

Sample Plan Created by the Online Health Program Planner
<http://www.thcu.ca/ohpp/index.cfm>
Childhood Injury Prevention Project

Step 1: Project Management

Worksheet 1.1: Understand the Context

	Question	Response
1	Why are you going through a planning process at this particular time?	We have just received a grant of \$80,000 per year, for 4 years, from the Ministry of Health Promotion, for doing childhood injury prevention work.
2	Are you modifying an existing plan or starting a new plan?	This is a completely new plan.
3	What if anything, has already been decided? For example have you decided on audience(s), issue(s), setting(s), strategy(ies), or activities?	We know that we will be focusing specifically on childhood injury prevention. Our target age group is 0-6. The Ministry Project Funding also dictates a focus on burns, poisoning, falls, choking/suffocation and drowning.
4	What kind of content must be included in your plan? For example, is there a template or form provided from your potential funder?	We must meet the expectations of our health unit in terms of planning format. Thus our plan must include a logic model. The logic model must include at least objectives, activities and resources allocated to each activity.
5	Are there any other circumstances or expectations that may affect how you must carry out your planning process?	The grant guidelines state that community stakeholders must be involved in making decisions about what topics to focus on. They must also be involved in helping to disseminate the messages and implement the activities that we decide to do.
6	What time will be available to implement the program that you plan (including development, after planning ends)?	We have 4 years. This must include planning and implementation time.
7	What financial resources (dollars) will be available to implement the program that you plan?	\$80,000 per year, for 4 years.
8	Are there any other circumstances or expectations that may affect your final program?	Other health units across the province are involved in planning similar efforts. We are hoping to leverage the work and expertise of other health units, to make maximum use of our own grant money.

Step 1: Project Management

Worksheet 1.2: Identify Stakeholder Roles and Expectations

Stakeholder Roles

	Name	Interest in program/process	Degree of involvement	Details of involvement
1	Ontario Early Years Centres	They have a mandate to protect children while they are involved in their programs, as well as a mandate to assist in any way possible, with the health and safety of children under the age of 6.	Involved (frequently consulted or part of the planning process)	They will be part of the newly formed childhood injury prevention coalition.
2	Emergency medical services	EMS has a mandate to support childhood injury prevention because childhood injuries represent a large amount of the work that they do. This has financial and human cost implications.	Involved (frequently consulted or part of the planning process)	They will be part of the newly formed childhood injury prevention coalition.
3	Children's Hospital	The hospital has a mandate to support childhood injury prevention because childhood injuries represent a large amount of the traffic that comes into emergency rooms. This has financial and human cost implications.	Involved (frequently consulted or part of the planning process)	They will be part of the newly formed childhood injury prevention coalition. Provide input at, and between meetings. Help with obtaining local statistics and other data. Help with generating contact lists for planning advice, promotion and implementation assistance. Donating meeting space.
4	School Board	They have a mandate to protect children while they are in school, and a desire to do whatever they can to help their students be as safe as possible while under the care of parents or other caregivers. The School Board has children between the ages of 4 and 6 going to their schools.	Involved (frequently consulted or part of the planning process)	They will be part of the newly formed childhood injury prevention coalition. Provide input at, and between meetings. Help with obtaining local statistics and other data. Help with generating contact lists for planning advice, promotion and implementation assistance. Donating meeting space.
5	Project Coordinator	.2 of her job is designated to lead this project, for the next 4 years.	Core (on the planning team)	Lead the entire planning process, implementation, and evaluation.

	Name	Interest in program/process	Degree of involvement	Details of involvement
6	Project assistant - Part Time Public Health Nurse	.2 of her job is designated to assist with this project, for the next 4 years.	Core (on the planning team)	Assist with managing the entire planning process, implementation, and evaluation.
7	Other health units	Many other provincial health units have a mandate to address this topic and this audience. Some of them have also received government grants to do similar work.	Supportive (provides some form of support)	Share all minutes. Ask for advice as needed. As to participate on subcommittees as is appropriate.
8	Appletree Childcare Centre	They want to be a leader in safe environments for children, in the community.	Peripheral (needs to be kept informed)	We will keep them informed of our ongoing planning process. If the manager thinks there is a fit or role for them as planning and activities develop, she will let the project coordinator know.

Stakeholder's Expectations

	Question	Response
1	What overall expectations do stakeholders have in terms of the degree of rigor and evidence that will be incorporated into the planning process?	Medium
2	What overall expectations do stakeholders have in terms of the need for new data (versus compilation of existing data) to inform decisions throughout the planning process?	Low
3	What other details are there regarding stakeholder expectations about degree of rigor, evidence and need for new data to inform planning decisions?	The Ministry has collected quite a bit of provincial data about childhood injury and issued a report that serves as the background for the project. It is expected, and we are planning to supplement that report with some local data. However, the Ministry wants most of the money to go to implementation, rather than research.

