



at THE CENTRE FOR
HEALTH PROMOTION
UNIVERSITY of TORONTO

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Planning Resources

Print

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Early on in my days as a THCU consultant (after 12 years at the Addiction Research Foundation), I often used the following definition of a drug:

Any substance which when injected into a rat produces a report.

Some years later, I'm now asked to discuss or give some insight into a definition of planning. In the old days, similar to my beliefs about what a drug was, I saw planning as *any lengthy, difficult process a group was subjected to, the result of which produced a report.*

I no longer see planning in this light, but have come to realize the need for a new definition. In these changing times, we seem to be planning for shorter and shorter time frames—in large part, due to the instability of funding. And with the rate of change so great, it also seems that our plans become outdated awfully quickly.

Another change we face relates to power and the sharing of it. As health promotion ideas spread, at least on the front lines, planning has evolved from a data-driven, expert-led exercise to more of an ongoing dialogue regarding vision, opportunities, and choices.

The interconnectedness and complexity of our environment also makes planning a whole new ball game. On a hot day this summer I sat in a pool trying to restore feeling to my hamstrings after an intense game of beach volleyball, discussing research methods with a health practitioner. We laughed about the implausibility of finding a control group in this wired, connected world, where people are involved in so many “treatments” or programs and where information travels so fast it's difficult to be unaware of anything new.

With all of this change then, where is this new analogy for planning? More importantly, where are the new rules or new models that fit with our new fast-paced, egalitarian, connected world? And yes, what about our language—should we stay with the military-based concepts of “strategy, tactics, target populations” or have we created a new language that aligns better with our professed values?

Keep reading, this special issue on planning provides some ideas, services, and resources that just might help you manage planning in this changing world.

Larry Hershfield
Manager, THCU

Desperately Seeking Definition



On Situational Assessment in Health Promotion Program Planning

An Editorial by Suzanne Jackson, Ph.D.
Centre for Health Promotion

Assessing the situation before planning begins is an essential first step to health promotion programming. Calling this a situational assessment rather than a 'needs assessment' puts the emphasis on an approach that looks for positive aspects as well as problems and issues. This is particularly important for health promotion—where programs need to build on strengths and assets and

look for positive outcomes and achievements—not just address problems and cope with disease.

Conducting a situational assessment is a real opportunity to identify and involve potential partners and stakeholders in your community. This involvement can include collecting and analyzing data about the assets and needs of your communities, discussing mandates, visions and existing programs of the relevant organizations, as well as identifying the economic, political and other factors which affect your communities. Here it is helpful to have a team of people familiar with different parts of the entire community or project come together, bringing their various perspectives to assess the situation of a particular community, location or age group (e.g., adolescents) or program (e.g., injury prevention). Community members often have insights into data—data that may not be meaningful to researchers and planners.

Conducting a situational assessment can:

- involve a committed community or group of partner organizations
- provide a clear sense of who else needs to be involved
- identify the constraints and opportunities facing your project
- identify the conditions and broader determinants of health affecting your project or community
- identify the strengths and assets as well as the problems or issues facing your community, and
- what you already know and what you still need to know.

Planning without a situational assessment can lead to missed opportunities, little political support, duplication of programs and services, and falling behind best practices. This step in planning may not appear to be 'real' planning—yet it needs to be acknowledged and undertaken as a legitimate and key step in any program planning process.

Ethical Principles in Planning

(Adopted by APA/AIPA, May 1992)

The following is a set of ethical principles of planning created and adopted by the American Planning Association and the American Institute of Certified Planners. Although not specific to health promotion, many principles contain elements congruent with health promotion values. We have included only the introduction and Section A here—the remainder of the principles can be found at:

www.planning.org/abtaicp/ethics.html

This statement is a guide to ethical conduct for all who participate in the process of planning as advisors, advocates, and decision makers. It presents a set of principles to be held in common by certified planners, other practicing planners, appointed and elected

officials, and others who participate in the process of planning.

The planning process exists to serve the public interest. While the public interest is a question of continuous debate, both in its general principles and in its case-by-case applications, it requires a conscientiously held view of the policies and actions that best serve the entire community. Section A presents what we hold to be necessary elements in such a view.

Planning issues commonly involve a conflict of values and, often, there are large private interests at stake. These accentuate the necessity for the highest standards of fairness and honesty among all participants. Section B presents specific standards.

