have a loss of control, may use authoritative or absolute statements or actions

During Conflict
- place great value on interpersonal harmony and will work hard to find a way for all to be in accord, will try to do or say something to ease the tension, and may agree to a solution that will remove discord for the time being
- may fit the conflict that others regard as every day give and take (e.g., people advocating and defending their position pointed humor) as troublesome
- seek opportunities to process conflict appropriately, and may be affected negatively or pull back if processing doesn't occur
- under stress, may criticize or blame, may disengage, or may discount the counsel of those they usually respect

Contributions
- help keep things moving efficiently and harmoniously toward agreed upon ends
- provide structure, organize people, and organize for people
- work to advance the needs of people and the organization
- provide ability by drawing on effective past practices and maintaining traditions

May Be Experienced As
- support and nurturing of others and *sometimes* as socializing too much or so focused on others' needs that their other needs are not attended to
- preferring and providing structure and *sometimes* as inflexible, not necessarily open to new approaches
- serious and responsible and *sometimes* as "too" responsible, "worriers"
- deciding and acting quickly and *sometimes* as moving ahead hastily, before considering enough data or options

The Sixteen Types At Work

IN *T*Ps at work ----·----·----·----·

What You might Notice First
- are concerned with ideas, astute and curious, intellectually inventive, seem to be deep thinkers
- have opinion about what should be done (e.g., to solve a problem, often challenge others or give advice
- are less objective, analytical, and critical about nearly everything
- are less involved and communicative, perhaps aloof or terse

Work Style
- can work alone and concentrate for prolonged periods of time, need private time, and often get absorbed in an idea or project and ignore other things
- want to understand the theory and principles underlying what they do, and to continue learning new things
- are independent and self-directed (prefer to set own goals and standards, and figure out how to meet them) and have a strong need for autonomy (resist rules and hierarchy, and may not be particularly good followers)
- may be satisfied formulating a mental solution and be less interested in implementing it, don't like routine, and may not want to do something a second time once they have learned it

In Groups / On Teams
- generate creative ideas and solutions, are originators and builders of systems, and provide a framework or model to aid understanding of problems
- give more attention to the problem-solving process (e.g., questions posed, data brought to bear) than to achieving a particular result or end point
- want to base team decisions on tough-minded analysis, and will call the group back to the logic of the situation
- often work best alone (though they like to be in interaction with people on the "cutting edge"), not naturally collaborative, may seem to be working alone even when a member of a team, don't give much feedback

During Change
- willing to take risks (though not interpersonal ones), propose unique or unorthodox approaches
- are flexible and adaptable - up to the point where strongly held principles come into play
- look for a logical basis for change, may be impatient with or baffled by non-logical factors (such as politics, emotions, tradition)
- need time to think about change, especially when it involves personal change

During Conflict
- are tolerant and possess a capacity for detachment that allows them to see multiple perspectives and viewpoints
- look for patterns as the key to unlocking conflict, and can redefine problems to make them solvable
- may want to step back to consider their response and develop a strategy
- are not usually comfortable with and don't give much weight to emotions; however, under stress may become emotional themselves, become hyper-logical, or withdraw

Contributions
- understand the big picture and connections among the parts, and see the long range consequences of today's actions
- offer new perspectives and create unique solutions
- are comfortable in handling ambiguity and complexity, and are able to synthesize divergent outlooks
- incisive thinking and critiques - finds flaws, inconsistencies, and gaps in thinking

May Be Experienced As
- insightful and creative (though not necessarily concerned with the usefulness of ideas) and *sometimes* as overly intellectual ("head in the clouds"), having difficulty making ideas and concepts a reality
- not paying enough attention to interpersonal relationships, seeming detached and insensitive
- intense, serious, complicated, and puzzling and *sometimes* as making things too complex, being contentious ("splitting hairs")
- impatient with or frustrated by those not on their wavelength or those who are not as quick as they perceive themselves to be; having unrealistic expectations of self and others

The Sixteen Types At Work   E*S*TPs at work

What You might Notice First
- are energetic, aciton-oriented, outgoing, and restless - want to have things happening and be involved
- are down-to-earth and expedient; they do what works but also like a challenge
- are trouble-shooters and good in a crisis
- are curious and aware of things that others may overlook