Decision-Making Process

	Question	Response
1	How will decisions be made within the core planning group?	Another decision making process
2	How, specifically, will the decision-making process work within the core planning group?	The coalition will be consulted on all major decisions. However the project coordinator reserves the right to make the final decision. Her decisions must be approved by her health unit manager, and supported by evidence and/or other forms of justification.
3	How will decisions be made outside of the core planning group? For example, are there situations when subcommittees will make decisions or individuals will make decisions?	A health unit staff person will be designated as lead for every subcommittee. Subcommittees will be discussion groups. In general, majority rules of whoever is present is the goal. However, all major planning directions must be approved by the project coordinator, and her manager. Thus veto of subcommittee lead is possible.

Step 1: Project Management

Worksheet 1.3: Assess Resources for Planning

	Question	Response
1	What staff is available to participate in the planning process? What is their approximate available time, and do they have any specific expertise or interests?	Two staff people and one consultant are available to participate in the planning process. One staff person (lead, coordinator) has .2FTE for the 4 years. The other staff person (PHN - to assist the lead) also has .2 FTE. The consultant will work approximately 1 day per week (approx .2FTE equivalent) to support research and evaluation efforts related to the program. Some of the research and evaluation work will overlap with the planning process.
2	Are volunteers available to aid in the planning process? If so, how? What is their approximate available time, and do they have any specific expertise or interests?	At this time, there are no volunteers. All participants in the planning process are compensated in some way, by the organization they represent, to participate in this injury prevention work.
3	What partners are available to participate in the planning process? What is their approximate available time, and do they have any specific expertise or interests?	<p>Various coalition members will provide feedback that will support planning decisions. At this point no one has stepped up offering to take on any significant role in planning other than advice-giving. Each coalition member has agreed to attend one two-hour meeting per month plus an additional 1.5 days per year of focused planning time.</p> <p>All other health units in the province who have received government money to implement similar childhood injury prevention strategies have agreed to work together on health communication efforts related to this program. This is a group experienced with health</p>

	Question	Response
		communication, but not necessarily with injury prevention. This program is a part of each of their job descriptions - at least one day a week. Some health units have designated more staff time to the program - up to one full FTE. Health units will contribute as much as they can, given staff time available, to meet the collective goals of the group.
4	What funds are available to support the planning process? Are these funds tagged for a specific purpose?	50% of the budget will go to the health unit staff paid to lead and support the project (lead, assistant, research/evaluation consultant). Approximately \$10,000 is allocated to host a community forum where community stakeholders will be asked for various types of input to help us make planning decisions. This event will be coordinated by the lead health unit contact, with PHN and researcher/evaluator assistance.
5	What in-kind contributions are available to support the planning process?	The room for the community forum was donated by the school board. After getting input from the community forum participants, planning work will rest with the health unit staff/consultant.
6	What kind of equipment or space is available to support the planning process?	School board and health unit meeting rooms, computer equipment.
7	When can planning begin?	Apr 01 2009
8	When will planning end?	Aug 28 2009
9	What are the reasons for these deadlines and/or other deadlines related to this planning process?	Start of fiscal is April 1. This is when we will have access to the government funds, and staff time will be available for this program. The program launch will occur in September. this is the maximum time available for planning that will allow ample implementation of activities during the first of four years of funding.

Step 1: Project Management

Worksheet 1.4: Develop Workplan for the Planning Process

	Task	Lead	Support	Time allocated	Deadline	Budget	Other resources	Approval process
1	Gather data for Situational Assessment	Project researcher/evaluator	Project assistant, coalition, other health units	4 days	Apr 14 2009	None	None	No approval needed yet
2	Analyze and Interpret data	Project researcher/evaluator	Project assistant and project lead	4 days	Apr 24 2009	None	None	No approval needed yet
3	Choose how to proceed with planning	Project coordinator	Project assistant	.5 day	Apr 27 2009	None	None	No approval needed yet
4	Choose goals and audiences	Project coordinator	Project assistant	1 day	May 03 2009	None	Coalition meeting; Teleconference with other health units	Project coordinator
5	Develop outcome objectives	Project coordinator	Project assistant and Project researcher/evaluator	2 days	May 15 2009	None	None	Run by coalition for feedback. Project Coordinator's Manager must give final 'okay'
6	Choose broad program strategies	Project coordinator	Project assistant, coalition, other health units	1 day	May 22 2009	None	None	No approval needed yet
7	Brainstorm activities	Project coordinator	Project assistant, coalition, other health units	2 days	Jun 05 2009	\$200 to travel to other health units to discuss options	Coalition meeting, with food	No approval required yet.
8	Assess and	Project	Project	3 days	Jun 12 2009	\$200 to travel to	Coalition	No approval

