

THE HEALTH COMMUNICATION UNIT

at the Centre for Health Promotion
University of Toronto


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Introduction to Health Promotion Planning

May 30 & 31, 2005


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Goal of Workshop



To assist those involved in health promotion with planning projects in organizational and community settings.

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- You've carefully thought out all the angles.
- You've done it a thousand times.
- It comes naturally to you.
- You know what you're doing, it's what you've been trained to do your whole life.
- Nothing could possibly go wrong, right ?

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Introductions THE HEALTH COMMUNICATION UNIT
T H
C U

- Purpose
- Process
- Paper
- Place
- People

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Objectives of Workshop THE HEALTH COMMUNICATION UNIT
T H
C U

- By the end of the workshop, participants will:
 - be able to use a practical model of health promotion planning and apply it to organizational and community settings
 - be able to conduct a situational assessment for a health promotion project
 - be able to develop goals and objectives for a health promotion project
 - be able to identify strategies, activities, resources and timelines for a health promotion project
 - understand the link between planning and evaluation and be able to incorporate appropriate program evaluation measures in the planning process.

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Format of Workshop

- During the workshop, participants will:
 - apply lecture materials, worksheets and other practical tools to case studies
 - work in small groups through each part of a health promotion planning model and share their ideas and experiences
 - interact with peers and workshop facilitators to address questions and issues arising from application of the workshop material to real and hypothetical issues.

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Process

- Bicycle Rack
- Food
 - Light breakfast & afternoon snack provided
 - Coffee, tea & water abound
 - Lunch on own – Salad King, Eaton Centre, downstairs café, grocery store
 - Dinner plans?

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Agenda

Day 1

- Types of Planning & Common Models
- Step 1: Pre-planning & Project Management
- Step 2: Situational Assessment
- Step 3: Goals, Population, Objectives

Day 2

- **Sharing Time**
- Step 4: Strategies, Activities & Resources
- Indicators
- Sample Plan
- Link to Evaluation
- Summary

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Introductions THE HEALTH COMMUNICATION UNIT
THCU

- Purpose
- Process
- **Paper**
- Place
- People

- Slides
- Workbook
- Agenda
- Evaluation Form
- THCU materials
- Resource material

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Introductions THE HEALTH COMMUNICATION UNIT
THCU

- Purpose
- Process
- Paper
- **Place**
- People

- Telephones
- Washrooms
- Anything else?

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Introductions THE HEALTH COMMUNICATION UNIT
THCU

- Purpose
- Process
- Paper
- Place
- **People**

- Nancy Dubois
- Robb MacDonald
- people at your table
- networking encouraged

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What is Planning?

Planning is a series of decisions, from general strategic decisions (e.g., identifying priorities) to specific operational details (e.g., program implementation), based on the collection and analysis of a wide range of information.

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How do you use plans?

- In table groups
 - introduce yourselves
 - talk about how you do or could use plans in your work
 - share highlights with large group
- Switch half groups (time permitting)

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Why Plan?

- Planning helps you to get from your starting point to your desired end point.
- Planning helps to direct resources (time, money and person power) to where they will have the greatest impact.
- Planning is a critical process for ensuring the development and implementation of effective and appropriate health promotion programming.

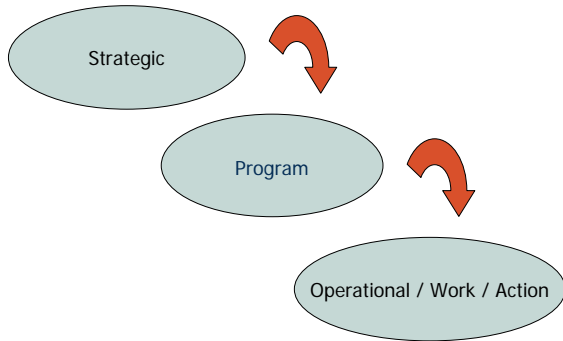
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Roger's Rule:

"Authorization for the project will be granted only when none of the authorizers can be blamed if the project fails but when all of the authorizers can claim credit if it succeeds."

Levels of Planning

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COMPONENTS

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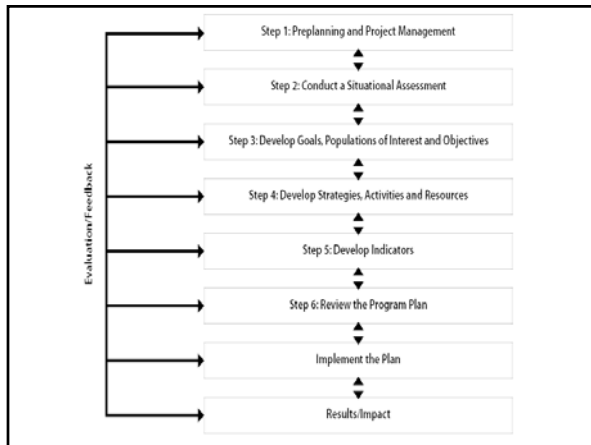
- Vision Strategic Planning
 - Mission
 - Values / Beliefs / Guiding Principles
 - Strategies
-
- Goals & Population(s)
 - Objectives Program Planning
 - Activities
-
- Details - \$, timeframe, roles Operational Planning

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Health Promotion Project Planning Model

1. Preplanning and Project Management
2. Conduct a Situational Assessment
3. Identify Goals, Populations of Interest and Objectives
4. Identify Strategies, Activities and Resources
5. Develop Indicators
6. Review the Program Plan
7. Implement the Plan
8. Results/Impact

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Three F's of Program Planning

- **Fluidity**
 - steps are sequential or build upon one another (e.g. cannot set goals & objectives without doing an environmental scan)
- **Flexibility**
 - planning is adapted to the needs of stakeholders & modified as the process unfolds
- **Functionality**
 - outcome of planning is improved health conditions, not the production of a program plan itself

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Health Promotion Planning Models



- Step-by-step templates for planning health promotion initiatives
- Commonly Used Planning Models:
 - Precede – Proceed Model
 - Needs/Impact-Based Planning Model
 - outlined in Workbook

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Precede – Proceed Model



- Draws on fields of epidemiology, social and behavioural science
- Looks at desired outcomes first - asks the "why" before the "how"
- Developed by Green and Kreuter (1999)

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PRECEDE



- Predisposing, reinforcing, and enabling constructs in educational/environmental diagnosis and evaluation (i.e., factors that precede program implementation).

