Contents

1. Introduction ............................................................................................................................3
  1.1 Steps in developing a health promotion activity.................................................................3

2. Facilitation............................................................................................................................5
  2.1 What is facilitation?.............................................................................................................5
    2.1.2 Facilitation tips...........................................................................................................5
    2.1.3 Facilitation fears.........................................................................................................7
  2.2 Different methods of facilitation....................................................................................8
    2.2.1 Peer Education Programs.........................................................................................10
    2.2.2 Timing of Sessions....................................................................................................10

3. Sample Session Evaluation Sheet....................................................................................11

4. Sample of Self-Reflection Sheet.......................................................................................12

5. Additional Reading.............................................................................................................13
1. Introduction

This chapter provides a guide to planning, facilitating and evaluating health promotion activities.

Below are nine steps to follow when developing a health promotion activity.

1.1 Steps in developing a health promotion activity

Step 1: Identify the health issue
Before planning a health promotion program it is important to consult with the community about their needs. The process of consultation will differ in each community and involve linking and networking with key people such as local health providers and local agencies. Allow sufficient time for this process. When the health issue is identified and the community is ready, work can begin to determine realistic and achievable goals and objectives within the time frame and resources available.

Step 2: Identify key services in the area
It is important to find out where services and service providers are located in the community so people participating in the program can be referred to them where appropriate. It helps to include service providers (doctors, nurses, health workers) in the program, either informally or as guest speakers so they can meet the community in familiar surroundings, promote the program further and encourage wider participation. These service providers may choose to be involved in the program on a regular basis. This may help members of the community participating in the program feel more comfortable about accessing services.

Step 3: Get to know the community
It is essential to understand the community. This includes their historical and cultural background, whether English is their first and/or preferred language, their needs and the services they access. It is useful to gather information about community members’ knowledge of and their opinions and feelings about existing services in the area and if there are any barriers (perceived or actual) that prevent the community from accessing these services. Some agencies that may be able to provide this information include local councils, women’s groups or services, and community health centres.

It may help to establish a reference group. This group could include members of the community, community organisations and health providers who would be willing to provide advice on relevant issues and oversee the program.

Step 4: Select a venue
Community organisations, women’s groups and other services in the area may be able to assist with possible venues. It is also important to consult with key stakeholders when organising a venue, to ensure it is culturally appropriate, culturally safe and accessible for the members of the community attending.
Step 5: **Conduct a needs analysis**
Liaison and discussion with potential program participants is useful as it helps to determine the information needs of potential participants, the most appropriate way to provide this information, (lecture-style presentations, interactive workshops, small or large groups) and other factors that should be taken into account for the successful provision of the program (dietary needs, cultural considerations etc).

Step 6: **Identify resources**
It is good practice to find out what resources are currently available in the community relevant to the health issues you plan to discuss. The Queensland Cervical Screening Program has produced a number of cervical screening resources that are available free of charge. [Resources and Publications](#)

Step 7: **Promote the program**
Investigate the best way to promote the program in the community and seek permission to place flyers in local libraries, shopping centres or health centres. Ensure local health staff and community organisations are aware of the program and seek their assistance to promote the program to potential participants. Other ways to promote the program include local radio and newspapers. Please refer to section 1.4 for more information.

Step 8: **Be organised**
Good organisation is essential for smooth running of the program. This includes developing a budget (for example to cover staff time, resources catering, venue hire, and childcare), confirmation of guest speakers, times, venues and travel arrangements, availability of transport, catering, childcare, equipment to be used and any public liability insurance required.

Step 9: **Develop an evaluation plan**
Evaluation is essential to assess how effective the program has been in meeting the objectives and needs of the group. It is good practice to assess the process of organising the workshop as well as evaluating the actual workshop as this can often make the next workshop much easier to organise. The evaluation should be considered in the planning phase of a program. Please refer to section 2.2 for more information about program evaluation and how to do it effectively.
2. Facilitation

2.1 What is facilitation?

“I hear and I forget, I see and I remember, I do and I understand” (Confucius, 451 BC). This quote reflects one way in which people learn most effectively. It highlights the importance of using visual and auditory methods of communication and hands-on interactive approaches to education.

Facilitation is the delicate art and science of balancing the dynamics of matching people with relevant activities to produce learning. It is important to use one’s own personal style when conducting a session as well as be aware of the audience’s needs and values. The following list is a general guide for group facilitation.

2.1.2 Facilitation tips

- **Set an agenda** (with input from participants) and stick to it where possible.