The ethical principles derive both from the general values of society and from the planner's special responsibility to serve the public interest. As the basic values of society are often in competition with each other, so do these principles sometimes compete. For example, the need to provide full public information may compete with the need to respect confidences. Plans and programs of-

ten result from a balancing among divergent interests. An ethical judgment often also requires a conscientious balancing, based on the facts and context of a particular situation and on the entire set of ethical principles.

This statement also aims to inform the public generally. It is also the basis for continuing systematic discussion of the application of its principles that is itself essential behaviour to give them daily meaning.

Section A. The planning process must continuously pursue and faithfully serve the public interest.

Planning Process Participants should:

- 1 recognize the rights of citizens to participate in planning decisions;
- 2 strive to give citizens (including those who lack formal organization or influence) full, clear and accurate information on planning issues and the opportunity to have a meaningful role in the development of plans and programs;

continued on page 3 ...

Consultations & Workshops

Central Workshop Update

Advanced Evaluation Series

Use of Focus Groups for Evaluating Health Promotion, January 20, 1999

Process Evaluation, January 21, 1999

Use of Surveys for Evaluating Health Promotion, January 22, 1999

What Works: Effective Strategies for Health Promotion, February 22, 1999

Special Topics Workshop: TBA, February 23, 1999

Making the Case, March 11 & 12, 1999

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continued from page 2 ...

3 strive to expand choice and opportunity for all persons, recognizing a special responsibility to plan for the needs of disadvantaged groups and persons;

4 assist in the clarification of community goals, objectives and policies in plan-making;

5 ensure that reports, records and any other non-confidential information which is, or will be, available to decision makers is made available to the public in a convenient format and sufficiently in advance of any decision;

6 strive to protect the integrity of the natural environment and the heritage of the built environment;

7 pay special attention to the interrelatedness of decisions and the long range consequences of present actions.

Consultations Services are Available for Your Planning Needs

THCU provides on-site, central, telephone and e-mail-based consultations to assist you in planning for your health promotion project. Described below are some areas where THCU can support your planning process. We can help you:

- conduct a situational assessment (or needs assessment / community analysis)
- apply planning models (e.g., social marketing, logic models) to your initiative
- select effective, comprehensive strategies for health promotion
- set goals and objectives for sustainable change (addressing four levels of change, including the individual, network, organizational, societal levels)
- define and analyze populations of interest.

For more information or to obtain our Consultation Request Kit, please contact Lorraine Telford at (416) 978-1188 or l.telford@utoronto.ca

Recent Consultations in Planning

In April of 1997, THCU's service mandate expanded to include planning, evaluation, and policy change. Since that time, we've had a number of interesting requests for consultations in all of these areas. Specific to planning, we've assisted many community organizations by:

- contributing to/facilitating strategic planning for newly formed coalitions
- finding relevant sample terms of reference for groups with special characteristics (e.g., geographical diversity)
- providing resources for developing needs assessments
- locating background information on strategies for mental health promotion
- searching for theoretical information about harm reduction
- determining resources required to support working with stakeholders and corporate sponsors (ethical and value issues)
- assisting with the planning of a large community assessment
- assisting with planning focus groups related to programs/services.

A Sample Planning Consultation

Recently, one of our THCU consultants worked closely with a community health centre to assist in a planning process. The consultation focused on setting appropriate directions for health promotion programs and activities among youth, seniors and men. A community consultation and focus groups sessions were planned. Objectives for the process included:

1 Soliciting input from community members to provide direction to the CHC services for each of the priority populations;

2 Identifying key health issues, perceived determinants of health and barriers to well-being for priority populations.

THCU staff supported the CHC by contributing to the design of the project's critical path, helping to identify stakeholders, providing resources (such as how-to tools, reports and studies), and identifying other relevant resources.