	Task	Lead	Support	Time allocated	Deadline	Budget	Other resources	Approval process
	analyze activity options	researcher/evaluator	assistant, coalition, other health units			other health units to discuss options	meeting, with food	needed until final activities chosen and resources allocated.
9	Make final activity choices	Project coordinator	Project assistant, coalition, other health units	2 days	Jun 19 2009	None	None	No approval needed until resources are assigned.
10	Assign resources to chosen activities.	Project coordinator	Project assistant (PHN)	1	Jul 03 2009	None	None	Run by coalition for feedback. Project Coordinator's Manager must give final 'okay'
11	Develop Process Objectives for Activities	Project assistant (PHN)		1 day	Jul 10 2009	None	None	Project coordinator
12	Choose indicators of success	Project researcher/evaluator	Other health units	2 days	Jul 24 2009	None	None	Project Coordinator's Manager
13	Review and revise overall plan	Project coordinator	Project assistant and Project researcher/evaluator and other health units	2 days	Aug 21 2009	None	None	Run by coalition for feedback. Project Coordinator's Manager must give final 'okay'

Step 2: Situational Assessment

Worksheet 2.1: Develop a data gathering plan

Research Questions

	Question	Response
1	What are your research questions?	<p>WHAT IS THE SITUATION?</p> <p>*What are the top causes of injury in children 0-6. Particularly in our region. *What do local stakeholders feel are the main 0-6 injury prevention priorities? *What is the knowledge level of child caregivers about injury risk and prevention? *What are the attitudes of child caregivers about injury risk and prevention?</p> <p>WHAT IS MAKING THE SITUATION BETTER AND WHAT IS MAKING IT WORSE?</p> <p>*What are the main risk factors for childhood injuries in our region? *What are local stakeholders in the region already doing about childhood injury prevention (that could possibly be piggy-backed on)?</p> <p>WHAT POSSIBLE ACTIONS CAN WE TAKE TO DEAL WITH THE SITUATION?</p> <p>*What are other health units doing? *What are the best or recommended practices in this area (if there are any)?</p>

Data Gathering Plan

	Type of data	Method	Source	Additional Details	Lead	Support	Time allocated	Deadline	Budget	Other resources
1	Research findings	Literature searches and reviews, including systematic reviews	Public libraries, Consultants, Websites, Resource centres such as THCU, Researchers	To find out knowledge and attitudes of child caregivers about injury risk and prevention, we are going to get the THCU librarian to do a literature search for us. She uses Medline, other online databases and searches the internet for information. We will retrieve relevant information from our local library, or online, as is possible/feasible. We will also consult the Injury Prevention Resource Centre to see if they have collected any data on this	Consultant researcher/evaluator	Project assistant (PHN)	.5 day to review results of THCU librarian literature review 1 day to retrieve relevant documents from the literature review 1 day to review documents retrieved 1 day to interview, record and organize results of researcher interview TOTAL 3.5 DAYS	Apr 24 2009	None	None other than time.

	Type of data	Method	Source	Additional Details	Lead	Support	Time allocated	Deadline	Budget	Other resources
				subject. Finally, we will interview a medical researcher at the children's hospital who specializes in pediatrics to see what literature (her own, or someone else's) that she is aware of.						
2	Community health status indicators	Large data sets	Community service organizations	We are going to get our children's hospital contact to run data from their records about emergency visits and admissions related for the age group 0-6, for the last 5 years. We will also ask them, using postal code contact information for the child, general information about the incident provided by the person who brought the child in, and demographic information about the parent or person who brought the child in (supplied upon admission) to see whether any obvious risk factor patterns are evident.	Research/evaluation consultant	Children's hospital coalition member	3 days of researcher time As needed for children's hospital coalition member.	Apr 17 2009	None, other than time	Access to hospital records and staff to help run the data queries, secured by children's hospital contact.
3	Quantitative polling/survey data	Surveys	Community service organizations, Community spokespersons	We are going to survey community forum attendees about their experiences and feelings about what they main 0-6 childhood injury prevention priorities should be for this program? We will also survey them about injury prevention activities that they are already involved in. We will do this during the forum, so we don't take up any more of their valuable time, outside of their forum contribution.	Consultant researcher/evaluator	Project coordinator and PHN assistant	4 days. 1 day to develop and test the survey tool. 1 day to collect and enter the data. 2 days to analyze the data and create a report summarizing the data	Apr 24 2009	Just consultant time and the cost associated with the community forum.	Secretary to enter the data. Appropriate computer program to manage the data. Both of these things are available through the health unit for no additional cost.
4	Community health status indicators	Literature searches and reviews, including systematic reviews	Public libraries, Websites, Resource centres such as THCU	Have THCU librarian conduct a literature review. Search Canadian Best Practices Portal	Consultant researcher/evaluator	Project assistant	1.5 days, split between researcher and assistant.	Apr 24 2009	None	None