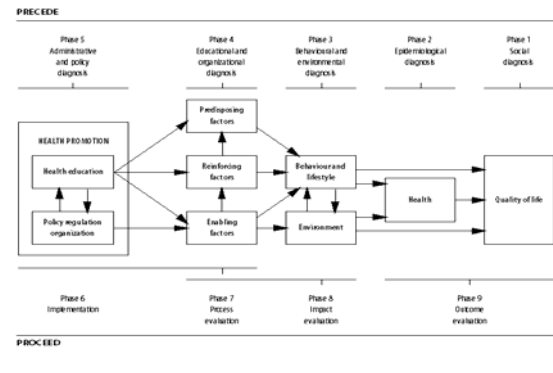
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PROCEED

- Policy, regulatory and organizational constructs in educational and environmental development (i.e., factors that promote program implementation).

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Precede-Proceed Model



Elements of Precede – Proceed Model

- Phase 1 - Social Diagnosis
- Phase 2 - Epidemiological Diagnosis
- Phase 3 – Behavioural/Environmental Diagnosis
- Phase 4 – Educational/Organizational Diagnosis
- Phase 5 - Administrative and Policy Diagnosis
- Phase 6 - Ready for Program Implementation
- Phases 7-9 - Data collection and evaluation

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Strengths of Precede – Proceed



- Widely used.
- Phase 1 can be undertaken collectively across a community.
- Promotes community participation early in the process.
- Provides a format for identifying factors related to health problems, behaviours and program implementation.
- Integrates many health promotion theories.
- Accounts for capacity to implement as well as need.

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Limitations of Precede – Proceed



- Relies heavily on input and analysis of experts (training/technical assistance often required).
- Not as much emphasis on socioenvironmental conditions for health as some other models.
- Tends to be problem-oriented rather than oriented towards positive health outcomes.
- Emphasis typically on service programs delivered in practice settings.
- Heavily data driven, requiring extensive surveys and record keeping.
- Too 'broad brush' for certain situations.

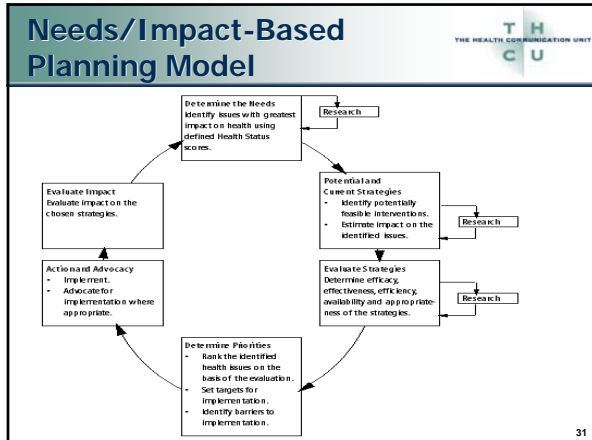
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Needs/Impact-Based Planning Model



- Systematic approach to planning developed by Toronto District Health Council (1996).
- Model sets priorities based on identified needs, potential strategies to address needs and feasibility of potential strategies.

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- ### Needs/Impact-Based Planning Model
- THE HEALTH COMMUNICATION UNIT
- #### Filters for evaluating potential strategies:
- Need
 - Impact: - Evidence, Best (“good”, “recommended”, “promising”) practices
 - Mandate
 - Capacity
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- ### Strengths of Needs/Impact-Based Model
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- Considers values, ethics and other factors influencing decision making.
 - Provides a logical and systematic way to make planning and resource decisions.
 - Developed and applied in Ontario – recommended for use by Ontario Ministry of Health.
 - Includes determinants of health as indicators of health need.
 - Evaluation is incorporated into model.
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Limitations of Needs/Impact-Based Model



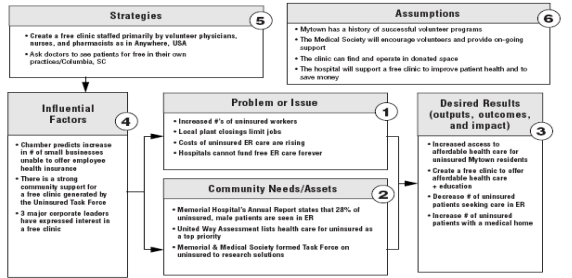
- Requires hardware and software package to implement.
- Bringing the necessary stakeholders across the health continuum can be challenging.
- The utility of this method will be influenced by:
 - the size of the information collection and analysis; and
 - the need for qualitative and quantitative research where sufficient information does not exist.