News on THCU Regionals

At this point in the year, we've had quite a bit of interest in our regional workshops. To date, a total of 11 of our 12 available workshops have been held or are scheduled, spanning five regions of the province. The following chart provides a description of our regional events for 1998-99:

Regional Workshop

Overview of Health Communication & Media Advocacy

Day 1 covered the 12 steps involved in planning a health communication project or campaign. Day 2 focused on advocacy through the media. [*Arnprior: 24 participants from the Heart Health and Focus Communities*]

Media Advocacy

A 1-day event focusing on skills for working with local media on policy change or other initiatives. [*North Bay: 36 health unit staff*]

Logic Models

Held in cooperation with the Sudbury Public Health Research, Education and Development Program (PHRED) to develop logic models for mandatory programs. [*Timmins: 38 health unit staff*]

Strengthening Personal Presentations

This 1-day event prepares participants for formal presentations, as well as 'presenting on the spot.' [*Sarnia: Over 20 participants are expected from the health department and related agencies.*]

Introduction to Evaluating Health Promotion Programs (2 days)

This regional covers all aspects of program evaluation using grounded examples and providing opportunities for application of the material. [*Sault Ste. Marie: Approximately 30 participants from the Heart Health and Focus Community coalitions are expected.*]

Evaluation de programmes (en français)

Anime par Helene Gagne du Centre ontarien d'information en prevention (CIOP). [*Ottawa: Francophone health promotion practitioners from Eastern Ontario will attend this comprehensive and practical workshop.*]

Overview of Health Communication

Two 1-day events will be held to accommodate both groups. [*Red Lake and Fort Francis: Approximately 55 participants from Heart Health and Focus Communities are expected for the 2 separate events.*]

Logic Models

A 1-day event held in collaboration with the City of Toronto PHRED. [*Chatham: Over 20 participants are expected from the health department and local partners.*]

Overview of Health Communication

Still our most popular regional event, we return to Waterloo by popular demand! [*Waterloo: 30-40 participants are expected.*]

For more information about our regional workshops on these topics or the others listed here, please contact Lorraine Telford at (416) 978-1188 or l.telford@utoronto.ca

Other Topics for Regional Workshops

Here is a list of other topics available as regional workshops:

- Introduction to Health Promotion Planning (2 days)
- Situational Assessments (1 day)
- How To's in Health Communication Production (1 or 2 days)
- Policy Change (1 day, available as an introduction or advanced)
- Conducting Focus Groups (1 day)
- Conducting Surveys (1 day)

A New Consultant

THCU is pleased to welcome Nancy Dubois as our newest consultant. Nancy brings over 15 years of experience as a trainer and group facilitator and will be working with us on consultations and workshops. She is an enthusiastic, energetic and seasoned public speaker in educational, recreational, public health and fitness settings. At the community level, she was the Coordinator of one of Ontario's five heart health demonstration sites for eight years, the Manager of a community YWCA and, most recently, the Community Facilitator for Southern Ontario with the Active Living Community Action Project. At provincial level, Nancy has provided leadership as the Physical Activity Consultant to the Health Promotion Branch of the Ontario Ministry of Health and as the Coordinator of Ontario's Heart Health Resource Centre. She has also worked in an advisory capacity for projects headed by ParticipACTION, the Ministry of Education's Health, fitness and Well-Being Vocational Standards Committee, the National Forum on Health and the Centre for Research and Education in Human Services. Nancy is also an active volunteer with the Heart and Stroke Foundation of Ontario, the Grant Review Committee of the Canadian Living Foundation, as well as a Steward with Active Living Canada. Welcome, Nancy!



The Evaluation File

The Logical Uses of Logic Models

Not so very long ago, the term logic model was absent from the vocabulary of most health promotion practitioners. Those familiar with logic models tended to regard them as esoteric conversation pieces with little or no relevance to program development.

As awareness of their practical value increased, logic models emerged as one of the most popular resources for program planning and evaluation. THCU has fielded an increased number of requests for consultations and workshops on logic model development over the past year.

For the benefit of those unfamiliar with the term, a program logic model is a diagrammatic representation of a program (Rush and Ogborne, 1991). A logic model depicts relationships between the main activities, or components, of a program and associated goals, objectives, indicators and resources.

A logic model serves a number of useful purposes (McEwan and Bigelow, 1997):

- first, a concise logic model can serve as an effective communication tool for describing a program to key stakeholders and facilitating program administration.
- Second, a logic model helps to clarify connections between key facets of a program. For example, a logic model can help identify activities that must be implemented in order to achieve specific objectives.
- Last, logic models provide a conceptual link between program planning and evaluation. By matching activities with measurable objectives and associated process and outcome indicators, a logic model provides an invaluable blueprint for program evaluation.

A logic model also serves as a resource for evaluability assessment—the process of determining if a program has the necessary prerequisites for evaluation.