Work Style
- size things up quickly and dive right in, are "hands-on" workers, may have intense bursts of energy to get something done "right now", and like seeing a task completed
- want to start doing it (rather than preparing a proposal or plan) and shape the work based on current experience, so they may begin with little planning an disappear to "make it up" as they go along
- prefer minimal structure and procedures, and may stretch or ignore (and sometimes rebel against) rules to get the job done in the most straightforward, simple way
- like a variety of work and contact with variety of people, like to learn new things, will seek out other activities or challenges if the work at hand is not sufficiently stimulating

In Groups / On Teams
- want to try something, not talk about what might be done (particularly if the discussion is prolonged or abstract)
- pay attention to and put energy into the issues, concerns, and tasks of the immediate present
- are persuasive, skilled at convincing others; like to have fun at work, having fun is a motivator

During Change
- like and may be at their best during situations that require an immediate response, improvising, and thinking on one's feet; a crisis may call forth and highlight their leadership skills
- decide by doing so they may not know the best approach until it has been tried
- adapt readily to changing circumstances and are not reluctant to change courses in midstream, however, may also readily adapt to or accept what is and not see a need to change
- their action- or crisis-orientation may be experienced as stressful by others

During Conflict
- are good negotiators who are flexible, open-minded, willing to comprise, and able to see and bring together divergent views and the different sides to an issue
- willing to try new approach if the previous one didn't work, readily adopts others' ideas if they will work better
- may be less aware of or comfortable with the personal aspects of a conflict, so the solutions they propose may de-emphasize or overlook these elements
- under stress, may withdraw, become pessimistic, focus only on one option, or imagine "worse case" scenarios

Contributions
- resourcefulness - making good use of what is at hand and being willing to jump in whenever needed
- create fun, liveliness, and activity, and introduce humor
- keep the team or organization reality-based
- flexibility, adaptability, and responsiveness

May Be Experienced As
- direct, straightforward communicators who tell it like it is and *sometimes* as quite frank, brusque, and unaware of or unresponsive to others' feelings and needs
- willing to take risks and wanting the team or organization to do the same
- action-oriented and *sometimes* as so inclined to act that they overlook the long-term implications and put energy into ideas that are not will thought out
- not consistent at follow-through, "winging it", "last minute", or putting off tasks deemed unimportant

The Sixteen Types At Work   INFJs at work   ·─·─·─·─·─·

What You might Notice First
- are warm, cooperative, trusting, sensitive, tactful, and easy to get along with (though they may also keep their distance or seem aloof at first)
- have good communication skills, are persuasive, and are good listeners
- are dependable and persistent: they do what they agree to do and meet obligations
- seem to "have their act together"

Work Style
- prefer a supportive environment that is friendly and non-competitive and where harmony and praise are common
- see work as a mission or service - want work to make a difference for others and want to grow through their work
- like variety and opportunities to be creative, and dream up new approaches to the routine
- value independence and autonomy, and want to organize their own time, effort, and work environment

In Groups / On Teams
- are imaginative, have or generate ideas (though ideas may have to be drawn out of them), are comfortable with abstraction and complexity, and can synthesize multiple perspectives or diverse information
- encourage and empower others, want and give appreciation and affirmation, seek to create cohesion
- prefer to have both organization and structure <u>and</u> concern for people and human values; want the team to organize itself around vision and values
- are good at working on teams, though too much of a group can fatigue or overload them

During Change
- may experience tension between being too oriented toward newness and change and honoring traditions and what has proven to be comfortable for people
- look for and may be aware of significance in events that others may miss or deem unimportant
- use symbols and metaphors to visualize and talk about change
- may withdraw if their ideas are not accepted or their values are not respected

During Conflict
- prize and strive for harmony, take a facilitative approach
- are often peacemakers and mediators who know how to resolve difficulties and are able to find some good in a painful situation
- may take on and/or internalize others' concerns
- under stress, may want to be alone, may make absolute statements and speak harshly of themselves or others, and/or may become distracted and give considerable energy to a low priority task