- **Write house-keeping and group rules.** House keeping rules include the location of the toilets, emergency procedures and exits, breaks for lunch etc. Group rules work most effectively when developed by the participants at the start of the session/workshop and include rules such as ‘only one person speaks at a time’, ‘what’s said in the room, stays in the room’, switching off mobile phones or using silent mode if must be left on, respecting each other’s opinions and ensuring that every participant is supported and encouraged to have an opinion or have a say.

- **Be non judgemental.** If the group members think that the facilitator needs to approve of what they say, they may not contribute to the discussion. An important role of the facilitator is to draw out ideas and provide input into the structure of the education session rather than direct the conversation or hold their own opinions above the opinions of others.

- **Be honest.** The facilitator’s willingness to be open about thoughts and feelings where appropriate and accepting of the thoughts and feelings of others can rub off on participants and encourage stimulating discussion. The facilitator should be honest if he/she does not know the answer to a particular question if one arises. It is important however that the facilitator lets the group know that he/she will find out the answer and forward it at a later date.

- **Foster trust.** Trust develops where group members feel accepted and understood and where there is feeling of fairness, even when open disagreements exist. Trust will not develop in a group overnight, it is a gradual process. Undertaking some ‘icebreaker activities’ or ‘getting to know you’ activities may help this process. It is important that there is a high level of trust and comfort between group members and the facilitator before sensitive or confronting issues are discussed. Setting ground rules about confidentiality and other aspects on how the group will operate may assist in building trust in a more formal way.
• **Actively observe.** Monitoring the level of participation, interest or general energy levels is critical to managing groups. When changes or distractions occur they should be addressed quickly so the group’s development and learning can continue.

• **Engage all participants.** It is often difficult to ensure all participants are actively involved in the session. The facilitator should be acutely aware of this and try to engage the audience at all times. If the group is large it may be very daunting for some people to answer a question or state an opinion, so small group work may be an effective way to overcome this.

• **Be sensitive.** Cervical screening is a personal/sensitive issue. Participants may disclose personal information hence the facilitator must be sensitive to the values and needs of participants to maintain trust. At times it may be difficult to strike the balance between an individual’s immediate need to share their information and the broader group’s need to move on. Strategies to deal with this include suggesting another time to continue the discussion, speaking with the person individually after the session and in some cases, referring the person to an appropriate service.

• **Be flexible.** While it can be unnerving to change from the session plan it is sometimes necessary to do so to meet the needs of the group. When initially starting to work with a group it is generally best to have a fairly structured session plan, however if the work with the group continues over a longer period a more flexible or self directed approach may be more appropriate. Sometimes a group may need more time than is originally allowed, or their needs may have changed since the initial needs assessment. The real key to flexibility is to be prepared. It is also reassuring to have a back-up plan just in case.

• **Be firm when necessary.** Where unacceptable behaviour is exhibited, especially in terms of the group’s own ground rules, the facilitator needs to intervene promptly. Aggressive or dominating activities are among the more obvious examples; however other more subtle activities can be equally disruptive such as not listening, talking when others are speaking or sabotaging group activities. The facilitator should appeal to the group to follow their ground rules and use assertive communication including the use of ‘I’ statements, such as ”I feel that important issues are not being addressed when ….” In this way the facilitator can express personal feelings about the situation without blaming or singling individuals out. If one specific individual is involved, it may be appropriate to talk with them privately during a meal break as there may be a particular reason for their behaviour that can be addressed.

• **Communicate effectively.** Roughly half our communication occurs through non-verbal means (body movements, facial expressions), 40 % by vocal cues (volume, pitch, pace, rhythm), and around 10 % by verbal cues (the actual words used). Effective communication therefore is much more than providing information. Matching verbal, vocal and non verbal cues in communication is important to avoid confusion about key messages. To ensure the facilitator is communicating effectively, it is essential that he/she seeks feedback on key messages frequently throughout the session. This can be done by asking participants in a non-threatening way, questions relating to the information discussed.
2.1.3 Facilitation fears

How do I stop people falling asleep?
You can aim to keep everyone interested and involved by using a range of methods. You can alternate active (activities) and passive (lectures) learning strategies. Using interactive and hands-on approaches keeps people moving around and involved in the session and these approaches are more likely to sustain their level of interest. Pay attention to the natural ebb and flow in energy levels and organise the sessions accordingly.

What if I don’t know the answer?
No one person can be expected to know everything. The bottom line is that if you don’t know something just say so and offer to find out the information from the most informative source and provide it at a later time.