Those interested in developing a logic model for a health promotion program have

a number of sample frameworks to choose from. These range from straightforward depictions of program activities and intended goals (e.g., Wholey, 1983) to more detailed templates linking program activities to measurable objectives and outcome indicators. An excellent example of the latter is found in the Program Evaluation Tool Kit created by the Public Health Research, Education and Development Program (PHRED) in 1997. This model maps out the what, who and why of a program, encouraging program staff to delineate between and link components, activities, target groups and outcomes (both short-term and long-term).

Another detailed logic model framework has been developed by Dwyer (1996). This resource, adopted for use in THCU workshops on logic models, maps the relationship between a program's goals, target group(s), components (activities), outcome objectives and indicators (long and short-term), process objectives and indicators and resources. The level of specificity denoted in Dwyer's model is especially useful for evaluation design and assessing the evaluability of programs.

When selecting a logic model framework, it's important to remember that one size does *not* fit all—the format and complexity of a logic model varies according to its intended purpose. For example, practitioners interested in developing a model to facilitate program administration and communicate the “big picture” to stakeholders do not require the level of detail specified in more inclusive models, such as the Dwyer framework. Conversely, more general logic models may not capture the information required for evaluation purposes. Complex, multicomponent initiatives often require the development of separate logic models for each program component, as the diversity of program activities and priority groups prohibit the development of a detailed, yet comprehensible, aggregate logic model.

As is the case with other planning tasks, the design of effective logic models depends on the active collaboration of key stakeholders. A small, task-focused workgroup, including program managers, front-line staff and the evaluator, is generally recommended for logic model development (Smith, 1989; Dwyer, 1996). If necessary, feedback on the draft logic model can be obtained from a broader range of participants.

There a number of logical reasons for investing time and effort in the development of logic models. I encourage you to consider the use of a logic model to guide the planning and evaluation of your program. And we at THCU are happy to support you through any of the challenges you may encounter along the way.

Brian Hyndman

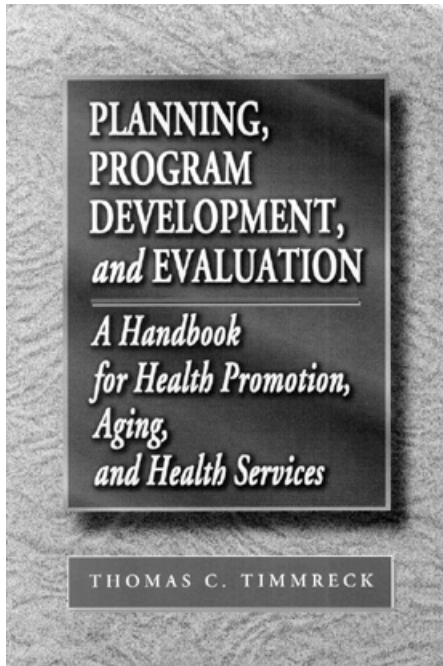
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- Dwyer, John (1996) “Applying program logic model in program planning and evaluation.”
- Public Health and Epidemiology Report Ontario** 7 (2), 38-46.
- McEwan, K.L., and Bigelow, D.A. (1997) “Using a logic model to focus health services on population health goals.” **The Canadian Journal of Program Evaluation** 12 (1), 167-174.
- Rush, B., and Ogborne, A. (1991) “Program logic models: expanding their role and structure for program planning and evaluation.” **The Canadian Journal of Program Evaluation** 6 (1), 95-106.
- Smith, M.F. (1989) **Evaluability Assessment: A Practical Approach** Norwell, MA: Academic Publishers.
- Wholey, J.S. (1983) **Evaluation and Effective Public Management** Toronto: Little Brown.



What We're Reading

Planning Program Development and Evaluation



Planning Program Development and Evaluation: A Handbook for Health Promotion, Aging and Health Services. Timmreck, Thomas C. Sudbury, Massachusetts: Jones and Bartlett, 1995.

For those of you who've searched in vain for a practical, easy-to-understand text that captures the fundamentals of program development between two covers, look no further! This concise, accessible book provides a thorough orientation to the methods used to plan, implement and evaluate health promotion initiatives.