Contributions
- strong and idealistic belief in people and in what they can accomplish, and encouragement of others to maximize their abilities and potential
- visionary - advocating their visions, values, and ideals
- insight into people, sometimes being aware of others' needs before others themselves are
- promoting integrity and the alignment of values and actions for individuals, groups and organizations - calling upon organizations to "walk their talk"

May Be Experienced As
- having strong convictions, inner vision and lofty goals and *sometimes* as being single-minded and inflexible about how things ought to be
- indirect and private, so they may be hard to get to know
- self-critical, hard on themselves, and "perfectionistic"
- liking to dig into things deeply and *sometimes* as tending to exhaustive exploration or over-analysis

The Sixteen Types At Work   E**S**FPs at work

What You might Notice First
- enthusiastic and energetic, warm and joyful, optimistic and uplifting, accepting of others
- like to be where the people and the action are (right in the middle of things), involved, gregarious, and sociable
- communicative, often have good people skills, and take a sympathetic approach to others
- observant, pay attention to what is going on in their environment

Work Style
- enjoy being with others, like to work with a variety of people and challenges, and want the job to be fun
- see and put themselves in a helping role and like to feel personally involved in their work
- have an involved, hands-on work style; trust more and learn best from direct experience (try it first, read the instructions if stuck)
- like freedom to be active and prefer little structure

In Groups / On Teams
- bring a sense of unity to the team, work to create an environment where people feel valued and in on things, and encourage others or spur them on
- share about themselves and their life's experiences, and can be a catalyst for others to do same
- attend to the people and processes before that task; value cooperative, harmonious relationships where people are regarded as equals
- flexible and adaptable, favor altering plans to account for team or individual needs as they arise

During Change
- prefer change that is directed toward specific, people-oriented goals - with lots of encouragement and support to reach those goals
- are comfortable moving into a hectic situation and helping others/the team through a crisis, often come through difficult situations with flying colors
- practical and realistic problem solvers who respond and improvise according to the needs of the moment
- more prone to act than to plan or systematically consider the alternatives

During Conflict
- value unity and agreement, and may find conflict among people unsettling
- tactful, not confrontational - may withhold "constructive criticism" even when providing it would be helpful
- can often bring a sense of ease to a tense situation
- under stress, may be uncharacteristically pessimistic, negative, or doubt themselves (though they may not show these reactions overtly)

Contributions
- concern for people - help keep the focus on the needs of the people being served (e.g., customer, patient, student)
- bring and help create excitement, optimism, and fun
- ability to pay attention to and keep track of numerous things at the same time
- being open about themselves and their concerns (what you see is what you get), and encouraging others to be the same

May Be Experienced As
- very aware of others' needs and *sometimes* as wearing themselves out trying to meet those needs
- liking everything to be fun and *sometimes* as too lighthearted
- quite responsive to immediate demands and *sometimes* as so adaptable that they may not see the need for making plans, may become diverted and leave things unfinished, or may deviate from established routines
- high energy and giving others a lot of personal attention and *sometimes* as overpowering or putting other off with the attention they give

The Sixteen Types At Work

What You might Notice First
- are serious and confident
- are independent, may seem cool, impersonal, and distant, and don't communicate much
- are inquisitive and skeptical, raise questions about everything (e.g., organizational mission, current goals, what we've been organized into teams)
- have ideas in mind so they propose solutions and give advice (and may be blunt in doing so)

Work Style
- are comfortable working alone and like to have their own work space
- do their best work when they have a grasp of the big picture and the underlying principles, want to understand something before trying it, and once they understand it they may not be interested in implementation
- function autonomously, often want and provide little feedback or supervision, and may take action without informing or consulting others
- highly value competence in self and others, and like to continue to learn and expand their capabilities

In Groups / On Teams
- are not naturally drawn to teams and may appear uninvolved or uncommitted
- boil much of the group's discussion and deliberation down to essential points or issues
- are intellectually playful, but otherwise earnest
- may not value or be comfortable with the relationship-building aspect of working together (e.g., "small talk", creating a warm environment)