Step 2: Situational Assessment

Worksheet 2.2: Summarize the situation

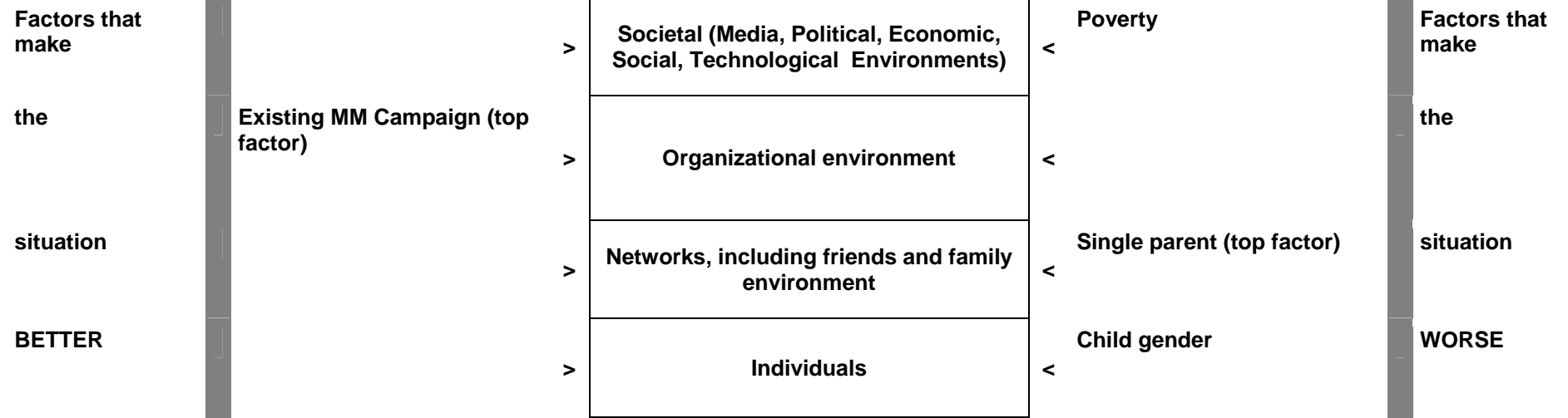
	Question	Response
1	What is the situation? What are the trends (e.g., size, growth), public perception, and stakeholder concerns that describe the situation?	<p>In Canada and other developed countries, injury is the cause of one-third of all child deaths.</p> <p>Top causes of injuries in children are falls burns/scalds, poisoning, choking, strangulation/suffocation, and drowning. This is consistent with the direction suggested at the community forum.</p> <p>A large percentage of the population feels that 'accidents' are fate and 'kids will be kids', thus there is a need to convince the population that most injuries are predictable and preventable.</p> <p>Awareness of injury prevention measures does not always translate into behaviour.</p>

Step 2: Situational Assessment

Worksheet 2.3: Analyze influences on the situation

	Factor	Factor short form	Level of influence	Direction of influence	In top three priorities?	Source	Directions or conclusions
1	Children who live with a single parent have a greater risk of injury.	Single parent	Network	It is making the situation worse	Yes	CAPC Injury Prevention Fact Sheet http://www.connectionsprogram.ca/capc-cpnnp/impactstatements_en/is_injuryprev_vf.pdf	Yes, we should be considering specific supports for single parents that will reduce the change of childhood injury. We may need to collect more information on why single parent families experience more injuries, to do this.
2	The health unit for the neighbouring region, where many of our residents commute to, has already begun a childhood injury prevention mass media campaign.	Existing MM Campaign	Organizational	It is making the situation better	Yes		Yes, we will want to build on their work and findings, not replicate or compete in any way.
3	Boys are at a greater risk of dying than girls.	Child gender	Individual	It is making the situation worse	Don't Know	Ontario Injury Prevention Resource Centre report http://www.oninjuryresources.ca/Publications/Comp/ass/	We may want to consider developing slightly different messages for parents of boys and girls, to appeal to both groups.
4	Childhood poverty is closely linked with childhood injury.	Poverty	Societal (includes political, economic, environmental, technological considerations)	It is making the situation worse	Don't Know	Facts on Injuries. Public Health Agency of Canada http://www.phac-aspc.gc.ca/injury-bles/index-eng.php	Yes, this indicates that specific, and tailored efforts to work with caregivers of low income children, should be a very important part of our work.

Force Field Analysis



Step 2: Situational Assessment

Worksheet 2.4: List possible actions

	Possible action	Source of idea	Additional details	Information about effectiveness
1	Curriculum development	The Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention	Risk Watch is a school-based, comprehensive injury prevention program developed by the US National Fire Protection Association (NFPA) and adapted for use in Canada by SmartRisk with funding from the Ontario Fire Marshal's Public Fire Safety Council and others. The program links teachers with community safety experts and parents. The curriculum is divided into five age-appropriate teaching modules (Pre-K/Kindergarten, Grades 1-2, Grades 3-4, Grades 5-6, and Grades 7-8), each of which addresses eight topics: motor vehicle, bike/pedestrian, and water and ice safety, the prevention of poisoning and injuries from falls/in playgrounds, firearms, choking/strangulation/suffocation, and fires/burns. A ninth lesson brings together concepts in a culminating activity. The topics cover the areas of greatest risk of unintentional injury for children age 14 and under. [From Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention]	According to the portal, this has been evaluated using: Analytic Observational study including: Cohort studies, case control studies, repeated measures/interrupted time series
2	Physician Screening	Another health unit suggested this.	We need to research whether there is an existing, valid screening tool that physicians could use.	None yet.
3	Peer support strategy in lower income areas where many children live	A member of our coalition	We have not through this through in much detail.	We do not know of any other example of someone trying a program like this.
4	Mass Media Campaign	The neighbouring region is already doing on. The Ministry Program Standards indicate that we must do some kind of communication campaign relating to this topic area.	Given our budget, we will be looking at lower budget materials if we do this activity - mostly print, web. Possibly radio. We hope that we will be able to borrow or adapt materials developed by others.	We do not know of any well evaluated childhood injury prevention mass media campaigns. Any information we have about the effectiveness of other similar efforts is anecdotal.