What if someone disagrees with me?
If we all thought the same thing there would be no need for discussion! Acknowledge the right to disagree and affirm your role as the facilitator. As a facilitator you need to have your presentation underpinned by reputable evidence and data. You are not there to convince everyone to think the same way, rather you are providing evidence and data and opportunities for participants to consider information or a particular point of view so they can consider and make more informed decisions and choices for themselves. Sometimes diversity of opinion can stimulate unanticipated and fruitful outcomes. However, don’t allow a difference of opinion to ‘hijack’ the session at the expense of the majority of the group or the health issue being presented. After acknowledging the audience’s comments and differences of opinion, redirect the attention of the group to the task at hand. You may need to suggest further discussion at another time for persistent debaters. Using the diversity in the group to maximum advantage is one characteristic of a skilful facilitator.

What if someone asks me a personal question or my personal opinion?
Facilitators are often perceived as being in a position of influence. Therefore a statement made while acting in this role can have a greater impact on an audience than you might otherwise experience as an individual. It may also be helpful to consider that what is appropriate for you may not be so appropriate for others. While you are acting in a professional capacity, it is usually safest to avoid providing personal opinions. You could simply state that you would prefer not to answer the question because you are acting in a professional capacity. However, if you choose to present a personal opinion it is a good idea to clearly state that it is a “personal” rather than professional opinion.

What if someone says that they do not want to participate in a particular activity?
You should not be worried or offended if someone does not wish to participate. Ultimately, it is the participant’s right to choose to participate. Many facilitators state openly at the commencement of the training session that participation is entirely voluntary. If it is feasible you could modify the activity to suit the participant or offer the individual a different option.
2.2 Different methods of facilitation

Facilitation of learning can be done in many ways. Learning can take place through the following modes:

**Individual (one-to-one):**

Working with individuals is often the way information about cervical screening is given. It may occur in an informal way, such as during a general health conversation or during a specific Pap smear consultation. Individual sessions are particularly effective as an information provider can focus on the individual’s learning and information needs. However, this approach is time-intensive and has limited reach.

When working with women one-to-one:

- encourage questions and ideas
- ask how she prefers to receive information i.e. analogies as examples, drawings or material resources or audiovisual presentations etc
- repeat central messages
- use visuals to reinforce messages and use models, flipcharts or posters or circle important aspects of brochures
- encourage women to use their own words
- take your time. No need to rush!
- give small bits of information. Try not to info-overload your client!
- check your client’s understanding throughout the session and at the end of her visit.

**Small group sessions:**

Small groups are generally considered to have less than 15 participants, including support workers and presenters. Small groups are easier to work with if you are doing hands-on or small group activities. It is also easier to develop trust and cohesion when working with smaller groups. Small groups may be better suited to courses or workshops on women’s health issues. Women in groups learn from each other and thus the role of a facilitator as an educator becomes easier.

*When working in small groups:*

Mix the learning needs and cultural, historical, geographical and socio-economical backgrounds of people when possible. A variety of learning needs and backgrounds can expose the group to a range of ideas, ways of working and learning, and information relevant to them.
Large group sessions:
These are typically classed as groups with 15 or more participants. It is often difficult to run a hands-on or interactive workshop with large groups. Alternatively, you may prefer to run a lecture style session. A lecture style session must be short; the average concentration span for adults is about 20-30 minutes. You can maintain participant’s interest by using a variety of information dissemination methods. For example you could include some interactive activities such as showing a pelvic model and passing it around the group to show the body parts examined in a Pap smear or show educational/DVDs, PowerPoint slides or use overhead transparencies (OHTs).

Another good way to encourage participation is to invite group members to ask questions. You can also break the large group up into smaller working groups for discussion, interactive or brainstorming activities. For example, you could ask them to list the services they have in their area that relate to the information that you have just covered.

When working in large groups:

• have everyone seated or gathered in a semi-circle so you can see them and they can see you (avoid having participants seated with their back to you)

• speak for a few minutes about your main messages. You may choose to use overhead transparencies or PowerPoint presentation of dot points

• if you plan to show a DVD or excerpt, make sure you have it ready and it is appropriate to the audience. Avoid photographs or graphics that may offend the audience (remember that this is particularly important when using resources which contain photographs or pictures of Aboriginal and Torres Strait people who have passed away)

• you could use an ‘icebreaker’ to encourage group cohesion and help participants relax and feel more comfortable with each other and you as the facilitator

• visual images can assist people to understand what you are talking about, for example you could use OHTs, slide presentations, models, pictures and DVDs to support the information you are providing. Ask the group if they have any questions as this often raises issues many participants are interested in

• hand out brochures, resources or fact sheets last so participants’ attention is focused on you and what you are saying.