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Kellogg Foundation Model (handout)



Logic Model Development
Program Planning Template – Exercise 3



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PRECEDE-PROCEED	MBEP	CHEM	MBEPRD	GIFFDS
Green & Kreuter 1991	Rose & Mink 1986	Ballon 1973	Rose & Winder 1981	Palma et al. 1986
Phase 1 Social diagnosis	Phase 1 Initiate	Step 1 Involve people	Health education plans	Needs assessment
Phase 2 Epidemiological diagnosis	Phase 2 Needs assessment	Step 2 Set goals	Demonstration programs	Goal setting
Phase 3 Behavioral and environmental diagnosis	Phase 3 Goal setting	Step 3 Define problem	Operational programs	Planning
Phase 4 Educational and process diagnosis	Phase 4 Planning and programming	Step 4 Design plans	Research programs	Program implementation
Phase 5 Administrative and policy diagnosis	Phase 5 Implementation	Step 5 Conduct activities	Information and statistics	Evaluation
Phase 6 Implementation	Phase 6 Evaluation	Step 6 Evaluate results	Evaluation process	Educational component
Phase 7 Process evaluation			Various other processes	Service component
Phase 8 Impact evaluation				
Phase 9 Outcome evaluation				

From:
Planning, Implementing & Evaluating Health Promotion Programs: A Primer.
McKenzie et al 2005

Table 2.3 Summary of Health Education/Promotion Planning Models (by author & year), Goal Planning, Implementing, and Evaluating Health Promotion Programs: A Primer, Second Edition, by J.F. McKenzie and J.L. Sorenson, 1997, Norham Heights, MA: Allyn & Bacon.

On-Line Planning Resources for Health Promoters



- Essential steps in the planning of a health promotion project
 - www.monash.edu.au/health/course-manual/1998/project-work/planning.htm
- 101 questions for community health promotion planning
 - <http://kinesiology/biosestate.edu/pemh5701C3101P.htm>
- On-line assistance step-by-step with your planning
 - <http://www.innonet.org/>


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On-Line Planning Resources for Health Promoters



- Tools for Change - Canadian support for Not-for-profits
 - <http://www.toolsofchange.com/English/firstsplit.asp>
- Community Tool Box - planning as one of many supports to community health promotion work
 - <http://ctb.lsi.ukans.edu/>

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Step 1

Pre-planning and Project Management

Key Factors in Managing the Planning Process

1. Participation
2. Time
3. Money/resources
4. Data-gathering
5. Decision-making

- Consider these up front but re-visit regularly
- Document these – could become Terms of Reference or a Project Charter
 - http://www.1000ventures.com/business_guide/crosscuttings/project_charter.html
- Resulting Plan usually goes forward for decision (within a Business Case sometimes)

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Project Charter	
to Full Article	
Content of a Project Charter	<p>Purpose and Use of a Project Charter</p> <p>The project charter is a one-time announcement. It clearly establishes the project manager's right to make decisions and leads the project.</p> <p>The intent of a project charter is to give notice of the new project and new project manager and to demonstrate the upper management support for the project and the project manager. It is also used by the sponsor to provide a broad direction for the project to the project manager. The charter should provide the other project documents as if established the project manager's authority which, in turn, is necessary to get the stakeholder agreements written.</p> <p>There are two ways most firms organizations use the term project charter:</p> <ol style="list-style-type: none"> 1. A project definition document 2. A formal recognition of authority <p>The project charter establishes where authority (i.e. the use of another person's authority), within the scope of the project.</p> <p>Audience of a Project Charter</p> <p>The charter should be made available to all project stakeholders – everyone who may be associated with the project, reading as well as an audience as a project. The charter is usually written by the sponsor or the project leader and should be approved by the sponsor, the customer, and the resource manager.</p> <p>Content of a Project Charter</p> <p>The charter outlines the direction and constraints of the project. The Scope Section of the Charter describes the project objectives and deliverables, customer and their needs and requirements, project stakeholders. The Resources Section of the Charter names the project manager and other key project team members, the timeline, staff effort level, budget, and other organizational constraints which the project must live within. In order to the team to make the best choices between the three main variables, the Resources Section describes also project priorities according to the needs assigned by the sponsor to the scope, schedule, and cost.</p>
Scope Section	
<ul style="list-style-type: none"> • Project Name • Business Case - why/when/why • Project Objectives • Final Deliverable(s) • Project Customers • Customer Requirements - quality characteristics • Customer Needs <p><small>why project is undertaken - to develop something new or to improve something existing</small></p> <ul style="list-style-type: none"> • Project Stakeholders - who 	
Resources Section	
<ul style="list-style-type: none"> • Team Assignments • Name of the project manager and other team members • Deadline • Staff Effort Limit • Budget (in Business Units) • Organizational Constraints • Other than business, staff effort, and budget • Project Priorities <p><small>making things, schedule, and cost</small></p>	

1. Participation

- Participation of clients, staff and stakeholders is critical.
- Plan with people, not for them.
- Involve stakeholders in every step of the process.

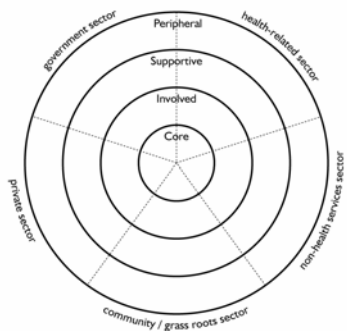
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Levels of Stakeholders

- **Core** - on the planning team
- **Involved** - frequently consulted or part of planning process
- **Supportive** - providing some form of support
- **Peripheral** - needs to be kept informed

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Levels of Stakeholders



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2. Time

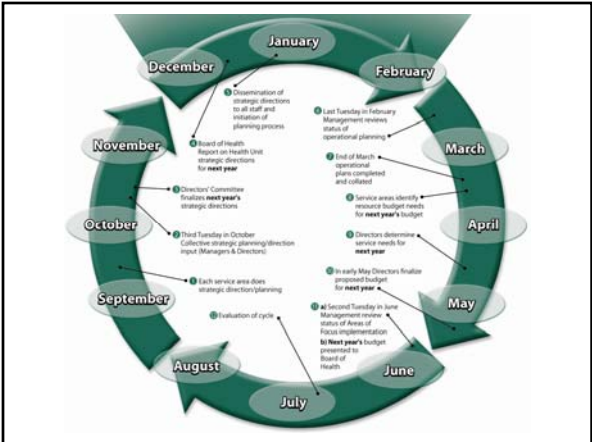
- Participatory planning takes longer.
- The participatory ideals of health promotion planning can, and often do, conflict with political and cost issues.

