

Encyclopedia of Public Health

Planned Approach to Community Health (PATCH)

The Planned Approach to Community Health (PATCH) was developed in 1983 by the United States Centers for Disease Control (CDC) in partnership with state and local health departments and community groups. It was designed to provide a model to assist state and local public health agencies, in their partnerships with local communities, to plan, conduct, and evaluate health promotion and disease prevention programs. PATCH was also intended to serve as a mechanism to improve links both within communities and between communities and state health departments, universities, and other agencies and organizations. PATCH combines the principles of community participation with the diagnostic steps of applied community-level epidemiology. The development of PATCH was influenced by the theoretical assumptions underlying the PRECEDE model, by the literature on community organization and development, and by CDC's tradition of working through state health agencies in the application of health promotion and disease prevention programs.

The PATCH process guides users through five phases: (1) mobilizing the community, (2) collecting and organizing data, (3) choosing health priorities, (4) developing a comprehensive intervention plan, and (5) evaluation. Moving from the initiation to the full implementation of PATCH can take up to a year or more. Successful implementation depends upon actively engaging community members in the process, having adequate time and resources to gather and interpret data to guide program development, and developing cohesion among stakeholder organizations. PATCH is an example of a model that has not only tested the application of theory, but has also facilitated the link between research and practice in community health education and health promotion.

PATCH is widely recognized as a practical and user-friendly model for community health promotion and disease prevention planning. It has been used in combination with other community-based planning frameworks such as Assessment Protocol for Excellence in Public Health (APEXPH) and Healthy Cities.

Public health staff in over forty states have received training in the PATCH process and it has been applied in over three hundred local communities in the United States, as well as several communities in Canada, Australia, and in the Panama Canal region by the United States military. It has also been applied in a wide variety of settings, including hospitals, managed care organizations, universities, voluntary health agencies, local health departments, agricultural extension services, and work sites. PATCH has also been employed to focus on the health needs of diverse populations to address such topics as cardiovascular disease, injury prevention, HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome), teen pregnancy, and tobacco use.

Although no longer directly funded by the CDC, the PATCH process continues to be referenced and used by many organizations and agencies for community planning and for the training of new public health and health promotion professionals. Further discussion of theory, applications,

and evaluation of PATCH can be found in many publications, some of which are included in the bibliography below.

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(SEE ALSO: *Centers for Disease Control and Prevention; Community Health; Community Organization; Epidemiology; Health Promotion and Education; Mobilizing for Action through Planning and Partnerships; PRECEDE-PROCEED Model*)

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