The book is structured around a ten-step planning model, with each chapter corresponding to a particular step. All of the chapters include a set of learning objectives, key planning questions, and an overview of key concepts and methods to guide the reader through each stage of the program development process. In addition, the book contains several useful appendices (including sample budgets), suggested formats for health planning reports and criteria for the development of health promotion programs.

One of the key strengths of the book is its brevity (an attractive feature for the harried health promoter!). The author has a remarkable ability to condense large amounts of complex information into short, succinct chapters without sacrificing clarity or glossing over key concepts. For example, the chapter on *Needs Assessments*, the fourth step of the planning model, manages to deal with the role of needs assessments, key needs assessment approaches (including community

forums, key informant interviews, focus groups, and surveys), data collection methods, assessment of data and presentation of findings in under thirty pages!

My main concern with the book lies in its country of origin. As is the case with other American resources, the book reflects a vision of health promotion grounded firmly in the principles of lifestyle modification. The narrow parameters of the book are established early on in Chapter 1, which manages to trace the evolution of health promotion without any mention of trivial developments such as the *Ottawa Charter*.

In spite of its conceptual limitations, *Planning Program Development and Evaluation* provides a useful "how-to" overview of planning and evaluation concepts. As such, it serves as a helpful primer for practitioners and students alike. Having adopted the book as required reading for a planning and evaluation course, I can testify to its usefulness as a teaching resource. Even if the underlying orientation of the book leaves something to be desired, Timmreck does a better job of covering the fundamentals of program development than many other resources I've come across.

Brian Hyndman

Building Communities from the Inside Out

This non-traditional yet practical guide to the process of building communities is steeped in health promotion values, presenting a positive approach to the process by locating the assets, skills and capacities of community members and organizations. It contrasts a more traditional approach to planning (which focuses on needs, problems and deficits), suggesting a number of limitations to this earlier model.

The easy-to-follow guide begins with a framework based on a five-step process for 'asset-based community development':

- 1 Mapping Assets
- 2 Building Relationships
- 3 Mobilizing for Economic Development and Information Sharing
- 4 Convening the Community to Develop a Vision and Plan
- 5 Leveraging Outside Resources to Support Locally Driven Development

Chapter 1 focuses on releasing individual capacities by providing ways to find and use the gifts and talents of local people. Helpful tools such as a 'capacity inventory' are included. Suggestions are made for ways to find and mobilize the capacities of youth, people with disabilities, older people, people experiencing welfare and local artists.

Chapter 2 is devoted to releasing the power of local associations and organizations with a particular emphasis on churches and cultural organizations as two important types of community-building associations. Again, practical methods for locating and activating local groups are provided.

Chapter 3 looks at ways to 'capture' local institutions through partnerships with each other, as well as through partnerships with local residents and citizens associations. The

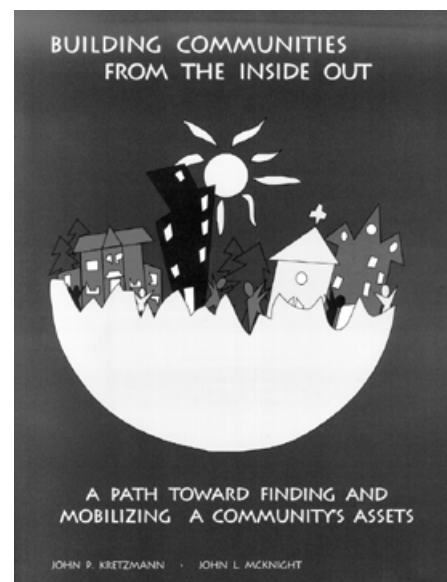
organizations that are focused on include parks, libraries, and schools.

Chapter 4 highlights three ways communities can capture and build on economic assets already in place. An interesting final part of the chapter outlines successful efforts to reclaim the often hidden physical assets of the community such as abandoned space and waste materials.

The final chapter suggests ways people and institutions outside a community can support asset-based community-building activity. Examples of guidelines for foundations as well as some modest advice for government are included.

The approach taken by the authors fits well with the current health promotion initiatives in Ontario as well as with THCU's approach to planning. It echoes and reinforces our beliefs—ones that encourage people to focus on the strengths and capacities of individuals and communities rather than on deficits and problems. This is particularly evident in our approach to conducting a situational assessment as well as in THCU's advice for setting positive goals, objectives and indicators.