Step 2: Situational Assessment

Worksheet 2.5: Consider how to proceed

	Question	Response
1	What are the gaps in data quality or quantity, relative to stakeholder expectations, that may restrict your ability to make evidence-based decisions about goals, audiences, objectives, strategies, activities and resources?	<p>We have good data about the situation to help us identify potential audiences and topics. We understand the trends and many of the risk factors.</p> <p>We would like some more data about why low income and single parents experience greater rates of injuries among their children. We can speculate, but would like to check for more hard data.</p> <p>Some good activity ideas have been put forward, but we need more information about the potential effectiveness of these potential activities. In cases where we have some effectiveness data, we would like to have a closer look at whether they are appropriate for our community (For example, will stakeholders buy in? how much work would need to be done to tailor the materials?)</p>
2	What is your current perception about your ability to have an impact on the situation with available time, financial resources and mandate?	<p>We think we can afford to do a mass media campaign, using mostly print materials if we work together with other health units. This will save us money on development costs and hopefully allow us to purchase materials and media time in bulk.</p> <p>We think we have the resources to do one other activity. We just need to prioritize our ideas. Ideally, this would be a more upstream activity, influencing core risk factors (e.g. single parent living situations) rather than just raising awareness. However, we are not sure we have the resources to do this.</p>
3	What are your next steps in the planning process? Will you proceed now, or must you revisit research questions, project scope or resources?	<p>We need to do more research to see whether there is research that speaks to the specific situations that cause low income and single parent households to experience more injuries.</p> <p>We also need to do more research into the effectiveness, appropriateness and resources required to implement the potential activity ideas that have been raised.</p>

Step 3: Set Goals, Audiences, and Outcome Objectives

Worksheet 3.1: Set Goals, Audiences, and Outcome Objectives

Goals

	Question	Response
1	What is your goal?	Reduce the number of childhood injuries and deaths in the region.

Audiences

	Question	Response
1	Which audiences will require special attention to meet your goal?	Parents, children and childcare providers

Outcome objectives

1	To increase by 50% parents who have confidence that they can reduce the chance of their child suffering from an injury or worse by March 2010 (medium-term)
2	To increase by 50% parents who are aware of the rates and types of injuries among children 0-6 by March 2010 (medium-term)
3	To increase by 50% parents who are aware of the recommended actions or household changes needed to reduce the risk of childhood injury by March 2010 (medium-term)
4	To increase by 50% parents who believe most childhood injuries are preventable, rather than 'accidents' or 'fate' by March 2010 (medium-term)
5	To increase by 50% parents who have implemented at least 75% of the items on the Injury Prevention in the Home Checklist by March 20011 (long-term)

Step 4: Choose Strategies and Activities and Assign Resources

Worksheet 4.1: Choose Strategies and Brainstorm Activities

Strategy	Activity
Create supportive environments	Peer screening and training program
Build healthy public policy	
Health Communication	Campaign to raise awareness and change beliefs about the effectiveness of prevention
Self-help/mutual support	
Community mobilization	
Develop personal skills	curriculum development and delivery for children aged 4-6
Education/information	
Strengthening health services	Have physicians screen patients with children 0-6, using standard injury risk checklist