During Change
- project calm and often provide a stabilizing influence
- see change as a means to improve, to address weakness and problems in systems, or to achieve specific organizational outcomes; may be less enthusiastic about personal change
- are not particularly responsive to - and may deliberately resist - external pressures (e.g., "This is the latest approach" or "All the other departments are doing it")
- want to know "why", and take a rational, systematic approach to change, even to the human factors involved

During Conflict
- want to analyze all components, including "irrational" aspects to look for patterns or cause and effect relationships
- may avoid or withdraw unless the conflict is an obstacle to accomplishing something important to them
- sometimes cause conflict without being aware that they are (e.g., may spark discussions and arguments that other experience as conflict, or may offer suggestions for improvement that others take as personal criticisms)
- under stress, may feel immobilized, have irrational/emotional reactions, or give sudden priority to seemingly insignificant activities or events

Contributions
- generate and promote "vision", and take a long-range view of the consequences of today's deliberations
- able to see things from a new perspective, providing original ideas or insights and synthesizing complex information or diverse perspectives
- drive and readiness to create and improve systems
- advocate focusing energy and resources on activities central to accomplishing the mission

May Be Experienced As
- persevering and determined and *sometimes* as so confident their position is right that they stubbornly hang on to ideas and visions too long
- competent and self-assured and *sometimes* as seeming to regard themselves as superior to others
- providing relatively little information, presuming that what is perfectly clear to them is also clear to others
- having demanding standards, and *sometimes* as critical of self and others when standards aren't met

The Sixteen Types At Work   E*N*TPs at work

What You might Notice First
- generate and are engaged by ideas and possibilities, inventive, make connections quickly
- have lots going on, are lively, contribute to a highly charged environment
- approach most things - and people - logically and analytically
- are outgoing, articulate, assertive, and confident in their ideas and abilities

Work Style
- like variety and activity in work, people, and methods; are energized and stimulated by new problems and challenges; get involved with others; not inclined to sit still
- do things in novel or non-standard ways, and may look for ways to go around or outwit the system
- value competence in self and others - want to work with others whom they regard as competent, and seek new challenges and opportunities to test or expand their abilities; do not like and may resist close supervision
- may move ahead without a complete plan, agenda, or all necessary materials

In Groups / On Teams
- have enthusiastic, entrepreneurial characters and champion ideas, can win support of and motivate others, and like their own ideas and contributions to be recognized
- are comfortable with and begin with the big picture (abstract, future possibilities) and are less interested in the specifics of implementation; can see multiple points of view and may frustrate others by seeming to change their minds as new information or options emerge
- seek to create a stimulating environment, want work to be playful and fun, and often engage in intellectual play
- like to communicate directly and straightforwardly, readily offer suggestions for improvement or provide critiques

During Change
- energized by, create, and stir up change; like to start new things
- see or generate may options for how change could occur, can almost always see another possibility
- are adaptive and grow with the flow
- are comfortable beginning with a concept or model - what may seem like just a rough idea to others - and creating whatever is needed as they go along

During Conflict
- want to use analysis and principles to resolve conflict and may take an objective, non-personal approach to people
- want to talk about the conflict, though they are not usually bothered by (and may be stimulated by) intellectual give and take or debate
- able to see all sides and points of view
- under stress, may become inappropriately and extremely focused on or distracted by a few specifics and may have bursts of misdirected energy

Contributions
- want to keep themselves and the team or organization on the cutting edge and pushing boundaries via creativity, risk taking, and exploring whatever is new
- well-developed, though sometimes irreverent, sense of humor
- ability to synthesize a variety of sometimes disparate perspectives and information into a new whole
- the desire, persistence, and resourcefulness to solve problems and make things happen

May Be Experienced As
- high energy and tireless and *sometimes* as having too many activities going on at once, overwhelming or distracting others with possibilities and complexity
- lacking closure or follow-through - pushing deadlines and seeming to be pushed for time
- competitive, arguing for the fun of it and *sometimes* as wanting to be "one up"
- having high expectations and *sometimes* as impatient and critical of self and others when standards are not met

The Sixteen Types At Work   ISFJs at work

What You might Notice First
- are warm, friendly, good natured, unassuming, sensitive to others, and good listeners, yet may also be constrained and do not communicate a lot, especially about themselves
- are hard working, strong, and dependable, and they have a strong sense of responsibility and duty
- are down-to-earth, logical, and realistic; they follow procedures and respect traditions and the way things are done
- are organized and good at organizing both people and things

