Preparation

Create your partnership

There may be several individuals and organizations that can assist you in the design, plan, and implementation (or putting into action) of your supportive relationships intervention activities. Supportive relationship interventions focusing on **asthma** have been implemented with the assistance of a wide range of partners.

Example partners to help implement your intervention:

- schools (teachers, coaches, school nurses, school cafeteria staff)
- health care facilities (e.g., hospitals, rehabilitation facilities) and providers (e.g., doctors, nurses, pharmacists)
- social workers
- occupational therapists
- physical therapists
- parents and family members
- religious leaders and faith based organizations
- media personalities
- local universities and researchers
- health departments
- media and communications' specialists
- community centers
- community organizations
- community members and leaders
- patient advocacy groups

Remember that some training may be required to implement the intervention. To save time and money, it is helpful to find partners who have already received this training. If this is not possible, you may have to provide your own training on topics like: health risks associated with asthma, signs and symptoms of asthma, lifestyle behavior changes that reduce risk associated with asthma, communication strategies regarding non-judgmental feedback and reinforcement, how to build cultural competence, how to help individuals with problem solving strategies, proper counseling attitude, community resources, and maintaining confidentiality.

Try to think of partners that can serve a variety of roles. For example, you may need certain partners to help you designing your intervention activities (e.g., health educators), while some partners may be more helpful in conducting your intervention activities (e.g., community centers, teachers). It is important to involve these partners from the beginning of your intervention development through the implementation of your intervention.

Don't forget to consider partners that may help you with evaluating your intervention. To evaluate a supportive relationships intervention, or any other intervention, it is often useful to seek out technical assistance from local colleges, universities or others with this experience. These may also be partners that you consider engaging in designing and planning from the very beginning.

For more information on engaging partners, go to Partnerships.

Identify your population

Asthma supportive relationships may benefit by working to create interventions that suit the needs of various subgroups with regard to gender, race/ethnicity, age or other sociodemographic characteristics. See Asthma in Different Populations for more information.

As you start to consider your own population, it will be important to identify important aspects of your population, such as:

- Define your population. (e.g., an organization, an Internet community)
- Are there subgroups within this population?
- What are the geographic boundaries?
- What are the shared social and cultural characteristics of this community?

For more information on identifying your population, go to Assessment and Prioritization.

Supportive relationship interventions can take place in a variety of settings, including, communities, schools, worksites, health care facilities, faith-based organizations, and in an individual's home. The setting that you select should reflect your population and your goals and objectives:

- What location is convenient?
- What are the hours of operation?
- Will transportation be required for some or all participants?
- Does the site have facilities and equipment needed for activities?
- Is there a cost associated with use of this site?

For more information on settings for asthma interventions, go to Asthma in Different Settings.

If your staff requires training, you will also need to figure out whether you are able to train the staff at your site or whether they will need to attend training elsewhere.

Record your intervention goals and objectives

If you and your partnership have not formed your intervention goals and objectives, you will need to work with your partners to do so. Although you may refine your goals and objectives, it is important to start with some idea of what you want to accomplish for this intervention. The goal of these interventions is to enhance supportive relationships among family members, friends, colleagues or neighbors, organizations, or community representatives in order to promote behaviors towards the prevention and management of **asthma**. In turn, these behavior changes can help to improve quality of life or reduce risk for **asthma**-related health problems and associated medical costs.

Example of an asthma supportive relationship intervention goal and objective:

- Goal: Reduce asthma-related risk factors (smoking, environmental triggers, etc.) in your target population

- Objective: Reduce the proportion of people in your target population who smoke by 15%.

With supportive relationships, as with other efforts to prevent or manage asthma, it is important to set attainable and realistic goals and objectives. This usually requires having a good idea of the community's needs and may require the development of intermediate outcomes such as changes in attitudes or readiness to take medications and quit smoking (if applicable).

It may be helpful to create a logic model to organize your goals, objectives and the action steps to meet your goals and objectives. Some funding sources have very specific logic models for your partnership to use, so be aware of different requirements. For more information on developing goals and objectives, go to Preparing for Your Intervention in Readiness and Preparation.