Step 4: Choose Strategies and Activities and Assign Resources

Worksheet 4.2: Assess and Choose Activities

	Potential Activity	Include in final plan?	Strategy	Information about expected effectiveness	Information about audience appropriateness	Required resources	Available resources
1	Peer screening and training program	Yes	Create supportive environments	We have not been able to find another program that has done this exact thing. But there are many examples of peer programs on other topics (nutrition, smoking, parenting) that have been proven effective. We believe this is a strong indication that this idea could be very effective if done correctly.	There are many neighbourhoods with clusters of lower income families, many with single parents. We believe it would be relatively easy to engage at least one of these communities in a strategy like this.	The resources required for this strategy are primarily time. A moderate budget for printing materials and supporting, compensating and rewarding peer volunteers for their efforts would be the primary expense.	Because volunteers would be involved with implementing this strategy, and there are health unit staff available who could take on training and monitoring of the peer volunteers, we think this is a very feasible strategy.
2	Campaign to raise awareness and change beliefs about the effectiveness of prevention	Yes	Health Communication	In general, we know that health communication campaigns can change awareness and attitudes and even behaviours. We don't know of a childhood injury prevention campaign that has been well evaluated, but we know quite a lot about evidence-based practices in terms of planning a campaign (audience analysis, testing materials in advance, etc.).	Campaigns should be tailored to the needs of a specific community. We would use resources to test and tailor the materials so that they were appropriate for the community.	Campaigns costs can vary widely depending on the cost of material development and the types of vehicles chosen. We know that we would be restricted to print and web vehicles because of our budget.	We know that we would be restricted to print and web vehicles because of our budget. We feel that we could do a credible, effectiveness campaign using only those vehicles, with creativity, and the support of neighbouring health units.
3	curriculum development and delivery for children aged 4-6	Yes	Develop personal skills	There is a program that has been tested, evaluated, and shown to be effective at changing awareness and behaviours of children 4-6.	We have examined the materials for the program that was tested and believe that they can be adapted very easily for our community.	Adaptation costs should be minimal. Printing costs will be the primary expense. Time will also be required by health unit staff to promote and disseminate the materials to teachers and community members. There will also be mailing costs.	We can allocate part of our grant money to this budget. We think there is health unit staff available (in the schools program) to lead on promotion and dissemination.
4	Have physicians screen patients with children 0-6, using standard injury risk checklist	No	Strengthening health services	We don't know of anyone who has done this precise thing. But we know that physicians are a highly credible source to most members of the population. We suspect high success if we can get physicians on board.	We think this is very appropriate for our community. The question is whether we can get physicians on board.	This would be a relatively low cost activity. The main challenge will be reaching and engaging physicians who are already busy with many other things.	We have a health services person at the health unit, with good physician connections, who could take on distribution of our materials to physicians. We will only do this activity if we can find an existing screening tool that has been tested. We do not have the resources to develop a new one ourselves.

Step 4: Choose Strategies and Activities and Assign Resources

Worksheet 4.3: Assign Resources and Outcome Objectives

Activity	Peer screening and training program	curriculum development and delivery for children aged 4-6	Campaign to raise awareness and change beliefs about the effectiveness of prevention
Strategy	Create supportive environments	Develop personal skills	Health Communication
Short-term objectives			
Medium-term objectives	2, 3, 4	2, 3, 4	2, 3, 4
Long-term objectives	5	5	
Resources	.2 FTE from health unit staff person (over and above grant money and staff people already allocated to the program) to develop materials and processes. Plus \$10,000 of year one grant money for printing materials that will be used the following year. Another \$6,000 from years two, three and four grant money to recruit train and otherwise support the peer program participants. \$2,000 from grant money in years 2,3,4 to evaluate.	.2 FTE from health unit staff person (over and above grant money and staff people already allocated to the program) to adapt materials and processes from the previously developed program noted on the Canadian Best Practices Portal. Plus \$10,000 of year one grant money for desktopping and printing materials that will be used the following year. Another \$6,000 from years two, three and four grant money for the health unit staff person to promote and disseminate the curriculum materials. \$3,000 from grant money for years 2,3,4 for evaluation of this effort.	.25 FTE from a health unit staff person (over and above grant money and staff people already allocated to the program) to develop materials. This will be done in conjunction with other health units to facilitate collaboration and cost sharing. Plus \$20,000 of year one grant money for developing and printing materials that will be used the following year. Another \$20,000 from years two, three and four grant money to produce the rest of the materials and disseminate them, as per campaign plans. Another \$5,000 in year two and \$7,000 in years three and four will be allocated to evaluate this effort.

Outcome Objectives List

- [1] To increase by 50% parents who have confidence that they can reduce the chance of their child suffering from an injury or worse by March 2010 (medium-term)
- [2] To increase by 50% parents who are aware of the rates and types of injuries among children 0-6 by March 2010 (medium-term)
- [3] To increase by 50% parents who are aware of the recommended actions or household changes needed to reduce the risk of childhood injury by March 2010 (medium-term)
- [4] To increase by 50% parents who believe most childhood injuries are preventable, rather than 'accidents' or 'fate' by March 2010 (medium-term)
- [5] To increase by 50% parents who have implemented at least 75% of the items on the Injury Prevention in the Home Checklist by March 2011 (long-term)

Step 4: Choose Strategies and Activities and Assign Resources

Worksheet 4.4: Develop Process Objectives

	Process Objective	Activity [Strategy]
1	To produce 4 peer training sessions for peer advisors by March 2010	Campaign to raise awareness and change beliefs about the effectiveness of prevention [Health Communication]
2	To produce 300 curriculum packages for teachers of children 4-6 for teachers by March 2009	curriculum development and delivery for children aged 4-6 [Develop personal skills]
3	To produce 1 interactive website with 3 quizzes and many other materials for parents by March 2010	Campaign to raise awareness and change beliefs about the effectiveness of prevention [Health Communication]
4	To produce 4 newspaper advertisements for parents by March 2010	Campaign to raise awareness and change beliefs about the effectiveness of prevention [Health Communication]
5	To produce 2 radio ads for parents by March 2010	Campaign to raise awareness and change beliefs about the effectiveness of prevention [Health Communication]