Work Style
- prefer to plan the work and be prepared for the snares and obstacles that might be encountered, and are most comfortable getting organized before beginning a project
- are most drawn to work that is helpful and provides a tangible service to others
- prefer to work on one thing at a time, giving attention to one person or project without interruption
- want to know specifically what is expected of them

In Groups / On Teams
- seek to create a non-threatening, supportive environment; generally they are concerned and involved group members who need to get to know others and begin solid working relationships
- favor establishing clear goals, objectives, schedules, milestones, etc., and are comfortable working within hierarchical structures
- expect everyone to do their share and pull their own weight (ISFJ's themselves often do more than their share)
- do best when they are recognized for their contributions (especially when many of their accomplishments are less conspicuous)

During Change
- foster change that addresses people's unmet needs and helps them to develop and become "better persons"
- often respect experience and tradition and therefore prefer gradual change and may take a "don't rock the boat" stance
- value fairness and want change to be fair and have a similar impact on all
- bring a sense to stability by creating structure and order; do best when change can be well-planned

During Conflict
- prefer and work best when there is harmony, support, and affirmation (lack of harmony - such as office feuds - can be upsetting and throw them off track); may use gentle humor to try to create harmony
- tactful, kind, gentle, considerate, and aware of and responsive to what others are experiencing and feeling; may use their "been there technique" to help others resolve conflict
- very sensitive and may like negative feedback and "constructive criticism" personally
- under stress, may be characteristically pessimistic and/or disorganized

Contributions
- focus on getting the job done and creating a supportive, positive environment
- show strong loyalty to the organization
- value follow through and focus individual or group efforts on achieving what they set out to do; they themselves work quietly sometimes unnoticed, to make sure that things run smoothly
- bring stability, calm, organization and structure to projects or departments/teams

May Be Experienced As
- good with detail, patterns, thorough and *sometimes* as "picky" about details, too structured, not spontaneous
- serious, deep and reserved, and *sometimes* as hard to read, taking longer to get to know
- communicating indirectly, "beating around the bush"
- concerned that things go well and *sometimes* as overly concerned "worriers"

What You might Notice First
- are lively and often full of excitement, stimulate activity, and get others excited
- generate a lot of ideas and options; seem to be surrounded by possibilities; are expansive and imaginative
- are expressive, articulate, and communicate a lot
- are people-oriented - engaging and optimistic

Work Style
- are most drawn to work that has meaning and value for them and which fosters human growth
- are cooperative and are natural networkers who do best when they have contact with/stimulation from others (they don't usually like working alone)
- work from inspiration, not a plan, and like to develop new approaches and create new things; are flexible and prefer not to have routines, a lot of structure, or tight schedules; work in bursts of energy
- like challenges and a variety of people and tasks, want to continue to learn and develop

In Groups / On Teams
- are catalysts, initiators, and motivators who get things going, and are energized by starting something new
- attend to the "people" and group process aspects of the team, notice and encourage the gifts in others, want and give recognition, and work to develop and maintain harmonious, inclusive relationships
- are fun loving, bring and stimulate energy and gusto
- are adaptable and dexterous - willing to jump in wherever needed (without being particularly concerned about "authorship" or who gets credit)

During Change
- are natural change agents who are energized and captivated by change, and often have a "let's give it a try/go with the flow" outlook (especially when change supports their overall vision)
- place high priority on changes which make things better for people, including themselves and their team members
- can brainstorm numerous possibilities
- are motivated to change themselves in response to feedback from someone they trust, or by becoming aware of how their behavior affects or is perceived by others

During Conflict
- value interpersonal harmony, emphasize areas of accord and unity, and de-emphasize points of contention
- are peacemakers and accommodators who may be asked to play - or put themselves in - the role of conciliator
- want to consider and incorporate everyone's viewpoint, and can help move the team toward consensus
- under stress, may be direct or confrontational, compulsive about small tasks and details, or take a rigid stance