Assess your community capacity and needed resources

Supportive relationships strategies come in a variety of shapes and sizes. Some interventions will require materials and resources (i.e., computers, printers, and copy machines or services) to create tip sheets, worksheets, quit contracts, or informational brochures. Others may require meeting rooms, areas for fitness activities, or a kitchen for cooking demonstrations. Some strategies may require a dedicated phone line for a hotline or follow-up phone calls. As you develop your budget, be sure to incorporate the costs for these types of resources. For more information on creating your budget, see Budget Preparation in Capacity.

You may consider creating a resource management plan, in which you review your current resources and resource requirements and identify at what points in the intervention you, will need these specific resources. As you develop your budget, be sure to incorporate the costs for these types of resources.

Supportive relationships interventions may also require certain skill sets depending on the specific strategies used. For example, it may be necessary to have skills at providing support or encouragement, problem-solving, leadership, or other capacity-building activities.

Likewise, evaluation of supportive relationships interventions can be complex and may require assistance from researchers and other partners who have experience with study design, measurement development, data collection, data analysis or translation of research findings into practical implications for your community.

Evidence from previous work on supportive relationship interventions suggests they can be developed with a wide range of available funds and resources. Supportive relationships have performed well with a variety of different financial, personnel, space, equipment, and materials considerations.

Previous work in supportive relationships has found:

- Low cost intervention alternatives (e.g., buddy systems) to high cost interventions (e.g., physician counseling, tailored counseling through computer programs) are available and effective.

- Most of the costs for these interventions relate to personnel time and expenses, including:
    - Staff time to design, develop, implement and evaluate the intervention
    - Training staff/health care providers/lay health workers:
    - Cultural competence
- Space may or may not be an issue. These interventions can be conducted in health care facilities, schools, or other environments that don't require renting out space to implement the intervention. However, your staff may require office space for their activities or you may need to contribute resources to renting out space (e.g., a parent organization meeting).
- Likewise, equipment and materials may or may not be issues for consideration. Some of these interventions were conducted through providing telephone support (e.g., follow-up phone calls) or on-line support and others may have used worksheets, videos, culturally appropriate food for events, or manuals to provide support for preventing and managing asthma. Most of the equipment or materials are relatively inexpensive to acquire and distribute.
- Other resources to think about may include money or other types of incentives as part of competitions and contests or as positive reinforcement for having changed asthma-related behaviors for a certain period of time.

The Readiness and Preparation and Capacity sections provide information and resources to help you think about the resources you might need for your intervention. For specific examples of tools and resources for asthma that have been created and used by other communities, visit Tools and Resources for Asthma Supportive Relationships.

Design your intervention activities

- *Consider your intervention strategies*

Think about what you want people to receive from the supportive relationships and how you would like them to respond. For example, you may want people to feel more encouraged in their efforts to change lifestyles. You may also work with your partners to decide what changes are feasible based upon the amount of political and/or community support and available funding.

These interventions are most effective when characteristics of your population are taken into consideration (see Assessment and Prioritization). This may require you to spend time in your population building relationships with people within the community. People within the population can help you identify the community's readiness to change as well as specific behaviors and outcomes that your intervention should address.

Example supportive relationship intervention strategies have included:

- Providing a variety of culturally appropriate options and being mindful of the types of social support (informational, tangible, appraisal) that might be helpful.
- Using a variety of recruitment strategies (e.g., identifying worksites through random identification of parents of school children).

- Creating materials (e.g., booklets) and processes (e.g., classes) to encourage families to reinforce and provide tangible assistance in creating lifestyle changes.
- Creating a lay health advisor manual and training to provide increased support for asthma prevention and management.
- Developing self-help groups with role modeling of various behaviors and buddy systems to encourage healthy lifestyle behaviors and share challenges.
- Providing telephone support for asthma prevention and management and/or to provide support for caregivers of those who have had an asthma incident.
- Creating a directory of asthma and related programs (e.g., nutrition and physical activity) available in the community.
- Sending information and resources to participants' family members or friends providing tips on how to offer support for preventing and managing asthma.
- Developing booklets with tips to encourage community support for asthma prevention and management.
- Encouraging pastors, health ministers, or other faith-based representatives to educate their members about the risks associated with asthma.