Step 5: Develop Indicators

Worksheet 5.1: Develop Outcome Indicators

	What will you measure?	For which of your outcome objectives would you like to develop an indicator?	Where is the data available?	Are there any concerns about the reliability of this indicator?	Are there any concerns about the validity of this indicator?	Are there any limitations on accessibility for this indicator?	Include in final plan?
1	change in self reported implementation of various safety measures (pre/post)	To increase by 50% parents who have implemented at least 75% of the items on the Injury Prevention in the Home Checklist by March 20011 (long-term)	Annual survey conducted by PHAC, across Canada	No	They may tell us what we want to hear	We can get the data from the national survey, for our region only, but the sample size is on the small side. Plus it will cost money to access the data.	
2	opinion about what percentage of childhood injuries are preventable	To increase by 50% parents who believe most childhood injuries are preventable, rather than 'accidents' or 'fate' by March 2010 (medium-term)	survey	No	No	Same as noted for other surveys	
3	responses from parents on open ended survey question - one question for each of the most common injuries	To increase by 50% parents who are aware of the recommended actions or household changes needed to reduce the risk of childhood injury by March 2010 (medium-term)	we would have to collect this by survey	No	No	It will be expensive to get a representative sample of the community. Phone survey would probably be the only way to do this. Also, there may be language barriers if we only do an English questionnaire. We may have to eliminate people who do not speak English well, and they may be our primary target audience.	
4	responses from parents on multiple choice survey of most common injuries	To increase by 50% parents who are aware of the rates and types of injuries among children 0-6 by March 2010 (medium-term)	survey	No	No	ditto, points raise for other survey questions	

	What will you measure?	For which of your outcome objectives would you like to develop an indicator?	Where is the data available?	Are there any concerns about the reliability of this indicator?	Are there any concerns about the validity of this indicator?	Are there any limitations on accessibility for this indicator?	Include in final plan?
5	parent confidence in their ability to prevent injuries	To increase by 50% parents who have confidence that they can reduce the chance of their child suffering from an injury or worse by March 2010 (medium-term)	we would have to do a survey	No	No	ditto, points raised for other survey questions	

Step 5: Develop Indicators

Worksheet 5.2: Develop Process Indicators

	What will you measure?	Process objective related to this indicator	Where is the data available?	Are there any concerns about the reliability of this indicator?	Are there any concerns about the validity of this indicator?	Are there any limitations on accessibility for this indicator?	Include in final plan?
1	What percentage of the target population reported hearing the radio ads	To produce 2 radio ads for parents by March 2010	Telephone survey	No	Must ask both aided and unaided awareness of avoid people saying they saw it, when they did not	This is an expensive undertaking, to get a random sample	
2	What percentage of the target population reported seeing the newspaper advertisements?	To produce 4 newspaper advertisements for parents by March 2010	Telephone survey	No	Must ask both aided and unaided awareness of avoid people saying they saw it, when they did not	This is an expensive undertaking, to get a random sample	
3	Focus group respondent's opinions about the website	To produce 1 interactive website with 3 quizzes and many other materials for parents by March 2010	We must collect it	No	We have to be careful about interpretation of results. Just because they say they like it, doesn't mean it is effective, or that they will use it. Also, focus groups are not generalizable to the entire population	No, we have the money to do focus groups.	

	What will you measure?	Process objective related to this indicator	Where is the data available?	Are there any concerns about the reliability of this indicator?	Are there any concerns about the validity of this indicator?	Are there any limitations on accessibility for this indicator?	Include in final plan?
4	What was the cost per unit of the curriculum packages	To produce 300 curriculum packages for teachers of children 4-6 for teachers by March 2009	Our own records	No	No	No	
5	How did participants feel about the sessions?	To produce 4 peer training sessions for peer advisors by March 2010	Satisfaction surveys following the sessions	No	They may be shy or worried about telling us if there was something they did not like.	Some people don't fill in these surveys. Especially people who leave early.	
6	How many people attended the peer training sessions	To produce 4 peer training sessions for peer advisors by March 2010	Our own records	No	No	No	
7	How many training sessions happened?	To produce 4 peer training sessions for peer advisors by March 2010	Our own tracking	No	No	No	

Step 6: Review the Plan

Worksheet 6.1: Review your plan

	Question	Yes/No	Notes and potential actions
1	COMPLETENESS: Is there a broad goal giving direction to the program (worksheet 3.1)?	Yes	
2	COMPLETENESS: Does it have audiences including individuals, networks, organizations and/or governments (worksheet 3.1)?	Yes	
3	COMPLETENESS: Does it include SMART (specific, measurable, appropriate, realistic and time-limited) outcome and process objectives (worksheets 3.1 and 4.4)?	Yes	
4	COMPLETENESS: Does it include a few major strategies identified to advance the outcome objectives and do these strategies reflect your overall guiding health promotion strategy (worksheet 4.1)?	Yes	

