COMMUNITY-BASED HEALTH INTERVENTIONS (4 CREDITS)

- **Welcome message and modules aim in brief**

Dear Student,
Welcome to this MPH course **"Community Based Health interventions".**

The course aim is to provide students enrolled in the MPH program with a theoretically informed practical overview of community work, methods for developing and facilitating solutions to public health problems, including concepts of advocacy and policy formation, presentation skills and development of community health interventions.

You are expected to participate to the entire course, including in the scheduled group or individual course assignments and discussions. If necessary, contact the course instructor for further information!
We look forward to seeing you at the course start!

- **Facilitators contacts**

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Contact hours at instructors' office: Wednesday & Thursday from 4:00 to 5:00 pm

COURSE SYLLABUS

Module teaching and learning expectations

This course will develop the ability to plan for the design, development, implementation, and evaluation of strategies to improve individual and community health. Moreover, practical skills for working with communities will be developed through illustrative case studies to consider the issues and practices involved in working with local community groups and faith communities.

Learning outcomes

1. Recognize a number of different ways in which agencies work with communities
2. Apply a number of models of working with communities to their own situation
3. Explain and analyze the aptitudes and skills needed to work successfully with communities.
4. Undertake a careful analysis of a geographic or functional community
5. Conduct a case study to evaluate a community-based intervention

Proposed course activities

- A literature review of community based health interventions in Rwanda (Community Health policy, selected protocols of community health interventions implemented by government, agencies, NGOs and other health partners).
- In class group assignments and discussions
- Group project: A proposal and summative analysis report of a case study on a community-based health intervention, including background, objectives, and methodology, data collection tools and informed consent forms (if applicable).

Assessment and Evaluation Methods:

- 10%   Discussion participation
- 20%   Assignment
- 30%   Short exam (CAT)
- 40%   Final Paper (case study report)

References

1. Glanz K.; B.K. Rimer and F.M. Lewis (2002). Health Behavior and health education: Theory Research and practice.'' Jossey-Bass. A Wiley imprint. 4th Edition.

2. Paul, H. & Thomas, N. (2003) *Skills in Neighbourhood Work*. (3rd edn.) London: Routledge.

3. Edison J. Tricket & W. Pequegnat. (2005) *Community Interventions and AIDS. NewYork:* Oxyford UniversityPress.

4. Kalichman SC. (1998). Preventing AIDS. A sourcebook for Behavioral Interventions. LEA . New jersay. USA

NB: Additional readings will be provided in class on daily basis.

Teaching Methods:

Blended learning: Lecture and Discussion will be given by the instructor or guest speakers to familiarize the students with course related issues.

COURSE PLAN

DAYS	CONTENT
SESSION 1	➢ Definition of concepts
SESSION 2	➢ Overview of Community-Based Health Interventions (rationale, design and theories) ➢ Introduction to case study research design
SESSION 3	➢ In class assignments and power points presentations: ▪ Group I: Community Engagement ▪ Group II: Community Mobilization ▪ Social marketing interventions
SESSION 4	➢ Group assignment: Case study protocol development: Case definition; Case study objectives; Methodology (methods, data collection tools, participants recruitment) ➢ Submission of draft of case study protocols ▪
SESSION 5	➢ Feedback on case studies and Field Logistics ➢ Guest lecture from a Community Health Specialist/Research issues in evaluating health behavior interventions
SESSION 6	➢ Field visit to CBHI related to case study
SESSION7	➢ In class presentation of case studies findings ➢ Course wrap-up
SESSION 8	Short Exam (CAT) **Final paper submission deadline**

SESSION 1: DEFINITIONS OF CONCEPTS

Introduction
For community based health interventions, there are many concepts that are considered and applied while designing and implementing such interventions. This session covers important concepts and their respective definitions.

LEARNING OUTCOMES FOR THE SESSION

By the end of this session, you should be able to:
1. Distinguish different concepts used for community based health intervention. 2. Apply each concept correctly

Activity:

Try to find definition of the following concepts among given definitions (**N.B:** Handouts of this session have to be accessed at the end of this activity).

A. CONCEPTS

1. Community

2. An Intervention

3. A Program

4. Community Health

5. Community-based interventions

6. Population-based interventions

7. Communication

8. Behavior Change Communication

9. Communication strategy

10. Community mobilization

11. Social marketing

12. Coalition building

13. Policy Development

14. Needs Assessment

15. Advocacy

B. DEFINITIONS

1. A process by which change is introduced into peoples' thoughts, feelings and behaviors. it is also an act of intervening, interfering or interceding with the intent of modifying the outcome. An activity or set of activities aimed at modifying a process, course of action or sequence of events in order to change one or several of their characteristics, such as performance or expected outcome.

   For example, it is used in public health to describe a set of activities designed to have an impact on an illness or disease.

