


MODULE 5: INDIVIDUAL AND COMMUNITY CAPACITY BUILDING




OUTLINE FOR THIS MODULE


- Group Facilitation
- Health Outreach
- Review and Assessment
- Service Learning



REVIEW



- What did we learn during our last session?
- What stands out from the last few modules?
- What has been reinforced through your Service Learning experiences?



GROUP FACILITATION


LEARNING OBJECTIVES

By the end of this section, you will be able to:

- Discuss how and why group work is different from working with individual clients.
- Identify and describe different types of groups.
- Describe the unique benefits of group work.
- Explain four key stages of group work and analyze the roles and tasks of facilitators at each stage.
- Analyze how issues of power and authority, including the authority of the group facilitator, influence group dynamics and processes.
- Discuss the importance of self-reflection and evaluation to becoming a skilled group facilitator and apply this to your work.
- Identify and respond to common challenges of group work.
- Discuss and apply ethics to group work, including issues of cultural humility, boundaries and confidentiality.

WORDS TO KNOW

- Cohesion
- Contagion
- Self-disclosure



DYNAMIC NATURE OF GROUP WORK

- Learning from one another in a structured environment opens new possibilities for thinking, feelings and behaviors.
- Group work provides opportunity for dynamic interaction among several individuals.
- Members improve their communication and other interpersonal skills.



KEY FACTORS IN GROUP DYNAMICS

- Group size.
- Closed vs. open.
- Duration.
- Group focus.
- Location.
- Purpose.
- Structure.
- Membership.
- Facilitator (how many).
- Facilitator roles.



TYPES OF GROUPS

- **Educational groups:** Bring people together who are seeking to learn new information about a health topic.
- **Support groups:** Provide a place for people who share a common experience, concern or goal to meet, talk and support each other.
- **Social groups:** Emphasize empowerment and community building.



ADVANTAGES OF GROUP WORK

1. Building hope.
2. Universality.
3. Altruism.
4. Healing.
5. Development of social skills.
6. Imitative behaviors.
7. Interpersonal learning.
8. Group cohesiveness.
9. Catharsis.
10. Sharing information.
11. Existential factors.
12. Self-understanding.



GROUP FUNCTIONS AND PROCESSES

The group as a social system:

- Rules.
- Roles.
- Boundaries.
- Values.



BENEFICIAL GROUP PROCESSES

- Conflict management and resolution.
- Contagion.
- Cohesion.



HARMFUL GROUP PROCESSES

- Subgrouping.
- Contagion.
- Absence.
- Avoidance.



ROLE OF GROUP FACILITATORS

- Executive function (such as managing group rules, responding to conflicts).
- Caring.
- Supportive of emotional expression.
- Supportive of emotional meanings.



ABILITIES OF GROUP FACILITATORS

- Show up.
- Pay attention.
- Tell the truth.
- Let go of the outcome.



FACILITATION TECHNIQUES

- Naming.
- Silence.
- Focus on the present.
- Inclusive participation.
- Conversation mapping.
- Connection.
- Learning zone.
- Cofacilitation.



STAGES OF GROUP WORK

Initial stage (Forming)

- Facilitator establishes physical and emotional safety.
- Direct the flow of communication.

Transition Stage (Storming and Norming)

- Assist the participants to see that conflicts can be resolved.
- Assist each member to be viewed as valuable.



STAGES OF GROUP WORK

Work Stage (Performing)

- Assist members to express their emotions and thoughts.
- Maintain emotional cohesion of the group.
- Facilitator does not need to speak.

Final Stage (Adjourning)

- Guide members to express their thoughts.
- Revisit commitments participants made to make changes that enhance their health.



CHALLENGES OF GROUP FACILITATION

- Culture of individuality.
- Unconscious issues.
- Unclear intention of the group.
- Members who do not participate.
- Members who dominate discussions.
- Cliques.
- Member(s) under the influence.
- Members in crisis.
- Breaking confidentiality.
- Lack of support.
- Resistance.



TIPS FOR FACILITATION

Mistakes

- Avoidance.
- Dominating.
- Imposing.
- Failure to model.
- Cofacilitator conflicts.

Suggestions

- Select group members.
- Cofacilitator meetings.
- Supervisor meetings.
- Professional development.
- Self-care.



ETHICAL ISSUES

- Confidentiality.
- Cultural humility.
 - Pay attention to participation.
 - Discrimination.
 - Remain open to changes.
- Consultation and supervision.




GROUP ACTIVITY 21.2
GROUP FACILITATION PRACTICE

HEALTH OUTREACH

LEARNING OBJECTIVES

By the end of this section, you will be able to:

- Define outreach.
- Discuss the types of communities served and the health issues addressed through outreach.
- Identify and provide examples of different outreach levels and methods.
- Describe and apply strategies for approaching people you do not know.
- Identify key safety concerns and strategies for outreach workers.
- Document outreach services accurately and explain the importance of doing so.
- Develop an outreach plan.



WORDS TO KNOW

- Venue
- Key opinion leaders
- Social marketing



DEFINING COMMUNITY HEALTH OUTREACH

- Increase awareness about a health issue.
- Promote health knowledge and changes in health behaviors.
- Recruit participants for research.
- Establish links and partnerships between communities and health programs.
- Increase community participation in health programs and policies.
- Mobilize community members to participate in community organizing advocacy and efforts.