- *Design your intervention objectives*

By starting with defining your objectives you can determine what it is you want your participants to get from your intervention. You can then develop action steps that will help you accomplish these objectives. Action steps generally include activities like providing your participants with tangible support or reinforcement and encouragement (emotional support) for healthy lifestyle changes. Once you have developed your action steps, you can begin your intervention. There are many creative ideas for different sessions and activities. Go to Asthma Tools and Resources to see examples of what others have used.

- *Create a timeline and assign roles and responsibilities*

Work with your partners to decide on the timeline for the intervention as well as who will be responsible for carrying out the intervention activities. Be very specific about roles, tasks, and timelines to ensure that the intervention is implemented successfully. Include information about when your intervention will begin and who will be responsible for each activity.

Identify potential barriers

Think about the potential barriers that may be encountered along the way and prepare your reaction to these barriers.
Some barriers to implementing your asthma intervention you may encounter include:

- cost – develop a budget and estimate costs of creating the supportive relationships intervention and maintaining it over time. Challenges may also be faced regarding the lack of funding or other types of support from institutions, organizations or communities. (see Capacity for resources to help you plan your budget);
- resources and personnel – whether your partnership has the needed personnel and resources identified above. Substantial amount of personnel time is required for all phases of these types of interventions, including:

    - Planning and preparation phases – how to get access to participants, how to build supportive interactions into participants' everyday lives and how to address participants' readiness to change their lifestyle behaviors.
    - Implementation and evaluation phases – how to keep participants active in the intervention and how to track participants and their asthma-related behaviors over time.
    - Maintenance phases – how to keep participants from relapsing (or discontinuing asthma prevention and management behaviors) and how to allocate resources to sustaining the intervention activities over time;
- accessibility – ensure that most, if not all, individuals from the population will be exposed to the intervention strategies at one time or another;
- availability – ensure that asthma medications, inhalers, and smoke-free venues are available to most, if not all, individuals from the population;
- support-for children and families, parents and spouses have a strong influence on how individuals prevent or manage their asthma. Parents' smoking behaviors have a negative impact on their children's responses to interventions.
- cultural competency- people from racial or ethnic groups may understand and learn from information and resources that reflect their own culture. Language barriers or literacy may limit the reach of intervention materials The types of support and the giver of that support that are appropriate may vary by culture.;
- susceptibility -many people are unaware that they are at risk for asthma or that they already have asthma, so it may be difficult to encourage them to change their behaviors;
- social, economic, and environmental factors- these can have a strong influence on the intervention (e.g., poverty, chronic unemployment, access to smoke-free establishments) Other priorities also may get in the way of making lifestyle changes (e.g., stress, illness, family, or relationship problems).

While all interventions will encounter unique barriers, you can learn from others' experiences. Barriers that have been encountered in other supportive relationship interventions and steps to prepare for these barriers are summarized below:

- Some programs have found that the recruitment strategies and materials they developed needed to be modified to suit the needs of the particular individuals or families they were working with in terms of culture, language, reading level, or other characteristics.
- Some have also found that while support has increased, their efforts have been unsuccessful because of an absence of policies, environments, promotions, or programs supporting healthy behaviors.
- Transportation may not be available to participants to activities.
- It is also important to consider that families have multiple responsibilities and stressors that inhibit their ability to take part in activities. Interventions may need to consider parental work schedules, religious holidays, and other commitments in developing their schedule of activities. Therefore, it may be helpful to incorporate intervention activities into existing family patterns and schedules and provide programs that meet the needs of individuals of multiple ages. This may mean having the support interventions at worksites, schools, or in community settings where participants may naturally gather.

