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 group education intervention.

Example partners to help implement your group education intervention:

- trained health education instructors
- medical professionals: physicians, nurses, etc.
- social workers
- physical therapists
- occupational therapists
- pharmacists
- teachers and school administrators
- school and worksite staff
- national or state organizations
- community-based organizations (e.g., parent-teacher organizations)
- recreational facilities
- retirement homes
- restaurants
- clinic staff
- faith-based organizations
- hospitals
- worksites
- research or academic partners
- local or state governments
- Native American tribal leaders
- policy- or decision-makers, city officials
- chamber of commerce
- news media
- 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 (e.g., trained health education instructors, community-based organizations), while some partners may be more helpful in conducting your group education intervention (e.g., teachers, community members). It is important to involve these partners from the beginning of idea development 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 have been used with adults, seniors, children, and teenagers; multiple racial/ethnic groups including Caucasians, African Americans, Hispanics, and Native Americans, Native Alaskans, Native Hawaiians, and Pacific islanders; and individuals from a range of income levels including lower income, working class, and middle class. 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 injuries from falls, while others also include parents, friends, or other people who might have a significant impact on the individual of interest and his or her capacity to prevent injuries from falls. See Injury from Falls 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.

Group education can take place in a variety of settings, including communities (e.g., community centers, summer camps), schools (e.g., health education classes for students, training for school staff), worksites, healthcare facilities (e.g., clinics, hospitals), and faith-based organizations. The setting that you select should reflect your population and your goals and objectives.

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?

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 injuries from falls interventions, go to Injuries From Falls 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.

Example of an injuries from falls group education goal and objective:

- Goal: Reduce the number of injuries from falls among school children in your community.
- Objective: Increase the number of schools that have signs posted near their staircases by 20%.

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 group education intervention in order to provide information and resources as part of group interactions to increase knowledge, skills and support related to injuries from falls. These interventions may support prevention, attempts to improve health or quality of life, self-management and skill-building strategies, or other efforts to initiate or sustain behaviors related to preventing injuries from falls.

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 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 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 at motivating participants, listening or responding to special needs (e.g., stress management, learning disabilities), 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 (e.g., is there public transit available to get people to the sessions?) and payment options (e.g., sliding scale fees, free classes?). In instances where there are few accessible options, it may be useful to combine these strategies with other strategies as part of community, faith-based, or worksite intervention approaches.

Evidence from previous work on group education interventions has suggested that these sessions can be relatively inexpensive interventions to implement. Group education interventions have performed well with a variety of different financial, personnel, space, equipment, and materials considerations in order.

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.
    - 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, schools, 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 to get to for your activities.
- Materials and equipment may be required to conduct group education interventions. Many of these interventions utilize 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 to be understood by all individuals in the group.
- Additional resources to consider include incentives as part of competitions and contests or as positive reinforcement for participating in group activities.
- Recruiting participants may involve printing flyers or posting advertisements in the newspaper.
- Some participants may need transportation to the intervention activities and/or clinic testing.
- Bilingual/bicultural staff may be required to deliver intervention messages to different 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 injuries from falls*

Think about what you want participants to get from being part of the sessions and how you would like them to respond.

These 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 injuries from falls.

Stage of readiness to	**Recommendations for intervention**

change behaviors related to injuries from falls	**strategies**
Those who are not thinking about changing their lifestyle behaviors that increase their risk for injuries from falls	Discuss the pros (reasons why changing lifestyle behaviors is important) and cons (reasons why changing lifestyle behaviors is challenging or undesirable).
Those who would like to change their lifestyle behaviors	Provide assistance in developing long-term goals, identify short-term successes, reinforce interest in changing their lifestyle behaviors, minimize barriers, increase social support, and find rewards for accomplishments.
Those who have just started to change their lifestyle behaviors	In addition to the above items, offer guidance on how to make it a priority to change their lifestyle behaviors, create a personal plan for changing lifestyle behaviors, and track progress.
Those who have been changing their lifestyle behaviors 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 behaviors and feel confident that they will continue 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 Injuries From Falls Group Education to see how these have been used, including:

