

Preparation

Create your partnership

There may be several individuals and organizations that can assist you in the design, planning and implementation (or putting into action) of your group education intervention.

Example partners to help implement your group education intervention include:

- trained health education instructors
- medical professionals
- social workers
- pharmacists
- national or state organizations
- community-based organizations
- clinic staff
- faith-based organizations
- hospitals
- worksites
- research or academic partners
- local or state governments
- Native American tribal leaders
- chamber of commerce
- local health department
- community members including individuals from the population of interest
- community groups and coalitions

Try to think of partners that can serve a variety of roles. For example, you may need certain partners to help you develop your group education activities, such as trained health education instructors or community-based organizations, while some partners may be more helpful in conducting your group education intervention, such as teachers or community members. It is important to involve these partners from developing the idea through implementation of the intervention.

To evaluate group education, 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

Group education strategies can be used with a variety of ages, racial and ethnic groups and income levels. Sessions have been conducted in urban and rural settings, with individuals who become aware of the program through various media outlets or with individuals who are referred to the sessions by health care providers. Some groups include only individuals at risk of not getting screened for colorectal cancer while others also include parents, friends, health care providers or other people who might have a significant impact on the individual of interest and his or her capacity to be screened for colorectal cancer or engage in healthy lifestyle behaviors.

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

- What is your population?
- 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](#).

Group education can take place in a variety of settings, including communities, worksites, health care facilities and faith-based organizations. The setting that you select should reflect your population and the goals and objectives of your intervention.

Some things to consider when identifying the setting for your group education intervention:

- 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?
- Are translation services needed?

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.

For more information on settings for colorectal cancer interventions, go to [Colorectal Cancer in Different Settings](#).

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. If your partnership is interested in addressing lifestyle risk factors for colorectal cancer, please visit [Nutrition](#), [Physical Activity](#) or [Tobacco](#).

An example of a colorectal cancer group education goal and objective might be:

- Goal: Increase the rate of colorectal cancer screening among women in your community.
- Objective: Increase the proportion of women in your community who are aware of the appropriate age to become screened for colorectal cancer to 75% of your target population.

It may be helpful to create a logic model to organize your goals, objectives and the action steps you need to take to accomplish 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, visit [Preparing for Your Intervention in Readiness and Preparation](#).

In order to meet your goals and objectives, you may choose to conduct a group education intervention to provide information and resources as part of group interactions to increase knowledge, skills and support related to colorectal cancer prevention and screening. These interventions may support prevention, attempts to improve health or quality of life, skill-building strategies or other efforts to initiate or sustain colorectal cancer prevention and screening behaviors.

Assess your community capacity and needed resources

Group education can be offered in a variety of ways that will influence the resources you will need to prepare for the sessions. If your group education intervention focuses on increasing knowledge and awareness, you will probably want to consider resources such as meeting space, informational materials, guest speakers and other resources related to creative activities. You may also need to ensure that your materials are linguistically and culturally appropriate for the community of interest. If your group education focuses on skill-building and increasing self-confidence, you may need to consider resources such as props or equipment to facilitate role playing exercises and other things such as competitive incentives. 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](#).

Training for instructors and facilitators of group education interventions may require the development of certain skill sets. For example, it may be necessary to have skills in motivating participants, listening or responding to special needs, understanding group dynamics, resolving conflict, establishing a leadership role and keeping participants actively involved. Likewise, evaluation of group education 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.

It may be useful to develop lists of community resources available for various sub-groups of the population. In developing these lists, it is important to provide information on transportation and payment options. In instances where there are few accessible options, it may be useful to combine these strategies with other strategies such as community, faith-based or worksite-based intervention approaches.

Previous work in group education has found:

- Some of the costs for group education interventions are for personnel time, including:
 - Staff time to design, develop, implement and evaluate the curriculum; and
 - Training staff, health educators, nurse or peer leaders to lead group meetings or classroom education.
- Space is an important consideration for group education interventions. This type of intervention can be conducted in community centers, physicians' offices, hospitals and a variety of other settings. While many of these settings

are free of charge or have small fees associated with their use, your intervention may require renting a space that is convenient for your population.

- Materials and equipment may be required to conduct group education interventions. Many of these interventions use teacher’s manuals, student workbooks, videotapes, brochures and newsletters. Some of these materials are available for purchase or can be obtained free of charge.
- Materials used in group education may need to be developed or translated for people with different literacy levels or for those who speak different languages.
- Recruiting participants may involve printing flyers or posting advertisements in the newspaper.
- Some participants may need transportation to the intervention activities and clinic testing.
- Bilingual or bicultural staff may be needed to deliver intervention messages to bilingual or bicultural participants.

The [Readiness and Preparation](#) and [Capacity](#) sections provide information and resources to help you think about the resources you might need for your intervention.