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"Work expands to fill the time available to perform it"
Parkinson's Law

"Anything worth doing is worth doing slowly."
Mae West





3. Money/Resources

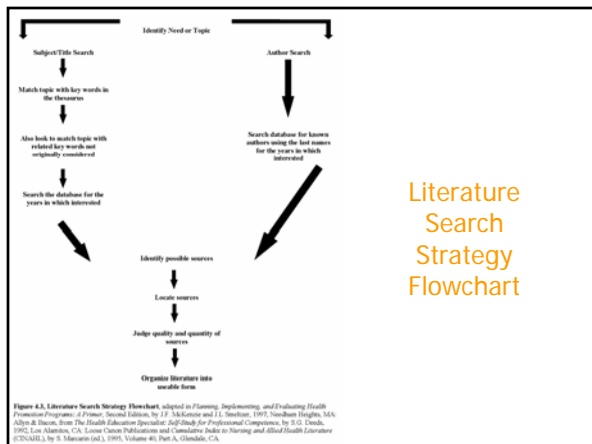
- Includes allocated funds, staff, time equipment and space.
- Includes in-kind contributions from partners.
- Opportunity costs.
- Must consider short-term expense vs. long-term pay-off.

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4. Data Gathering

- What information will be necessary or ideal on which to base your planning decisions?
 - Step 2: Situational Assessment will focus on this in more detail.
- In "making the case" for your plan, what will decision-makers need to know?
- Focus on health as more than the absence of disease.
- Look for data on underlying determinants of health issues (income, education, social support, employment and working conditions, etc.).
- Look to "best practices" on your issue.
- Conduct or access results of a literature search, review and/or synthesis
- Examine theories underlying priority health issues.

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Health Promotion Theory



- “Systematically organized knowledge... devised to analyze, predict or otherwise explain the nature or behaviour of a specified set of phenomena that could be used as the basis for action.”
 - Van Ryn and Heany (1992)
- “A strategy for handling data in research, providing modes of conceptualization for describing and planning.”
 - Glaser and Strauss (1967)

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Examples of Health Promotion Theories



- stages of change
- health belief model
- social learning theory
- diffusion of innovation
- socioenvironmental theories
- community mobilization theories (e.g., Rothman's typology: social planning, locality development and social action)
- advocacy and political change theories (e.g., Saul Alinsky)

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Tips for Using Theory



- view theories as guidelines, not "absolutes"
- theories should be viewed as complementary, not mutually exclusive
- NEVER apply a theory without a thorough understanding of your population of interest
- theories should not be used as short cuts
- beware of theories determining program outcomes (i.e., criteria for 'success' should be based on health promoting changes in your community, rather than successful application of theory)

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5. Decision Making T H
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- challenge of managing timely decisions throughout process
- decide whether to proceed with planning
- decisions on timelines and allocation of resources
- consideration of political context for planning

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Small Group Exercise T H
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- **Option 1:** Create your own case study by selecting from the health issue, settings and population of interests options provided on the case study 'menu'
- **Option 2:** Use the youth health promotion plan case study provided

You will spend time in this group on this topic a few times during the workshop.

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Step 1 Exercise: Pre-planning and Project Management T H
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Using case study and worksheets (pp. 14-15), identify and discuss:

- Key stakeholder groups
- Participants (who should be involved)
- Available resources (financial and otherwise)
- Data needs
- When and how decisions will be made


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Step 1 Exercise De-briefing:



- What worked well?
- What did not work well?
- "Ah-has!"
- How does exercise compare with planning in your organization?

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Step 2

Conduct a Situational Assessment

What is a Situational Assessment?



A snapshot of the 'present' used to plan for the future.

"I think there is a world market for maybe five computers."

-Thomas Watson, Chair of IBM, 1958

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Is that different from a Needs Assessment?



Yes it is!

- Like needs assessment, situational assessment focuses on collecting data on community needs.
- BUT it also considers the broader social, economic, political and environmental context affecting community health needs.
- Situational assessment also considers strengths, assets and capacities, not just problems or needs.

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Why Conduct a Situational Assessment?



- To set priorities.
- To learn more about population of interest (i.e., who's affected by your health issue).
- To anticipate trends and issues that may affect the implementation of your program.

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Information Sources



1. Perspectives of key stakeholders
 2. Literature and previous experience
 3. Health "needs" and demographic data
 4. Existing mandates
 5. Existing visions
 6. PEEST (formerly known as PEST) analysis and/or SWOT analysis
- Primary Data & Secondary Data

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1. Perspectives of Key Stakeholders T H
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- Population of interest
 - attitudes
 - opinions
 - beliefs
 - actions
- Organization
 - degree of importance/value accorded to the health issue
- Potential partners

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2. Literature & Previous Experience T H
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- What theories about the health issue exist?
- What has been learned from previous programs addressing the health issue?
- What have you learned from your previous experience?