We have all seen glimpses of a positive approach to community building in Ontario, the best current example of which must be the Heart Health Initiatives. I've been lucky enough to witness something that seems to approximate the asset-based community-building approach in my own adopted community of Guelph. Having been raised just over an hour away in a city with a population 50 times as large, it's been both refreshing and inspiring to feel part of a community building process—one that has included saying 'no' to the Big Box stores (Walmart as an evil example), revitalizing the downtown core



Building Communities from the Inside Out: A Path Toward finding and Mobilizing a Community's Assets. John P. Kretzmann & John L. McKnight. ACTA Publications. 1993. 376 pages.

and participating in incredibly democratic options for reducing traffic problems in residential areas. Yes, sir: Guelph is a unique community that works hard to build on its assets, including a historic and charming downtown, scenic waterways, and an artistic and involved populace.

I found this book an interesting one for both our private and public lives and hope you will too.

Elizabeth Pawliw-Fry



Planning Resources

Print

Stop, Look and Listen: An Interactive Guide to Working with Communities

Ruta Valaitis

R. Valaitis, L. Chambers, D. Cole, A. Ehrlich, L. O'Mara, L. Rideout, C. Van Berkel; McMaster University/Hamilton-Wentworth Regional Public Health Department, a teaching health unit affiliated with McMaster University and the University of Guelph.

Stop Look and Listen is a self-directed, interactive program in CD-ROM format which can assist health science students and community workers to better understand participatory community assessment, planning and development. It takes the user on a journey, using a childhood pedestrian injury as an example, to facilitate community action.

The user is guided through the community action process by working with a community. Community assessment includes identifying the community's capacities and issues, reviewing community decision-making, planning, intervention and evaluation. The assessment portion of the program helps the user develop skills in collecting existing and new information with community mem-

bers. Methods for collecting existing information include: census data, vital statistics, utilization statistics, reports and registries. Participatory and conventional methods for collecting new information such as: windshield surveys/walk abouts, mapping, key informant interviews, visioning, focus groups, open forums and population surveys, are included in the CD-ROM.

The multi-media aspects of the program help to present material which is more difficult to demonstrate through print media. For example, community members act as 'hosts' who help to "tell the story" of their community. This reinforces the concept of a collaborative approach to working with communities. Photographs of the commu-

nity are accompanied by audio of the 'hosts' description of their surroundings. Graphics are used to demonstrate for example, the construction of population pyramids and community mapping. Video is used to demonstrate communication skills with key informants in the community. Testing components are added to provide greater interactivity and feedback to the user.

Stop Look and Listen has been pilot-tested by students, public health professionals and community members in the Hamilton Wentworth region in Ontario. Although, it is currently undergoing revisions, we anticipate it will be widely available for distribution by the end of 1998. *Stop Look and Listen* is an interactive CD-ROM program that may be very useful to you as a health science student or practicing health professional.

More information about this program is available by contacting the producer, Ruta Valaitis—email valaitis@fhs.mcmaster.ca or phone (905)525-9140 ext. 22291.

Other Suggested Print Resources

Bellingham, R. & Tager, M. (1986). *Designing effective health promotion programs*. Chicago: Great Performance, Inc.

Bryson, J. (1988). "A strategic planning process for public and non-profit organizations." *Long Range Planning* 21 (1) p. 73-81.

Bryson, J. (1995). *Strategic planning for public and nonprofit organizations: A guide*

to strengthening and sustaining organizational achievement. San Francisco: Jossey-Bass.

Minkler, M. (1997). Ed. *Community organizing and community building for health*. New Brunswick: Rutgers University Press.

Winer, Michael & Ray, Karen. (1996). *Collaboration handbook. Creating, sustaining,*

and enjoying the journey. Minnesota: Amherst H. Wilder Foundation.

Witkin, B.R., Altschuld, J.W. (1995). *Planning and conducting needs assessments a practical guide*. Thousand Oaks, CA: Sage Publications.

Website

American Planning Association

www.planning.org

The American Planning Association is a non-profit public interest and research organization representing 30,000 practicing planners, officials, and citizens involved with urban and rural planning issues. Sixty-five percent of APA's members are employed by state and local government agencies. These members are involved, on a day-to-day basis, in formulating planning policies and preparing land use regulations. APA's objective is to encourage planning that will contribute to public well-being by developing communities and environments that meet the needs of people and society more effectively.