Contributions
- visionary and idealistic, want the organization, team, and individuals to pursue the vision and make a difference for people
- willing to try new things and take risks, impart a sense of adventure
- have a strong people orientation - people are drawn to them and they can draw people out and fire them up
- promote establishing and adhering to team or organizational values

May Be Experienced As
- visionary dreamers and *sometimes* as appearing to lack direction and focus
- having a lot going on and *sometimes* as being over-committed ("having too many balls in the air"), moving from one project or cause to another when a more intriguing possibility arises, leaving others to follow through or wonder what happened to the previous project or cause
- generating a lot of alternatives and *sometimes* as having difficulty deciding among all the alternatives they generate so they may seem to "waffle" or appear "wishy washy"
- disarming, having ready plausible explanations for most occurrences

The Sixteen Types At Work   I*S*TJs at work

What You might Notice First
- are organized, dependable, persistent, and do what's sensible
- are quiet and less engaged with others so they may seem impersonal or detached
- have a strong sense of duty and responsibility; they do not waste times, money, or other resources, and they follow procedures and rules that have a logical purpose (and expect others to do the same)
- are attentive to details and bring a vast array of facts and data to bear on their work

Work Style
- are methodical, like to have as much information as possible about the task before proceeding, plan their work, and strive to stick to the plan (usually they are not comfortable figuring it out as they go along)
- like clear responsibilities and rewards, tangible and measurable objectives, well-defined tasks, and specific instructions
- use established techniques to complete tasks, work within existing frameworks, and get job done right and on time
- prefer to work on one thing at a time and not to be pulled in too many directions, able to work alone, and don't like interruptions

In Groups / On Teams
- are often relied on for accurate information (e.g., up-to-date figures, complete notes or minutes)
- are task-oriented so their first concern is to get the work done and they may be less attentive to the group's process and the "goings on" of the team (which may seem to take too much energy from the work)
- like a clear structure (or chain of command), and want the team to have clear objectives, schedules and deadlines
- want the team to be moving toward its objectives and may be impatient with protracted deliberations and mulling over multiple options

During Change
- bring realism and have a clear notion of what seems feasible
- are stabilizers who are cautious and naturally conservative
- are most comfortable with and supportive of incremental change that preserves and builds on what has been show to work
- because of these views, may be experienced as resistant to change

During Conflict
- project calm - often do not appear bothered by conflicts which are upsetting others (though they may have internalized them) - and propose sensible, matter-of-fact solutions
- try to remain rational, reasonable, and objective about everything including emotions; not necessarily comfortable with emotions and may regard it as inappropriate to bring them into workplace deliberations and issues
- seek the support of someone with whom they are close to confide in
- under stress, may be particularly pessimistic, see only "worse case" possibilities, and start to doubt themselves

Contributions
- bring the historical perspective, may be the team or organizational memory or historian
- emphasize productivity and efficiency - getting the job done while making good use of resources
- strong allegiance to individuals and organizations
- precision, objectivity, and thoroughness

May Be Experienced As
- determined - establishing objectives and doing what it takes to reach them - and *sometimes* as so determined that they seem set in their ways, stubborn, and not open to considering other alternatives
- hard working and productive and *sometimes* as too serious and proper
- noticing and pointing out things which are inconsistent with standard practices or seeming to be "unfair"
- hard to get to know, removed

APPENDIX K

Common Ways to Disseminate Messages		
TYPE	**PROS**	**CONS**
PAID MEDIA		
Television spot - Usually 15-, 30- or 60-seconds long. Most run 30 seconds.	Reaches a broad audience Audiovisual impact	Expensive to air Expensive to produce Short amount of time in which to deliver message
Radio spot - Paid radio spots are typically 60 seconds.	Expensive, but cheaper than television Narrower target Can be produced quickly Typically longer than television spots	Audio impact only Narrow reach
Print ads - Ads in newspapers, magazines and other publications.	Reaches very specific audience, often including opinion leaders Short lead time, immediate impact	Very short life span Often misses younger and lower socio-economic demographic
Outdoor - includes billboards and other outdoor signage in places such as stores, busses, trains, or benches.	Can reinforce messages also placed elsewhere Can repeatedly expose commuters to message Transmit space can be inexpensive compared to other forms of media Possibly high exposure	Limited message space Weather/graffiti damage Very difficult to target narrowly
EARNED MEDIA		
Placing stories in print o broad-cast media.	Does not require out-of-pocket costs like buying print space or air time does Can achieve good reach Credibility with readers/viewers Can be particularly helpful for reaching policy and decision makers, who are often especially attuned to news media	Limits on the extent to which you can control the message, as you will not be writing the story Feature placement requires contacts and may be time consuming
Obtaining free print space or air-time for public service announcements (PSAs).	Less expensive than buying print space or air time Can provide copy (instead of pre-made ads) for radio announcers to read - less expensive than producing spots.	PSAs can be expensive to produce (especially television and radio) and distribute No control over if and when your message will air, and thus over how well it will reach your target audience.