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3. Health "Needs" and Demographic Data T H
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- Collect information on:
 - population or community-wide health needs;
 - needs of specific populations or segments of the community;
 - individual or community input about needs; and
 - demographic data.

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4. Mandates

- Review:
 - your mandate
 - mandates of potential partners
 - related legislation and regulations (e.g., Health Protection and Promotion Act)
 - related policies
 - professional ethics
 - political agendas.

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Sample Mandate

"Haldimand-Norfolk Community Action Program for Children works with families, individuals and communities to develop, promote and sustain/maintain quality programs and services for children aged zero to six."

- Sample Strategic Plan on tables

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5. Vision

- Review:
 - your vision
 - your organization's vision/mission
 - desired directions by key decision makers (politicians, managers, community leaders).

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Sample Vision Statement



- “We envision communities supporting families so that every child in Haldminand-Norfolk develops to his or her full potential.”

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PEEST Analysis



- Systematic approach to identifying the:

- Political
- Economic
- Environmental
- Social
- Technological
- Demographic
- Legal

factors affecting the topic and possible responses to the issue.

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SWOT Analysis



- Systematic approach to identifying the:

- Strengths
- Weaknesses
- Opportunities
- Threats

around your topic / issue.

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Informing the Strategic Statements



- Situational Assessment
- **Critical Issue Analysis**

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*You can observe a lot
just by watching.*

Yogi Berra

Tips for S. A. Data Collection



- Include data on strengths and assets, not just needs and problems.
 - Asset-Based Community Development
 - <http://www.northwestern.edu/ipr/abcd.html>



- Use a mix of quantitative and qualitative methods to collect data.

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Use Qualitative and Quantitative Data

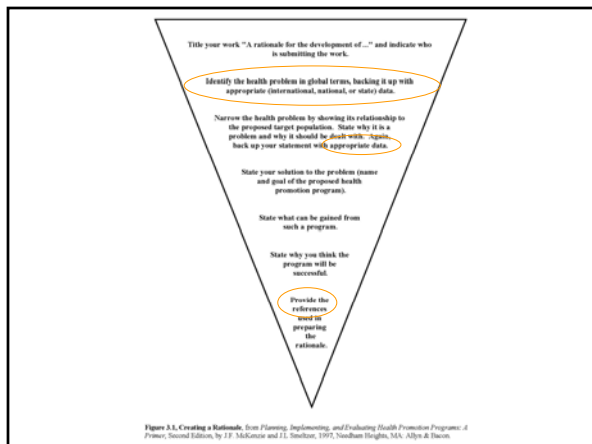
- Talk to people to understand the true "meaning" behind the numbers.
- Numbers may tell you what is happening, but will not tell you why it's happening.
- *"Not everything that can be counted counts, and not everything that counts can be counted."* – Albert Einstein

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What to do with all the situational assessment info?

- Distill it down to the critical issues that need to be addressed in your plan.
- Use the data as a baseline for change.
- Use it as rationale to "make the case" for your plan.

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Step 2: Situational Assessment Exercise



Using case study & worksheet on p. 23-24, identify:

- (Likely) perspectives of key stakeholder groups
- Relevant literature
- Health-related data
- Organizations with relevant mandates
- Political, environmental, economic, social and technological trends affecting project
- Information gaps (what info you need to assess situation)

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Step 2 Exercise De-briefing:



- What worked well?
- What did not work well?
- "Ah-has"
- How does exercise compare with planning in your organization?

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Step 3

Identify Goals,
Population(s) of
Interest and
Objectives

Goals T H
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- Goals summarize the ultimate direction or desired achievement of a program.
- Most health promotion programs have one goal, although more complex programs may have several goals.

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Program Goal: T H
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Examples:

- To increase the number of schools that foster a school environment that enables students to make healthy choices (*positive outcome goal*).
- To reduce the incidence of alcohol-related harm in Community X (*problem reduction goal*).

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Program Objectives T H
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- A brief statement specifying desired impact or effect of a program (ie., how much of what happens (to whom) by when)

S pecific (clear and precise)
M easurable (amenable to evaluation)
A ppropriate (consistent with program goal)
R ealistic
T ime-limited

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Types of objectives



1. **Process/activity** (aka output) Example: "To implement 2 peer-led substance abuse prevention programs at all area high schools by September 2006."
 - Describes what YOU will do
2. **Short-term Outcome** Example: "To increase the level of knowledge of low-risk drinking practices."
 - Describes what will happen to the target (people / systems)
3. **Long-term Outcome** Example: "To reduce the proportion of youth (12-19 year olds) who consume alcohol at least once a week."

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Types of objectives



- **Benchmarked vs. Open-ended**
- **Benchmark:** To increase the proportion of smoke-free homes in Anytown to 90% by the year 2010
- **Open-Ended:** To increase the proportion of smoke-free homes in Anytown by the year 2010.

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'Bench-marking' objectives



Choice to set specific change targets depends on:

- Knowledge of existing prevalence of condition to be changed in community (ie., 'baseline')
- Knowledge of possible magnitude of change (what's achievable)
- Confidence in ability of intervention to bring about desired change
- Ability to collect data identifying degree of change

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Goals vs. Objectives

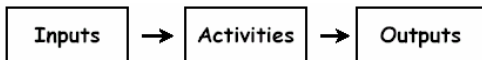


- A goal usually:
1. Is much more encompassing or global.
 2. Is written to include all aspects or components of a program.
 3. Provides overall direction for a program.
 4. Is more general in nature.
 5. Usually takes longer to complete.
 6. Does not have a deadline.
 7. Usually is not observed, but rather must be inferred because it includes words like *evaluate*, *know*, *improve*, and *understand*.
 8. Is often not measurable in exact terms.