   Actions taken on behalf of individuals, families, systems, and communities to improve or protect health status

2. Interventions aimed at disease prevention and health promotion
   Affect **an entire population** and extend beyond medical treatment by targeting underlying risks and environmental factors.
   They focus on entire populations possessing similar health concerns or characteristics.

3. The combination of sciences, skills and beliefs directed towards the maintenance and improvement of the health of all the people through collective or social actions.
   The programs, services and institutions involved emphasize the prevention of disease and the health needs of the population as a whole.
   Its activities change with changing technology and social values, but the goals remain the same.

4. Interventions that target <u>a group of individuals</u> or a geographic community but are not aimed at a single individual.

They use <u>multiple interventions</u>, targeting change among individuals, groups, and organizations, and

Often incorporate strategies to create policy and environmental changes

5. A planned sequence and combination of activities designed to achieve specified goals.

   Involvement of : equipment, materials, money, personnel, and time.

   Defined as   a temporary flexible organization structure created to coordinate, direct and oversee the implementation of a set of related projects and activities in order to deliver outcomes and benefits relating to an organization's strategic objectives.

6. A the process of sharing information, thoughts and feelings between people through speaking, writing or body language.

   Effective communication extends the concept of simple communication:

   - Transmitted content is received and understood by someone in the way it was intended.
   - Its goals include creating a common perception, changing behaviors and acquiring information.

7. A strategic use of communication to promote positive health outcomes, based on proven theories and models of behavior change.

   It employs a systematic process beginning with formative research and behavior analysis, followed by communication planning, implementation, and monitoring and evaluation.

   Audiences are carefully segmented,

   Messages and materials are pre-tested, and

   Both mass media and interpersonal channels are used to achieve defined behavioral objectives

8. A dynamic process that involves planned actions to reach, influence, enable, and involve key segments of the community in order to collectively create an environment that will <u>effect positive behavior</u> and bring about desired social change.

   Segments include influential groups or individuals as well as formal and informal leaders among those who will directly benefit from the desired social.

Also defined as a process of <u>engaging all sectors of the population</u> in a **community-wide effort** to address a health, social, or environmental issue.

It brings together policy makers and opinion leaders, local, state, and professional groups, religious groups, businesses, and individual community members

9. A public health intervention that utilizes commercial marketing principles and technologies for programs

   Designed to influence the knowledge, attitudes, values, beliefs, behaviors, and practices of the population of interest.

10. A planning and implementation process for promoting and informing a designated target audience of an existing or proposed policy or program.

    It also outlines the desired outcomes of the information campaign and it always call to action from its target audience.

    (The audience should not only be informed but also should be motivated to respond in a specific way to the policy or program)

11. It promotes and develops alliances among organizations or constituencies for a common purpose.

    It builds linkages, solves problems, and/or enhances local leadership to address health concerns.

12. It places health issues on decision-makers' agendas, acquires a plan of resolution, and determines needed resources.

    It results in laws, rules and regulations, ordinances, and policies.

13. Pleads someone's cause or

    Act on someone's behalf,

    With a focus on developing the community, system, individual or family's capacity to plead their own cause or act on their own behalf.

    Advocacy for health is:

    - A combination of individual and social actions
    - designed to gain political commitment, policy support, social acceptance and systems support
    - for a particular health goal or program.

Plays a role in creating awareness in the minds of the community

14. A group of people, often living in a defined geographical area, which may share a common culture, values and norms, and are arranged in a social structure according to relationships which the community has developed over a period of time.

Members gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them.

Defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other common bonds.

Defined as a geographically and /or demographically defined population with a social identity, and some evidence of social capital.

15. A systematic process for determining and addressing **needs, or "gaps"** between current conditions and desired conditions or "wants".

The discrepancy between the current condition and wanted condition must be measured to appropriately identify the need.

The need can be a desire to improve current performance or to correct a deficiency.

In Public Health, defined as a systematic method of identifying the public health, health / social care needs of a population and making recommendations for changes to meet these needs.

Gather both qualitative an quantitative data

An effective tool to clarify problems and identify appropriate interventions or solutions. In this context "need" is defined as ability to benefit from a policy or service intervention.

Session 1 handouts

(attached)

Introduction

For community based health interventions, there many designs and theories to be considered. The first part of this session covers the community based health intervention rationale, designs and theories. The second part is about case study research designs that can be used to document how community based health interventions work.

LEARNING OUTCOMES FOR THE SESSION

By the end of this session, you should be able to:
1. Apply a number of models of working with communities to their own situation
2. Conduct a case study to evaluate a community-based intervention

SESSION 2 PART 1: OVERVIEW OF COMMUNITY-BASED HEALTH INTERVENTIONS (RATIONALE, DESIGN AND THEORIES)

Handouts and readings for this session are attached.