	Print PSAs can be inexpensive to produce	

Common Ways to Disseminate Messages continued

TYPE	PROS	CONS
POINT OF INTERACTION		
Placing a message near where people will be deciding whether to be active, vote for a policy change, etc..	Exposes audiences when they are well positioned to act on your	Limited space for a message Sometimes difficult to gain access to the point of interaction
MOVIE TRAILER/SLIDES		
Movie Trailer/Slides - Video and/or still photos shown before movie begins.	Targets heavy movie goers (including hard-to-reach teens) Advertising trailers can have high impact (audio and visual on a large screen)	Production and placement of trailers can be expensive Slides before movies may not reach large audience Somewhat inefficient: Few theaters allow targeting to specific kinds of movies Some film distributors do not allow ad trailers
PRINT MATERIALS		
Informational brochures, posters, newsletters, paycheck stuffers, and flyers.	Can be inexpensive to produce Longer life Some types support detailed messages	Not an "interruption" medium, so recipients must want to be reached Needs to be disseminated Duplicates may be provided to the same individuals
ONLINE VEHICLES		
Websites - Many programs build sites; some sites are aimed at specific audiences.	Can be relatively inexpensive Information always available to those who seek it Can be updated quickly Unlimited message area Can promote your issue/message through partners' websites, too	Must use promotional efforts to drive traffic to site Maintenance and monitoring required May limit audience or miss certain demographic or socioeconomic groups
Web Banners - Click-through banners can link commercial and partner websites to the program.	Broadens exposure on new media Can range from inexpensive to expensive to produce	"Click-through" rates typically low Small message space May limit audience or miss certain demographic or socioeconomic groups

SHAPE YOUR PROGRAM:
MARKETING/COMMUNICATION PLANNING DOCUMENT

Use the communication planning worksheet as a reference point for thinking about the methods, materials, messages, and techniques you'll use to move your program from broad goals to measurable successes. See Appendix C for an example of planning a program using the model below.

What are we trying to achieve?	What are our programmatic goals?
Who are our audiences?	1. What are their characteristics? • What do they see as benefits? • What barriers exist? • What motivates them? 2. How can we reach them?
What are the measurable communication objectives?	1. Objective 1 2. Objective 2 3. Objective 3
What are our strategies and tactics?	1. Strategy a. Tactic b. Tactic c. Tactic 2. Strategy a. Tactic b. Tactic c. Tactic

What are our messages?	1. What action do we want the audience to take? 2. How will we motivate them to take this action? What do we need to tell them?
Key measures of success (Evaluation is discussed in detail in section 5.)	Evaluation 1. How will we know our program is working? 2. How are we going to measure it?

Community Health Participatory Planning (CHPP)

Training Session Evaluation

Please be as honest and as forthcoming as possible. We endeavor to create and deliver relevant and pertinent training sessions. We only get better with your help.

1. List the 3 most helpful ideas you learned today.

2. Was the material covered relevant to your work? How so?

3. Please rate the trainers. Your attention, please, to material covered, preparation, activities, and style of delivery.

4. How would you rate the workshop overall. Excellent, Good, Fair, Poor and your comments please.

5. Did this program meet your expectations? Yes or No and your comments.

6. Do you think you will utilize the workbook? Any comments on the workbook?

7. What information would you like to have received about the CHPP model but did not?

8. What suggestions or changes would you make in this session when we train others?

APPENDIX M

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