From: Planning, Implementing & Evaluating Health Promotion Programs: A Primer. McKenzie et al. 2005

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Typical Service Delivery



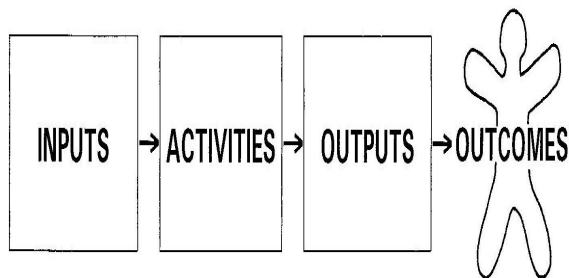
Inputs – resources dedicated to or consumed by the program

Activities – what the program does with the inputs to fulfill its mission

Outputs – direct product of program activities and are usually measured in terms of work accomplished

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Program Outcome Model



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INPUTS
FACULTY STAFF MONEY TIME VOLUNTEERS PARTNERS EQUIPMENT

OUTPUTS	
What we do	Who we reach
ACTIVITIES	PARTICIPATION
Workshops Counseling On-farm research Facilitation Product development Curriculum design Trainings Field days Conferences	Participants Clients Customers Users

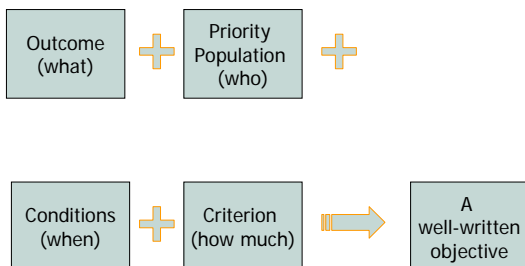
OUTCOMES		
<i>What results for individuals, businesses, communities.....</i>		
SHORT <i>Learning</i>	MEDIUM <i>Action</i>	LONG-TERM <i>Conditions</i>
Awareness Knowledge Attitudes Skills Opinion Aspirations Motivation	Behavior Practice Decisions Policies Social action	Human Economic Civic Environment

Try it ...

- Match it Up worksheet

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Elements of a Well-written Objective



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Characteristics of Good Program Objectives

- specific (as clear and precise as possible)
- credible (to key stakeholder groups)
- measurable (can be assessed to determine degree of achievement)
- compatible (fit with overall goal, mission/vision and other program objectives)
- linked to available data (i.e., information needed to assess objective is readily available and accessible)
- Use action-oriented verbs ('increase', 'reduce'...)

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Developing Program Objectives



- Arguably the most important part of the program planning process
- SMART objectives are critical for successful program delivery and evaluation
- Difficult to do "by committee"

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Plan long term – develop actions for the short term.

Tips for Writing Objectives



- Give yourself enough time: most objectives go through multiple rewrites.
- Brainstorm collectively, but appoint a designated writer to produce draft objectives.
- Beware of goals disguised as objectives (e.g, "to promote physical activity").
- Use a mix of process (activity) and outcome objectives.

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Population(s) of Interest THE HEALTH COMMUNICATION UNIT
T H
C U

- a.k.a. audience, target group, priority group, segment of community
- Which group, or groups, in your community require special attention to achieve your goal?
- Some program outcomes may focus on a change to a system or environment in the short or medium term but the long-term objective is about change to a population
- Often one of the most difficult decisions to make – special interests, hard to say “no” to some
- Look to your SA data to assist in the decision

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Step 3 Exercise THE HEALTH COMMUNICATION UNIT
T H
C U

Identify:

- goal of the project
- populations of interest
- short-term objectives
- long-term objectives

P. 75 / 76 worksheets

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Review / Preview THE HEALTH COMMUNICATION UNIT
T H
C U

- Steps in the planning model
- Bike Rack items
- Sharing Time on Day 2
- Reflections on today
- Evaluation forms
- Social time this evening
- Clean tables off

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Sharing Time

- A question to ask of the group?
- An initiative to share?
- A resource or example you are looking for?

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Warm up Exercise: Planning in Everyday Life

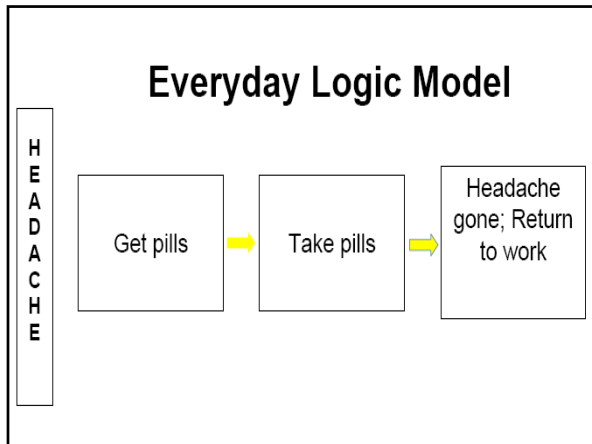
- Why are you having the party?
- What are the key steps involved in planning a party?
- What factors can you control?
- What factors do you have to 'leave to chance'?
- How will you know if your party planning has been successful?