Design your intervention activities

- *Consider the readiness of your population to address colorectal cancer*

Think about what you want participants to get from group education sessions and how you would like them to respond.

Group education sessions are most effective when characteristics of your population are taken into consideration (see [Assessment and Prioritization](#)). The table below provides additional information to assist you in developing strategies to help individuals with different levels of readiness to change behaviors related to colorectal cancer awareness and screening.

Stage of readiness to change behaviors related to colorectal cancer prevention and screening	Recommendations for intervention strategies
Those who are not thinking about changing their lifestyle behaviors or screening habits	Discuss the pros (reasons why screening and healthy lifestyles are important) and cons (reasons why screening and healthy lifestyles can be challenging or undesirable).
Those who would like to change their lifestyle behaviors or screening habits	Provide assistance in developing long-term goals, identify short-term successes, reinforce interest in screening and healthy lifestyles, minimize barriers such as access to nutritious foods or screening facilities, increase social support and find rewards for

	accomplishments.
Those who have just started to change their lifestyle behaviors or screening habits	In addition to the above items, offer guidance on how to make it a priority to comply with screening recommendations, create a personal plan for changing lifestyle behaviors and track progress.
Those who have been complying with screening recommendations and maintaining a healthy lifestyle for some time now but continue to struggle with challenges.	Suggest helpful hints to anticipate barriers, create back-up plans, create daily routines that enable regular engagement in healthy lifestyle behaviors, increase social support and identify incentives.
Those who have changed their lifestyle and screening behaviors and feel confident that they will continue to engage in healthy lifestyle behaviors over time.	In addition to the above items, provide recommendations for ways to maintain self-confidence and balance.

Many different types of group education interventions have been used by others. Go to [Tools and Resources](#) for Colorectal Cancer Group Education to see how these have been used.

Group education sessions to increase colorectal cancer screening and prevention may address different types of skills, use a variety of activities or focus on different types of messages. Regardless of the intent of the session, remember that most individuals can only learn three to seven pieces of information at a time, so keep each session focused and specific. A small amount of repetition can actually be useful to emphasize certain important points. It is also useful for the instructor to be enthusiastic and share their own experiences when appropriate. With skill building, it can be helpful to describe the skill, demonstrate the skill and ask the participant to demonstrate the skill through role playing activities.

- *Enhance existing partnership*

It is useful to enhance existing partnerships to develop and modify planned activities and strategies. The partnership should include representatives of key organizations and community members. This will assist with identifying and obtaining needed resources as well as with recruiting participants into your intervention. Moreover, it will ensure that your activities are appropriate for the population of interest. While you may have started with one group of partners you may wish to add new partners once you have established your goals and objectives.

- *Train group education instructors and facilitators*

Recruit trained instructors or facilitators to run the group education interventions or train existing instructors. Even experienced trainers or facilitators may need

additional training to ensure they understand the rationale for your particular intervention and to ensure proper delivery of the content of your intervention. It may be useful to consult with others who have been successful in developing group education interventions. Some interventions have trained individuals who understand or are part of the population of interest to become facilitators.

- *Design your group education sessions*

Start by identifying your objectives. You can think about what you want participants to learn, objectives for colorectal cancer prevention and screening, how many people will participate and how long it will take them to satisfy these objectives. It is important to set realistic objectives for the participants in your program. It may also be important to provide both strategies designed to increase knowledge and those that provide skills to change behavior as well as how to obtain support for behavior changes. The consideration of specific strategies should also take into account cultural, family and lifestyle differences among groups.

Next, you will need to figure out the action steps that will help you accomplish your objectives. Generally, your action steps will include:

- information about colorectal cancer prevention
- symptoms of colorectal cancer
- the variety of colorectal screening tools
- colorectal cancer risk factors
- colorectal cancer screening guidelines
- benefits of early detection and maintenance of healthy lifestyle behaviors at home and in the community to sustain health over time

Once you have identified all of the action steps, you can begin to develop your session plans.

There are many creative ideas for different sessions and activities. Go to [Tools and Resources](#) for Colorectal Cancer 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 group education intervention as well as who will be responsible for carrying out the session plans and activities. Be very specific about roles, tasks and timelines to ensure that the intervention is implemented successfully.

Identify potential barriers

Think about the potential barriers that may be encountered along the way and prepare your reaction to these barriers. Here is a list of some of the barriers you might encounter:

- Policies – Be aware of policies that may support or inhibit health education in specific settings.

- Cost – Develop a budget and estimate costs of training instructors, obtaining space or other resources and maintaining them over time (see [Capacity](#) for resources to help you plan your budget).
- Resources – Recruit trained instructors or facilitators and obtain needed facilities, equipment or materials.
- Accessibility – Ensure that the group education sessions are available to all members of your population through outreach or other activities and check that resources are in place to support access when necessary.
- Cultural competency - There is currently a lack of culturally appropriate programs, designed for racial and ethnic groups at greatest risk that have been evaluated in a scientific manner.