SESSION 2 PART 2: INTRODUCTION TO CASE STUDY RESEARCH DESIGN

Handouts and readings are attached.

Introduction

This session is an assignment complementing session 2 part 1. Based on given readings, in three groups, you have to work respectively on community mobilization, community engagement and social marketing.

LEARNING OUTCOMES FOR THE SESSION

By the end of this session, you should be able to:
1. Describe the guiding principles of community engagement/mobilization and social marketing 2. Identify advantages and disadvantages of each of the above concepts

Readings to be used for this work are attached to the today session. The following are tasks you have to perform:

1. **Describe what COMMUNITY MOBILISATION/ENGAGEMENT/SOCIAL MARKETING is**
2. **Redefine the concept in your own words**
3. **Explain 2 reasons why going beyond service delivery and working in prevention is important.**
4. **Describe the guiding principles of each concept to effective prevention programming**
5. **Identify its advantages and disadvantages**

At the end of this session, all three groups will present their works using power point presentations (using the discussion forum or in class if possible).

SESSION 4

Introduction
This session is an application of session 2 part 2. You will practice what you have learned in this mentioned session. This assignment will be performed in groups. The number of each group members is to be determined by instructors and students consensus.

LEARNING OUTCOMES FOR THE SESSION

By the end of this session, you should be able to:
3. Define case 4. Set case study objectives 5. Describe a specific case study methodology

> Group assignment: Case study protocol development: Case definition; Case study objectives; Methodology (methods, data collection tools, participants recruitment)
> Submission of draft of case study protocols (comprising the above parts)

FINAL PAPER I (case study) NSTRUCTIONS

Title page (Group embers registration numbers)   1 page

Executive summary (abstract, max. 250 words)   1 page

I. Introduction

    1.1. Background /context   1 pages

    1.2. Case definition   1 pages

II. Case study objectives   1 page

    o General objective
    o Specific objectives

III. Source of data and methodology   2 - 3 pages

    o Source of data (field visit location description)
    o Case study participants
        - Participants recruitment
        - Participants characteristics

- o Data collection Methods
- o Data collection procedures
- o Data analysis
- o Ethical considerations

IV. Summary Findings of pre-test of designed data collection tools (Do not forget a few quotations to illustrate your findings)   5 - 6 pages

V. Discussion and recommendations (max 1 page each section)   2 - 4 pages

4.2. Brief discussion of findings (views of the group; unexpected outcomes)

4.2. Recommendations and policy implications

4.3. Limitations of the case study

4.4. Suggestions of next steps and/or improvements of the case study

VI. Conclusion   1/2 page

VII. List of references

VIII. Appendixes

A. Consent form

B. Data collection instrument(s)

D. List of interviews participants + their function and addresses

E. Each student participation and contribution in the group assignment

FINAL PAPER EVALUATION CRITERIA (group marks)

A. Completeness (all sections are developed and instructions followed): 20%

B. Content : 80%
   1) Background and case definition: 20%
   2) Objectives: 5%
   3) Methods: 10%
   4) Pre-test Findings: 20%
   5) Discussion, recommendations and conclusion: 20%

6) Description of each student's detailed contribution to the field assignment and reporting:5%

Group members' names and reg. numbers: __ALL_____

Case study Topic:

_____

Names of group members	Protocol development [/10]	Pre-test/Field visit (organization, logistics, problem solving, communication with team) [/10]	Group discussion after pre-test (data management, critical analysis) [/20]	Final paper writing [/10]	OVERALL PARTICIPATION [/50]
1.					
2.					
3.					
4.					

N.B: This will be a mandatory in class session depending on the availability of the guest speaker.

(This session will be updated according to the availability of contacted guest speaker).

SESSION 6

FIELD VISIT TO CBHI RELATED TO CASE STUDY

Introduction
This session will be held on field as a fieldwork. You will visit a specific community benefiting from a community based health intervention as well as the intervention implementers. You will collect data regarding the intervention according to the case study methodology developed during this course activity. Data will be analyzed and a report will be submitted and presented.

Transport means to the field will be arranged by the school.

LEARNING OUTCOMES FOR THE SESSION

By the end of this session, you should be able to:
1. Collect case study data 2. Perform case study data analysis 3. Write a case study report

<p style="text-align:center;">**SESSION 7**</p>

IN CLASS PRESENTATION OF CASE STUDIES FINDINGS and COURSE WRAP-UP

Introduction

During this session that will be in class, all groups will present their case study findings. At the end of all presentations, instructors will give comments aiming at improving oral presentation of students. They will also wrap up the course and a face-to-face questions-responses session will be held.

LEARNING OUTCOMES FOR THE SESSION

By the end of this session, you should be able to:
1. Present appropriately case study findings to stakeholders

SESSION 8

CAT

Submission of Final case study paper