QUALITIES OF A SUCCESSFUL OUTREACH WORKER

- Must be a "people person."
- Extremely patient.
- Capable of earning respect from community members.
- Flexible and able to adapt to different working conditions.
- Meet the community's self-identified needs (not yours).
- Think and work "outside of the box."
- Viewed as trustworthy by others.



COMMUNITIES SERVED THROUGH OUTREACH

Communities served through outreach lack access to health resources and face barriers to health.

Outreach efforts are defined by factors such as:

- Epidemiologic and other public health data.
- Communities' self-identified needs.
- Geographical boundaries.
- Ethnicity, nationality, immigration status, sexual orientation, gender, housing status, etc.

HEALTH ISSUES ADDRESSED BY OUTREACH

- Infectious diseases.
- Chronic diseases.
- Mental health.
- Accidents and injuries.
- Violence.
- Environmental and occupational health.
- Enrollment in free or low-cost health insurance programs.
- Community planning.
- Community participatory research.
- Advocacy.



OUTREACH LEVELS

Individual Level

- Talk one-to-one with individuals about concerns.

Institutional Level

- Work with representatives to reach their membership.

Group Level

- Speak with a group from a community and provide health education and advocacy.

Population Level

- Target populations within a city, state or nation. Outreach methods include social marketing.

OUTREACH METHODS

Street outreach


- Teams of CHWs with a goal of talking with members of a specific community.

Venue-based outreach

- Places where target community spends time (schools, public housing, bars, clubs, churches).

Recruitment of volunteer peer educators

- Key opinion leaders build relationships. Ask these leaders to join the outreach effort as volunteers.




OUTREACH METHODS

Institutional outreach

- Outreach programs establish partnerships with institutions within the community to reach specific community members (schools, unions, colleges).

Social marketing


- Use of posters, billboards, brochures, PSAs, newspapers, radio and TV to promote specific health outcomes.



OUTREACH METHODS


Internet Outreach

- A website that appeals to a target population.
- A social networking group (Facebook, Instagram, Snapchat and other social media sites).




OUTREACH STRATEGIES

Benefits	Limitations
<ul style="list-style-type: none">▪ Privacy.▪ Cost-effectiveness.▪ Reach.▪ Access.▪ Cultural appropriateness.	<ul style="list-style-type: none">▪ Access.▪ Cultural appropriateness.▪ Privacy.▪ Sustainability.




DEVELOP AN OUTREACH PLAN

1. Define the community to be served by outreach.
 - Identify key opinion leaders.
 - Identify potential outreach sites.
 - Visit local agencies.



DEVELOP AN OUTREACH PLAN

2. Identify the health issue and health outcomes you will promote.
 - Conduct research about the health issue.
 - Understand the health issue's etiology, consequences, treatments and methods for prevention.
 - Organize the outreach team.



CONDUCTING HEALTH OUTREACH

- Contact people you know.
- Identify key opinion leaders.
- Network with the community.
- Identify community agencies.
- Organize a community forum.
- Encourage community involvement.
- Listen and observe.
- Be patient.
- Keep your promises.



SAFETY ISSUES AND CONCERNS

- Losing sight of partner.
- Injuring yourself in dimly lit areas.
- Witnessing illegal activities.
- Unintentional involvements in police actions.
- Witnessing arguments or violence.
- Encountering an angry or violent person.
- Experiencing harassment.
- Theft and assault.



SAFETY STRATEGIES

- Work with a partner or a team.
- Keep teammates within view at all times.
- Develop a system to "signal" one another for assistance.
- Allow for quick communication for other team members if anyone runs into a difficult situation.
- Listen and follow your instincts.



DEVELOPING OUTREACH MATERIALS

- Community involvement in the development.
- Culturally appropriate.
- Type of materials:
 - Printed.
 - Audio.
 - Visual.
 - Online.
- Evaluate effectiveness.
- Think of materials as "living documents" and update them as community needs change and medical / scientific information changes.



DOCUMENTING HEALTH OUTREACH SERVICES

- Shows if you met program goals and objectives.
- Provides data used to find additional funding.
- Reveals the history of a program and builds a timeline.
- Assists your agency to develop future plans.
- Enables you to be accountable to funders.
- Makes it possible to evaluate your program.




WHY DOCUMENT?

- Helps evaluate if you have reached your goals.
- Lets you analyze strategies and resources.
- Helps to better understand clients / communities.
- Improves quality of services.
- Guards against discrimination.
- Helps you to advocate for program continuation.
- Is evidence for future programs.



WHAT TO DOCUMENT

- Date and time of service.
- Outreach location, situation and setting.
- Names of outreach workers.
- A count and names of participants (if applicable).
- Key services.
- Supply inventory.
- Key referrals made.
- Outstanding problems and/or challenges.
- Program specific information.




OUTREACH ETHICS


Situation	Conflicts
Request for food, money, vouchers or transportation.	What could this imply?
Offers of gifts, sex or drugs.	How can this affect client / CHW relationships?
Witnessing violence or domestic violence.	How can this affect confidentiality and mandated reporting?
Maintaining confidentiality in public places.	How to avoid breaking confidentiality?
Developing personal / romantic relationships.	What issues could occur?

SUPERVISION AND SUPPORT


Potential Challenges


- Supervisors not understanding the out-of-office nature of outreach.
- Not having an immediate supervisor.
- Feeling isolated from team.







OPTIONAL GROUP ACTIVITY 19:1
TALKING WALL, OUTREACH EXPERIENCES





REVIEW – WHAT HAVE WE LEARNED TODAY?





SERVICE LEARNING