- Establishing learning objectives and acquiring associated educational materials.
- Working with participants to set their own goals.
- Educating participants on the causes, prevention, and treatment of injuries from falls.
- Distributing materials, such as resource lists and community program information.
- Increasing awareness of and encouraging referrals to health professionals specializing in injuries from falls.
- Providing skills training and activities to increase self-confidence to change lifestyle behaviors, including competitive and non-competitive intervention activities.
- Encouraging coping skills, problem-solving skills, and other social skills to resist peer and family influences on lifestyle behaviors.

- Avoiding or dealing with social situations where inappropriate behaviors are encouraged.

Group education to prevent injuries from falls may address different types of skills, use a variety of activities (e.g., role modeling social skills, describing methods of coping with challenges), or focus on different types of messages. Regardless of the intent of the session, remember that most individuals can only remember and process 3-7 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 to the extent it is appropriate. In terms of 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 (e.g., space) 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/facilitators*

Recruit trained instructors or facilitators to run the group education interventions or send existing instructors to get trained. 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 (e.g., community health workers, lay health advisors) to become facilitators and encourage the development of these skills within a culturally specific perspective.

- *Design your group education sessions*

Start by identifying your objectives. You can think about what you want participants to learn, objectives for injuries from falls prevention, 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 to provide skills to change behavior as well as how to obtain support for these behavior changes. The consideration of specific strategies to include 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 on skill-building to encourage participation in a range of different types of strategies to increase self-management; 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 Injuries From Falls 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 (e.g., schools, worksites);
- 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; and
- 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 (e.g., transportation, child care, reduced costs for participation).
- 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 injuries from falls.
- Some individuals may have special needs based on several factors (e.g., stage of disease, learning disabilities, memory loss), 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 (e.g., occupational therapists, clinical psychologists, social workers).
- Facilities, equipment, and other materials may not be present or in good condition or cost to much in some communities.
- Changes to behaviors in some settings may have little influence on these behaviors in other settings (e.g., school programs may improve kids’ behavior at school but not necessarily at home).

- 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 injuries from falls (e.g., canes or walkers, safe sidewalks or staircases) 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 through financial support, allocating time, or other needed resources.
- 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/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.
- The design and implementation of a school-based, injuries from falls prevention program must recognize that a school's primary responsibility is academic instruction. The degree to which health promotion activities can alter a school's routine and curricula will depend upon the flexibility of the school district's faculty and administrators and the integration of the health promotion effort with the curriculum.
- Providing injuries from falls education in rural areas may have challenges with the community being unaware of the importance of education in preventing injuries from falls, 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.
- In schools, interventions may not be fully adopted or implemented without active administrative support and acceptance from staff.
- Instructing students at school to eat nutritious foods and establish healthy eating patterns as well as to resist social influences to do otherwise may have limited impact if others are providing contrasting messages (e.g., parents, siblings, peers).
- Challenges exist in specific schools (e.g., inner-city, low income) where barriers include limited resources, large class sizes, class management

difficulties, low teacher morale, teacher burnout, and state mandates regarding time spent for prevention education.
- 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 the group education activities through participatory approaches or focus groups. This can assist in ensuring that the sessions are conveying what is intended to be conveyed or 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 on because you need to be able to assess change 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. 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).

Impact evaluation enables you to determine if you are achieving 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 (e.g., changes in knowledge or attitudes) and their satisfaction with the materials, and whether participants have increased or maintained their lifestyle behavior changes related to injuries from falls. 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 injuries from falls and related risk factors. It might also be useful to consider alternative ways of tracking behavior.

Remember it is important 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. Similarly, it may be useful to assess if the group education intervention influenced readiness to change.

- *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 causality (e.g., session five on skill building *caused* 25 participants to change their lifestyle behaviors). 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 behavior changes.
- Different instructors or facilitators may motivate or support participants in different ways, thereby influencing 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 resources for preventing injuries from falls that may make 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.