

CMT Program Plan- Mobile Intervention

1. **Background/Context, Description** - Community Matters is currently providing verities of Nutrition programs, information and prevention programs to St. James Town residents who are at risk of Diabetes, Cancer and Cardiovascular Disease and Stress under Healthy Living in St. James Town initiative. These programs will include cultural and appropriate screening as prevention of diabetes, Cancer and Cardio Vascular Disease and Stress in a community context. We are testing a variety of methods to reach residents who do not have time or do not hve a schedule which fits our current programs. Mobile intervention is a method of reaching a different group of residents
2. **Best Research and Best Practices (policy and program descriptions and manuals)**

Relevant Article	Findings	Implications for Program (good evaluation, design etc)
Systematic Review of Text-Messaging Interventions to Promote Healthy Behaviors in Pediatric and Adolescent Populations: Implications for Clinical Practice and Research	Conclusions: This review supports previous literature suggesting that mobile phones are uniquely positioned to bridge gaps in health disparities and reach across demographics. Interventions using short messaging service may be most effective as a reminder system to support disease management behaviors. Existing recommendations for tailored, interactive, and family-centered care are supported with mobile technology recommended to augment clinical practice and health behavior change efforts. However, more rigorous, theory-based intervention research using mobile technology is warranted in pediatric and adolescent populations.	
The feasibility, acceptability, and outcomes of PRIME-D: A novel mobile intervention treatment for depression	Conclusions: Results suggest that PRIME-D is a feasible, acceptable, and effective intervention for adults with depression and that a mobile service delivery model may address the serious public health problem of poor access to high-quality mental health care	
Promoting wellbeing and improving access to mental health care through community champions in rural India: The Atmiyata intervention approach	Case presentation: This case study describes the content and the process of implementation of Atmiyata and how community volunteers were trained to become Atmiyata champions and mitras (friends). The Atmiyata programme trained Atmiyata champions to provide support and basic counselling to community members with common mental health disorders, facilitate access to mental health care and social benefits, improve community awareness of mental	Community Assistant approach used in a community in India

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	<p>health issues, and to promote well-being. Challenges to implementation included logistical challenges (difficult terrain and weather conditions at the implementation site), content-related challenges (securing social welfare benefits for people with CMDs), and partnership challenges (turnover of public health workers involved in referral chain, resistance from public sector mental health specialists).</p> <p>Conclusions: The case study serves as an example for how such a model can be sustained over time at low cost. The next steps of the programme include evaluation of the impact of the Atmiyata intervention through a pre-post study and adapting the intervention for further scale-up in other settings in India</p>	
<p>Fahimeh's research: a review article about M.I in M.H field especially by S.MS and apps in three dimensions: 1) Improve people mental health .2) Psychosocial wellbeing 3) Social Relationship.</p>	<p>In this review, the writer mentioned some advantages and disadvantages of mobile intervention</p> <p>Advantages: 1) It can broaden the demographic groups that can be reached.2) Can be more affordable for low-income group compare to face-to-face. 3) Can target specific group such as people who are living with or at risk for mental health illness and people in remote location. 4) It is convenient and easy to use. 5) It can help to hold healthy habits, because it can be reputed cross time.</p> <p>Disadvantages: 1) Although mobile have been widely adapted, it may still be challenging to recruit certain population, such as elderly, children and transient population. 2) There is a low control on situation of client.3) It is possible that safety feeling of participation decreases. 4) People in mental health issue may feel isolation if mobile intervention replace face-to-face actions.</p>	
<p>Other articles researched by Fahimeh</p>	<p>As conclusion, they perceived that with incremental improvement in design, methodology and innovation, mobile technology has the potential to play a key role in transforming the health care delivery process.</p> <p>In third article (cell phone intervention for you), we have a randomized, controlled trial of behavioral weight loss intervention for young-adults</p>	

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	using mobile. It was a study on comparison between personal coach and cell phone control, which shows no differences between these two methods.	

1. Program Objective/Hypothesis:

Support Isolated residents

- How to identify isolated residents
- Identify with people are more comfortable using telephone than attending a program
- Help people in crisis who would not normally be seen

Support participants to meet their health goals

- Continuity with participants
- How individuals will gain benefit
- Improve the quality of individual health
- Acculturation of newcomers, deal with stress and stigma
- Meet the needs of a younger community

Learning

- Community Assistant benefit from learning how to develop mobile application skills

Outreach

- Promote our programs
- Touch base with people we have not seen in a while
- Inform of events where people have a specific interest

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Target Population: Residents of St. James Town

D. Program Outcomes:

Community

- Less mental health issues in the community
- Increasing numbers of participants
- Screen more residents for health conditions
- Increased health awareness in the community
- A better community support system
- Established long term relationship with neighbours

Community Assistants

- Community Assistants see mobile applications as integral to their job
- Community Assistants become proficient with technology and create new approaches which broaden our own employment horizons

Participants

- Participants report that they feel more in control of their overall health
- Increased social networking amongst participants leading to improved health habits
- Increased sense of connection
- Participant is empowered to use the Mobile App
- Increased participant motivation to improve their own health

Community Organizations

- Learning transferred to other organizations

E. Program Outputs:

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- Data base accessible by participants
- Mobile Intervention Training Curriculum
- Instruction video using Mobile Intervention
- Interview Questionnaire

F. Potential Program Partners:

Initial Interview Process

1. Review and complete health planner
 - a. Identify health concerns of participants
2. Discuss Health Goals
 - a. Have they be tried before
 - b. If yes did they work why, did they not work why not
 - c. What does the participants need to best achieve health goals

Pre and Post test: Participant Questions

		Rating
1.	I feel I have control of my general health	1 2 3 4 5 6 7
2.	I believe my social networks contribute to my overall health	1 2 3 4 5 6 7
3.	I am satisfied with my sense of connection with others in my community	1 2 3 4 5 6 7
4.	I use the mobile data base to help me with my health goals	1 2 3 4 5 6 7
5.	I am motivated to improve my own health	1 2 3 4 5 6 7

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Pre and Post test: Staff Questions

		Rating
1.	I feel that the use of mobile intervention is an integral part of doing my job well	1 2 3 4 5 6 7
2.	I am proficient in using the mobile intervention data base	1 2 3 4 5 6 7