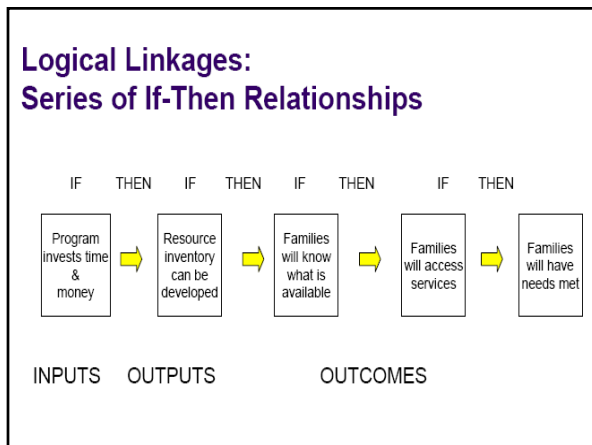
104

Building the Logic Model

- A **logic model** is a graphic depiction of the relationship between the key elements of a program (i.e., goals, objectives, populations of interest, strategies, activities, and indicators).
- The specific components / terms and the layout are completely flexible
- "If ... then ..." logic is key
- Use now?

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Examples

- Horizontal layout
- Children at risk
- THCU's services
- CDC's Tuberculosis Program
- CDPAC (Handout)

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Terminology Varies



THCU Term	Alternatives
Goal	Purpose, Mission
Population of Interest	Target Group, Priority Group, Audience, Community of Interest
Objectives	Outcomes, Impacts, Effects
Indicator	Benchmarks, Criteria for Success
Strategies	Components, Initiative, Intervention
Activities	Process Objectives, Implementation Objectives
Resources	Budget, Assets, Inputs

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Logic models contribute to effective planning by:



- clarifying connections between key facets of a program (e.g., demonstrating how activities help achieve objectives)
- identifying gaps and inconsistencies within a program (e.g., activities that are not contributing to specific objectives)
- providing an effective communication tool
- building a common understanding of what the program is about and how the parts fit together.

Make your decisions first and then fit the pieces into a logic model.

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"Logic is a systematic method of coming to the wrong conclusion with confidence."


- Richard Abell

Group Exercise



- Create a logic model for your program plan to date
 - on the blank template
 - on a flipchart
 - using stickee notes / index cards
- Nancy & Robb to circulate

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Step 4

Identify Strategies, Activities, and Resources

Strategies and Activities



- **Strategy:** broad type of intervention or approach to change (e.g., community mobilization).
 - Many activities will be necessary
- **Activity:** a specific action to be taken within a certain time period (e.g., organizing a community forum as part of the community mobilization process)
 - Activities are what you do to operationalize your strategies

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Health Promotion Strategy Menus

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Ottawa Charter Actions

- build healthy public policy
- create supportive environments
- strengthen community action
- develop personal skills
- reorient health services

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Health Promotion Strategy Menus (con't)

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- Metro Toronto DHC Strategies
 - counseling and skill development
 - education
 - social marketing
 - self-help/mutual support
 - community mobilization and development
 - healthy public policy

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Health Promotion Strategy Menus (con't)

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- Centre for Health Promotion
 - education
 - health communication
 - organizational development
 - community development
 - policy development
 - advocacy
 - intersectoral collaboration
 - research

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Health Promotion Strategy Menu (con't)



- CDC
 - health communication
 - health education
 - health policy / enforcement
 - health engineering
 - health-related community service
 - community mobilization

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Health Promotion Strategy Menu (con't)



- Ontario Heart Health Program – Taking Action for Healthy Living
 - increasing awareness
 - education and skill building
 - supportive environments
 - policy
 - community mobilization

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Processes for Identifying Strategies



- Brainstorm potential strategies for achieving objectives
- Select the best strategies and identify specific activities.
- Review current activities (if program is not new), decide what to stop, start, continue and cluster them into strategies
- Look back to your SA data, and consider the needs, impacts, mandate, capacity.

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Assess Decision against Resources



- Review resources (time, money, expertise, etc.) needed to implement your activities - What you need
- Review resources currently available – What you have
- Identify potential resources from other sources or organizations (real or in-kind) -What you could have
- Identify, what, if any, activities need to be dropped or delayed until new resources can be found

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Overall Considerations



- Items to consider when creating a health promotion intervention
 - handout
 - From: Planning, Implementing & Evaluating Health Promotion Programs: A Primer. McKenzie et al. 2005.

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Be Flexible!

"Anything that can be changed will be changed until there is no time to change anything."

-First Law of Corporate Planning

Your assignment - should you choose to accept it - for the case study



1. What **STRATEGIES** are best suited to achieving the objectives set?
2. For each strategy, what are 2 well-suited **ACTIVITIES**?
3. Do you have enough **RESOURCES** to undertake these?

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Step 4 Exercise: Identifying Strategies, Activities and Resources



Building the Logic Model

- Strategies
- Activities
- Resources

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Step 5

Develop Indicators

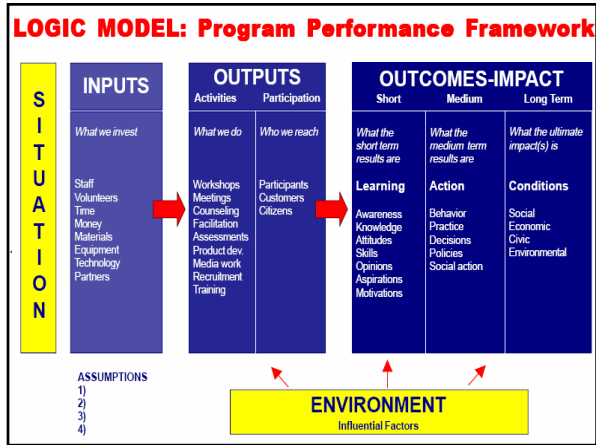
Indicators



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- Variables that can be measured in some way.
- For the purposes of program planning and evaluation, indicators are used to assess the extent to which program objectives have been met.