Barriers that have been encountered in other group education interventions and steps to prepare for these barriers are summarized below.

- Instructors or facilitators may not “role model” healthy behaviors or provide supportive attitudes and beliefs related to colorectal cancer.
- Some individuals may have special needs that require additional training for the instructors or facilitators or working with other community partners who have had previous experience working with individuals with special needs.
- Facilities, equipment and other materials may not be present or in good condition or may cost too much in some communities.
- Changes to behaviors in some settings may have little influence on these behaviors in other settings.
- Encouraging individuals to change their lifestyle behavior is often difficult so understanding the process of improving lifestyle behavior change may aid in the development of more effective and efficient interventions.
- The resources required to enable participants to prevent or be screened for colorectal cancer may not be available or affordable to all participants who take part in group education.
- Administrators, employers or other decision-makers may not support group education.
- The changes recommended as part of group education may not fit with existing cultural, family or lifestyle patterns.
- Attempting to adapt materials and lessons to the cultural and linguistic norms of the community may be challenging because there may be significant differences in the cultures and literacy levels of the population of interest.
- Some individuals may feel overwhelmed by the number of changes they need to make and see others making. It may be helpful to remind participants to start small and take steps toward changes.
- Challenges may be faced regarding the lack of funding or other types of support from institutions, organizations or communities.
- Organizations, businesses and institutions may have interorganizational conflicts that compromise their ability to partner effectively and this in turn negatively impacts the ability to deliver the group education activities as planned.
- Trained instructors or facilitators may not be available to deliver the intervention activities.
- Allowing time for follow-up after group education interventions can be challenging. It may be difficult to detect change over a short period of time, no matter how intensive the intervention.

- Opportunities may not exist for continued support through updates in knowledge and skills as time and staffing may not allow for follow-up or reinforcements.
- Providing colorectal cancer education in rural areas may have challenges with the community being unaware of the importance of healthy lifestyles and screenings and, thus, less likely to attend education sessions.
- Many people take a positive view of their gain in knowledge and skills, but may lack guidance to integrate the knowledge and skills into daily life.
- Reimbursement for educational programs varies but is virtually non-existent for the uninsured or underinsured.
- Transportation may not be available for community residents to go to the group education intervention activities.
- It is difficult to determine which individuals may respond better to different types of group education strategies, so it may work best to provide a wide variety of activities which can also require a greater investment of resources.
- Worksite interventions need to be scheduled to address the needs of both the employer and the workers.

Plan your evaluation methods and measures

- *Pre-test your sessions*

Work with members of the population to develop group education activities through participatory approaches or focus groups. This can help ensure that the sessions are conveying what is intended to be conveyed and including appropriate activities. When testing the session strategies, consider how well the information is understood as intended, whether it is clearly delivered, whether it is perceived as useful and how well it is recalled or remembered.

- *Consider your evaluation strategy*

In order to determine if your group education is working, you will need to evaluate your efforts. It is important to prepare for your evaluation early because you need to be able to assess changes in your population in order to measure the impact of your education sessions.

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. Group education interventions might include an assessment of how frequently participants attended sessions, how many people participated in the activities or amount of exposure to intervention materials. With group education interventions, it may also be useful to assess the process used to develop and plan the group education activities.

Impact evaluation helps you to determine if you are reaching your intermediate objectives. 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 might be used to assess the success of your group education intervention, measure what participants have learned and their satisfaction with the materials and whether participants have increased or maintained their colorectal cancer related lifestyle behavior changes. In addition, you could evaluate the extent to which information was remembered over time. Participant surveys

could be used to measure these factors and to assess more specific changes in knowledge, attitudes or beliefs related to colorectal cancer and related risk factors.

Remember to focus the evaluation on the objectives of the intervention. If the objective was to increase knowledge, it is important to assess knowledge. Alternatively, if the intent was to improve attitudes about the disease, then it is important to assess attitudes.

- *Challenges to evaluating group education interventions*

There are several challenges in evaluating group education interventions that should be considered:

- It can be difficult to establish direct causality. Some individuals might have changed their lifestyle behaviors on their own, while others may have been influenced by family, friends or health care providers. Therefore, it is important to get as much information as possible about the reason for the colorectal cancer-related behavior changes.
- Different instructors or facilitators may motivate or support participants in different ways, which may influence the effectiveness of the intervention protocol even if it is implemented the same way in different environments.
- Different community environments support different levels of access to colorectal cancer screening tools, places to purchase healthy foods and facilities for physical activity that may make colorectal cancer prevention more or less feasible or appealing to the participants.
- When group education is provided 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.