	Question	Yes/No	Notes and potential actions
5	COMPLETENESS: Does it include activities that fall within clearly defined strategies (worksheets 4.1 and 4.2)?	Yes	
6	COMPLETENESS: Does it indicate what resources are required to implement each activity properly (worksheet 4.3)?	Yes	
7	COMPLETENESS: Does it include indicators for both outcome and process objectives (worksheets 5.1 and 5.2)?	Yes	
8	COMPLETENESS: Are all indicators accessible, reliable, and valid?	Yes	
9	LOGIC: Will the short-term objectives contribute to your medium and long-term outcome objectives (worksheet 3.1)?	Yes	
10	LOGIC: Will the strategies contribute to meeting the goals and objectives (worksheets 3.1 and 4.1)?	Yes	
11	LOGIC: Are the activities the best ones to advance each strategy (worksheets 4.1 and 4.2)?	Yes	
12	LOGIC: Are the activities appropriate for the audience(s) (worksheets 3.1 and 4.2)?	Yes	
13	LOGIC: Are there adequate resources in place to properly implement the activities?	Yes	
14	ALIGNMENT WITH SITUATIONAL ASSESSMENT: Is your plan consistent with the key findings of the situational assessment? In particular, does your program plan take the major influences on your situation into account (worksheet 2.3). this check for alignment should also include a review of any new data that arose during the planning process.	Yes	
15	ALIGNMENT WITH SITUATIONAL ASSESSMENT: Will stakeholders be satisfied? (worksheet 1.2)	Yes	
16	PRESENTATION: Is it user-friendly and easy to follow?	Yes	
17	PRESENTATION: Is it easy to follow the arrows and/or flow of logic?	Yes	
18	PRESENTATION: Is there enough white space?	Yes	
19	PRESENTATION: Is it presented in an order that is useful for you and your stakeholders?	Yes	

Logic Model

Goal(s)	Reduce the number of childhood injuries and deaths in the region.		
Audience(s)	Parents, children and childcare providers		
Long-term outcome objectives	<ul style="list-style-type: none"> - To increase by 50% parents who have implemented at least 75% of the items on the Injury Prevention in the Home Checklist by March 2011 (long-term) 		
Medium-term outcome objectives	<ul style="list-style-type: none"> - To increase by 50% parents who have confidence that they can reduce the chance of their child suffering from an injury or worse by March 2010 (medium-term) - To increase by 50% parents who are aware of the rates and types of injuries among children 0-6 by March 2010 (medium-term) - To increase by 50% parents who are aware of the recommended actions or household changes needed to reduce the risk of childhood injury by March 2010 (medium-term) - To increase by 50% parents who believe most childhood injuries are preventable, rather than 'accidents' or 'fate' by March 2010 (medium-term) 		
Short-term (and other) outcome objectives			
Strategies	Create supportive environments	Health Communication	Develop personal skills
Activities	<ul style="list-style-type: none"> - Peer screening and training program 	<ul style="list-style-type: none"> - Campaign to raise awareness and change beliefs about the effectiveness of prevention 	<ul style="list-style-type: none"> - curriculum development and delivery for children aged 4-6
Process objectives	<ul style="list-style-type: none"> - To produce 4 peer training sessions for peer advisors by March 2010 	<ul style="list-style-type: none"> - To produce 1 interactive website with 3 quizzes and many other materials for parents by March 2010 	<ul style="list-style-type: none"> - To produce 300 curriculum packages for teachers of children 4-6 for teachers by March 2009

**Resources
allocated**

<p>.2 FTE from health unit staff person (over and above grant money and staff people already allocated to the program) to develop materials and processes. Plus \$10,000 of year one grant money for printing materials that will be used the following year. Another \$6,000 from years two, three and four grant money to recruit train and otherwise support the peer program participants. \$2,000 from grant money in years 2,3,4 to evaluate.</p>	<p>.25 FTE from a health unit staff person (over and above grant money and staff people already allocated to the program) to develop materials. This will be done in conjunction with other health units to facilitate collaboration and cost sharing. Plus \$20,000 of year one grant money for developing and printing materials that will be used the following year. Another \$20,000 from years two, three and four grant money to produce the rest of the materials and disseminate them, as per campaign plans. Another \$5,000 in year two and \$7,000 in years three and four will be allocated to evaluate this effort.</p>	<p>.2 FTE from health unit staff person (over and above grant money and staff people already allocated to the program) to adapt materials and processes from the previously developed program noted on the Canadian Best Practices Portal. Plus \$10,000 of year one grant money for desktopping and printing materials that will be used the following year. Another \$6,000 from years two, three and four grant money for the health unit staff person to promote and disseminate the curriculum materials. \$3,000 from grant money for years 2,3,4 for evaluation of this effort.</p>
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