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Common Activity/Process

Indicators for Health Promotion



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- Members participating, new members, affiliates
- Services provided: classes, workshops, newsletters, support groups, etc.
- Member satisfaction

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Common Indicators for Health Promotion T H
C U
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- **Short-Term Indicators:**
 - changes in awareness,
 - changes in knowledge and attitudes
- **Long-Term Indicators:**
 - changes in skills in capacities
 - changes in health-related behaviour
 - changes in policies or practices
 - changes in supportive environments
 - changes in morbidity and mortality

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Matching indicators to objectives T H
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- **To promote healthy food choices in the workplace.**
- **Process/Activity/Output indicators –**
 - # of educational sessions
 - # of participants
 - % of participants rating sessions as 'excellent' or 'good'
 - # of brochures distributed
 - # of meetings with key stakeholders re: development of supportive environments and policies promoting healthy eating in the workplace.

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Matching indicators to objectives T H
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Short-term indicators:

- % of employees reporting increased knowledge of healthy food choices
- % of employees reporting increased knowledge of health risks associated with unhealthy choices
- % of employees reporting intentions to practice healthy eating
- % of workplaces committed to creating healthy environments and policies supporting healthy food choices

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Matching indicators to objectives



Long-Term indicators:

- % of employees making healthy food choices
- % of workplaces adopting policies promoting healthy food choices
- % of workplace cafeterias offering healthier range of food choices, long-term change in incidence of heart disease at workplaces taking part in program.

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Characteristics of Good Program Indicators



- credible - reflects available evidence
- user friendly - understandable and relevant
- balanced - appropriate mix of process and outcome indicators
- measurable - should be 'evaluable'
- continuous - contribute to comprehensive understanding of program
- compatible - identical or comparable with those adopted in similar programs
- linked to available data - sources of data needed to apply indicator are accessible

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Steps in Developing Program Indicators



1. Review the objectives for your program
2. For each program objective think about the intended result. Consider:
 - Can the intended result be divided into separate components? (e.g., safe sex depends on awareness, motivation, resources, etc.).
 - Can the intended result be measured in some way?
 - What is appropriate time for observing a result?
 - Are the sources of data required to assess this result readily available and accessible?
 - Do you have the resources needed to assess the intended result?

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Steps in Developing Program Indicators (cont'd)



3. Define indicators to measure each of your program objectives.
4. Perform a 'quality check' on your proposed indicators. Are they valid, reliable, free from bias and sensitive to potentially significant changes? Modify as required.
5. Apply the indicators to determine extent to which program objectives have been met.
6. Review indicators periodically to ensure continued relevance for your information needs.

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Questions to Help Generate Indicators



- Which program objectives are 'short-term'? Which are 'long-term'?
- How will you know you succeeded?
- What is considered 'effective'?
- What change is expected?
- How will you measure progress?

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Sources of Health Promotion Indicators



- Health Canada website (search 'indicators') www.hc-sc.gc.ca
- U.S Healthy People 2010 Local Health Indicators www.healthypeople.gov/LHI
- Canadian Council on Social Development www.ccsd.ca
- Federation of Canadian Municipalities quality of life reporting system www.fcm.ca
- "Indicators that Count: Measuring Population Health at the Community Level" www.utoronto.ca/chp/p-titles.htm

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Step 5 Exercise: Building the Logic Model



- process/activity indicators
- indicators for short-term objectives
- indicators for long-term objectives


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Sample Program Plan



- Robb MacDonald
- Process & product

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Step 6

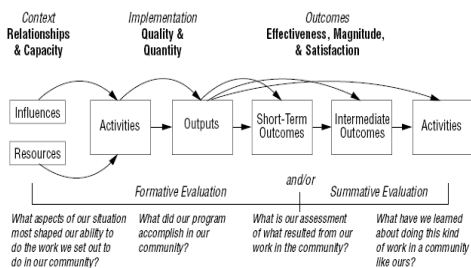
Review the Program Plan

Planning and Evaluation

- Evaluation should be built into planning process.
- Planning can help to guide evaluability assessment (i.e., determining if a program is ready to be evaluated).
- Planning can help to identify success indicators, which are critical for evaluation.
- Planning helps to identify accountability requirements (who is responsible for what).

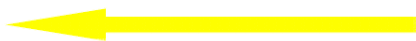
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What parts of your program will be evaluated?



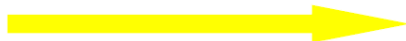
From: Logic Model Development Guide, W.K. Kellogg Foundation. <http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf> 146

PLANNING



INPUTS	OUTPUTS		OUTCOMES		
Programmatic investments	Activities	Participation	Short	Medium	Long term

EVALUATION



*"Life can only be understood backwards,
but it must be lived forwards."*

– Kierkegaard

*"I want everybody to tell me the truth
even if it costs them their jobs."*

- Sam Goldwyn

Process for reviewing plan



A. Assemble completed program logic model from the information developed in Steps 2-5

B. Consider the following questions:

- Are the objectives clear and measurable?
- Are the "causal linkages" plausible (the "if...then..." logic)?
- Do the indicators get at what you need to know?
- Will the core stakeholders be satisfied?

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Reviewing plan (con't)




C. Review resources (human and financial) - Are the type and amount of resources adequate?

D. Review fit of the plan with the information collected in your situational assessment

E. Make any necessary modifications

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Et Voila!

You have a completed
health promotion
program plan!


Summary



- On line recommended resources
- THCU consultation & regional training supports
 - Service Request Form - http://www.thcu.ca/consultation/request_form.htm

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