- It is also helpful to remember that simply providing information to participants may not translate into utilization of the materials. It may be necessary to clearly explain how these materials may be helpful and to describe specifically how to use them. Opportunities for dialogue and ongoing encouragement are strengths of supportive relationships interventions.
- In providing telephone support, staff may not be comfortable in making supportive phone calls to participants' homes. Training may be helpful in providing staff with reinforcements or strategies to overcome their discomfort.
- In some groups or communities, there may be social barriers to asthma prevention and management. Supportive interventions work with community members and organizations to develop strategies to encourage support for lifestyle behavior changes.
- In faith-based organizations, pastors may not want to be involved in certain aspects of the intervention or believe that it is inappropriate to share health messages across the pulpit.
- Another barrier is that in many small communities, worksites, or faith-based settings, it may be difficult to maintain confidentiality, particularly in smaller congregations or rural communities that may have fairly dense social networks. In rural communities, it may be difficult for people outside the community to be effective in delivering interventions.
- It is difficult to determine which individuals may respond better to different types of supportive relationships intervention strategies (e.g., physician counseling, buddy systems, faith-based organization events).
- Although health care providers generally believe in the importance of counseling, patients or clients may not get all the support they need in the limited time they may spend with the health care provider. In addition to having limited time during an office visit, health care providers may not have training in behavior change strategies.
- Physician perceptions that many patients do not follow their recommendations may limit their desire to engage in supportive interventions. They may also feel constrained from providing this type of support because of inadequate reimbursement for counseling. It may be helpful to expand the provision of this type of formal support to others in the medical care system (e.g., nurses, occupational therapists).
- Because many of the challenges to implementing a supportive relationship intervention are relatively minor, communities, schools, worksites, faith-based organizations, families, and others can be easily encouraged to engage in this type of intervention despite their level of readiness.
- It is not too difficult to incorporate these interventions into existing infrastructure for health education in communities, schools, worksites and other venues.
- Environments, including facilities and equipment, and materials are not too expensive, reasonably easy to create, and require little maintenance.

Plan your evaluation methods and measures

- *Pre-test your intervention strategies*

Use focus groups or individual interviews with community members to ensure the strategies are appropriate for the intended audience. When testing the strategies, consider how well they are understood as intended, whether the information is clear,

whether the information is perceived as useful, whether the participant perceives the activities to be supportive, and how well the information or activities are recalled or remembered.

- *Consider your evaluation strategy*

In order to determine if your supportive relationships intervention is working, you will need to evaluate your efforts. It is important to design your evaluation in the planning phase of your intervention because you will need to be able to measure change in order to measure the impact of your intervention strategies. To measure change, you will need to have an idea of what is happening right now.

As with all interventions, it is useful to consider process, impact and outcome evaluation. Process evaluation enables you to assess if your program is being implemented as intended. You might consider collecting registration and attendance forms to determine who is, and is not, taking part in your program. This information can also provide information on how frequently individuals are participating. It is also useful to collect information on how satisfied individuals are with the various program activities and materials. With community support interventions, it is also useful to assess the process used to develop and plan the various activities. This may include an assessment of the coalition processes (e.g., decision making, conflict management) and well as specific logistics (e.g., time of meeting, adequate day care, location of meeting).

In order to assess the impact of your activities, it is important to develop intermediate outcomes (e.g., changes in attitudes; perception of support for changing particular behaviors such as taking medications, using inhalers properly, quitting tobacco use; readiness to make these behavior changes) as well as long-term outcomes you will assess. It is important to develop these intended outcomes and related evaluation questions with input from all partners including funding agencies.

You might consider collecting information through the use of standardized surveys either face-to-face conducted at the program site, in individuals' homes, or over the phone. These surveys may collect information on changes in the levels of the various types of social support thought to impact changes in healthy behaviors (informational, tangible, or emotional/appraisal) as well as changes to asthma-related behaviors, and the multiple ways these changes can be made. In addition, surveys should include items to assess exposure to interventions, utilization of materials, and It might also be useful to consider alternative ways of tracking behavior, for example, biological makers (e.g., intake of certain chemicals like nicotine), and non-obtrusive measures (e.g., measuring the number of times an inhaler is used). The choices you make about which ways to track behavior will depend on a number of factors including: resources, time, personnel available, and the appropriateness of the measure for the setting.

Remember to focus evaluation on the objectives of the intervention. If the objective was to increase tangible support, it is important to assess tangible support. It may be useful to assess if these changes in support influenced readiness to change lifestyle behaviors.

- *Challenges to evaluating supportive relationship interventions*

There are several challenges in evaluating supportive relationships interventions that should be considered:

- It is often difficult to establish causality. Some individuals might have changed their asthma-related behaviors on their own or through relationships with others that were not part of the intervention. Therefore, it is important to get as much information as possible about the reason for changes made.
- It is also difficult to attribute a change in asthma-related behaviors to one particular intervention (e.g., buddy system versus contact with a health care provider).
- When the supportive relationships strategy is used along with other strategies (the most effective way to create change), it is difficult to figure out which intervention strategies led to the changes that were observed in the evaluation.