Train – the – trainer sessions:
If you are required to train other health professionals, you may choose to work on an individual basis, in small or large groups. There are a number of issues that need to be considered when providing training for other health professionals including:

• their existing level of knowledge about the topic

• their level of experience in educating members of the public
• their level of skill in planning education sessions.

2.2.1 Peer Education Programs

Peer education can be a very useful activity in a community. It is based on the idea that inside every community there are people who have a large influence and command respect. By informing these people and getting their support for a health program in the area it is possible to effectively distribute information amongst the community. The peer educator can be more effective than other educators because they are better understood and accepted by the audience. Peer educators can be positive role models for other people. For example, if an Aboriginal woman speaks about cervical screening to a group of other Aboriginal women, it is more likely that she will be understood and her information and experience better accepted than if it were presented by someone not well known in the community.

2.2.2 Timing of Sessions

People’s energy levels change throughout the day. Paying attention to these changes and allowing for them in the structure of sessions can result in the delivery of more successful training programs. Here are some tips for working at different times of the day:

• **Morning Sessions:**
  People are usually fresher and more alert in the morning. Sessions that are long, complex or require particular concentration are better placed in the morning than afternoon. Give information in the morning and leave interactive work until the afternoon.

• **Afternoon Sessions:**
  It is common knowledge that people may be drowsy after lunch when they have eaten and their mind has been active for most of the day. It is a good idea to engage participants by having an ice-breaker or activity straight after lunch. Plan interactive sessions for the afternoon or keep information sessions short if you have to have them in the afternoon program. It is also useful to alternate between active and passive participation to maintain the interest of your participants.

• **Evening Sessions:**
  These are the hardest to run successfully, because people’s interest and attention levels are at their lowest in the evening. You may need to provide incentives for them to come. You will also need to use a primarily interactive or hands on approach to maintain your participants’ level of interest. If you are running the session over a meal, it is wise to have provided all your information before dessert because often people will be thinking about going home after this, rather than listening to you. Have any resources to take home available at the door. It is also very important to ensure that you finish on time. Remember to plan safely if you have to work alone at night and don’t put yourself in potentially dangerous situations.
3. Sample Session Evaluation Sheet

Explain that you are available to assist anyone who does not read or write in English.

**Session Evaluation**

Please complete the following session evaluation.

Age, please circle whichever applies to you

<table>
<thead>
<tr>
<th>Less than 20 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-39</td>
</tr>
<tr>
<td>40-49</td>
</tr>
<tr>
<td>50-59</td>
</tr>
<tr>
<td>60-69</td>
</tr>
<tr>
<td>70-79</td>
</tr>
<tr>
<td>Over 80</td>
</tr>
</tbody>
</table>

Postcode: __________

1. What was most useful in this session?

2. What didn’t you find useful in this session?

3. What is one important piece of information you will take away with you?

4. Have you ever had a Pap smear before (please circle)
   - Yes
   - No
   - Unsure

5. As a result of this session, do you know more about Pap smears?
   - Yes
   - No
   - Unsure

6. As a result of this session, how do you feel about having regular Pap smears?
   - very confident
   - confident
   - unsure
   - not at all confident

7. What further information do you need on Pap smears?

8. What further information do you need on women’s health in general?

9. Do you have any suggestions about how to make these sessions work better?

Please include your name and address **only** if you would like additional information sent to you:

Thank you for your participation.
4. Sample of Self-Reflection Sheet

Here are some questions you may like to reflect on following the session.

- did I clearly state why I was there?
- did the audience make me feel that the information I provided was clear?
- was I clear about what I wanted to achieve?
- did participants know why they were there?
- did participants know what information they were getting?
- were participants clear about what we were doing?
- did participants engage in a dialogue about the session offered?
- did participants engage in the activities offered?
- how was the order of activities?
- how was the structure of the sessions?
- did I use interesting examples?
- did I treat everyone as an adult?
- did I use their names?
- did I give participants room to interact and contribute?
- did I make sure that everyone had an opportunity to speak?
- was anyone left out?
- did everyone have opportunities to express their ideas?
- did I treat everyone respectfully?
- did I prepare to ensure everyone had access?
- was the atmosphere friendly?
- was the energy high throughout?
- was everyone actively engaged?
- did I give positive feedback?
- were participants’ experiences incorporated?
- were different learning methods used?
- was I organised in advance and unhurried?
- was the environment pleasant?
- were participants provided with refreshments, name tags, housekeeping?
- did I use resources well?
- did I know enough about my subject?
- did I rush?
- did I preach?
- what was the best element of the session?
- what worked well?
- what will I use next time?
- what will I change next time?

Adapted from Promoting Cervical & Breast Screening, Tasmania, 1996.
5. Additional Reading


