THE HEALTH COMMUNICATION UNIT
at the Centre for Health Promotion
University of Toronto

Introduction to Health Promotion Program Planning

Version 3.0, April 2001

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DISCLAIMER

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Contents

Introduction

This workbook has been developed by The Health Communication Unit at the Centre for Health Promotion, University of Toronto. Using health promotion values, theory and research, the workbook provides a logical 6-step approach to assist health promotion practitioners in the process of planning health promotion programs.

WHAT IS PLANNING?

Planning is a series of decisions, from general and strategic decisions to specific operational details, based on the gathering and analysis of a wide range of information.

Data Gathering / Analysis	⇔	Decision-making

Planning encompasses a broad field involving a number of different approaches. These include strategic planning, program planning and operational planning. These various types of planning will be described in more detail throughout the workbook, although the bulk of the discussion focuses on program planning.

THCU PLANNING MODEL

The planning model (figure 1) is based on 6 key steps.

Steps in the Planning Process

Step 1: Pre-planning & Project Management
Step 2: Situational Assessment
Step 3: Identify Goals, Populations of Interest and Objectives
Step 4: Identify Strategies, Activities and Resources
Step 5: Develop Indicators
Step 6: Review the Program Plan

Figure 1 on page 4 identifies each of these steps. It begins with "planning to plan", that is, how key stakeholders will work together to make decisions, based on good data gathering and analysis, within the constraints of time, budget and other resources. Step 2 is a situational assessment, a multifaceted process that basically addresses the question: "Should we proceed, and if so, how?" Steps 3–5 are planning decisions relating to setting goals, populations of interest and, objectives (step 3), strategies and activities (step 4), and indicators (step 5). Step 6 is

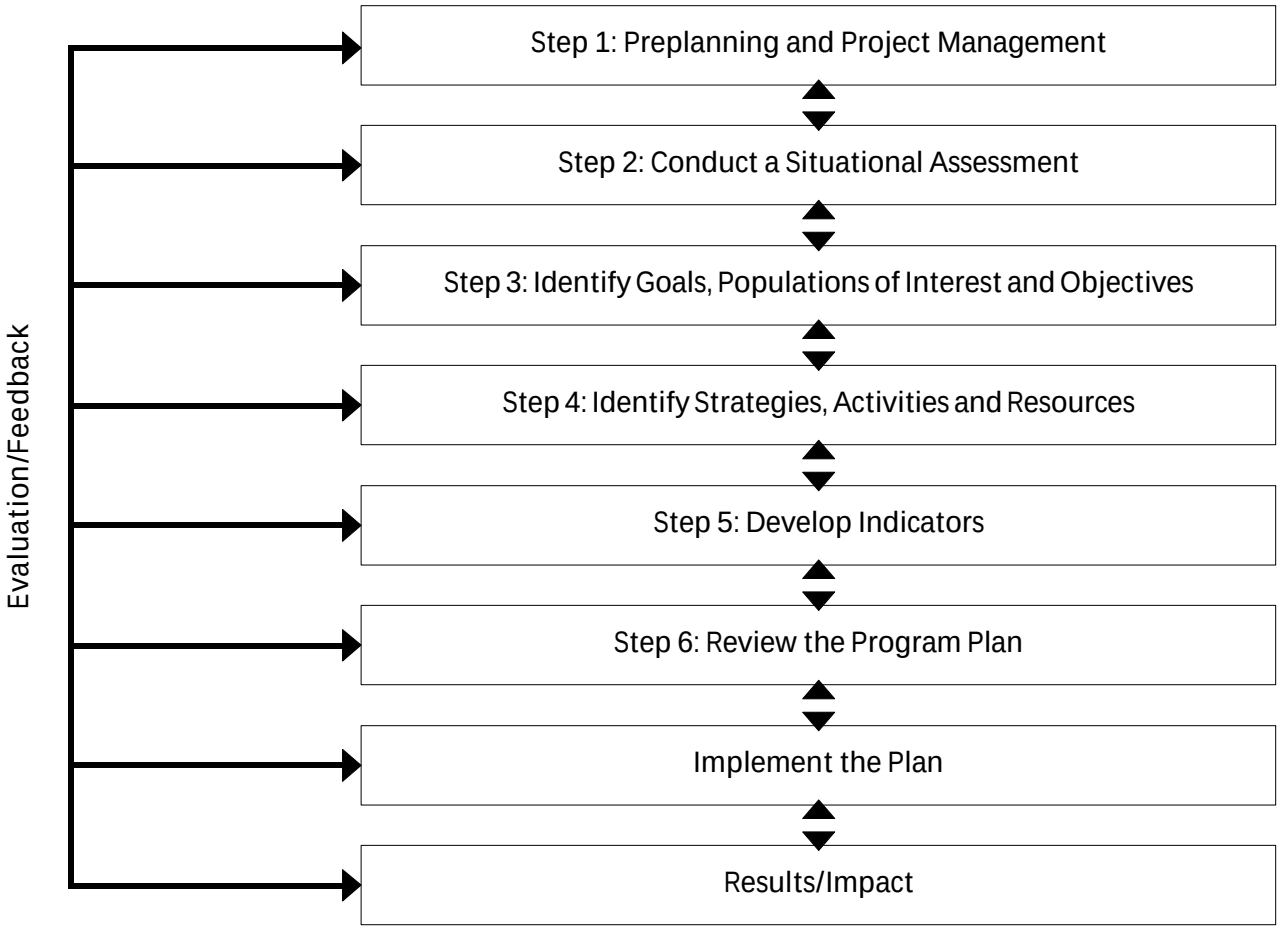


Figure 1:
Health Promotion Project Planning: Overview

a review of the proposed program to see if it is feasible and evaluable—we suggest using a logic model to do this.

As figure 1 illustrates, evaluation is a concurrent process within program planning and development.

We also state the common experience that any step model is useful in identifying and describing discrete aspects of what is in practise a dynamic, fluid, and evolving process. We have arranged the steps in the order we believe the steps dominate the planning group's agenda. But each step continues throughout the process, as new experience and insights may lead to changes and enhancements. In a like manner, each step is anticipated in previous steps—for example, decisions early in the process are made with some thoughts about later steps already in mind.

OTHER PLANNING MODELS

There are a number of planning models that are also very useful to health promotion practitioners. We have provided a brief introduction and diagram for three:

- Strategic Planning Process (Bryson, 1995)
- Precede-Proceed (Green and Kreuter, 1999)
- Needs/Impact-Based Planning Model (Metro Toronto District Health Council, 1996)

Each model is briefly described and diagrams follow.

Strategic Planning Process (Bryson)

Bryson's model (Figure 2) focuses specifically on planning in the public sector. His work is especially useful for developing mission statements. He was also clear that there is a gap between the goals and objectives of public sector programs and the results observed in the population which cannot be directly attributed to those programs.

The Precede-Proceed Model (Green and Kreuter)

This model is valuable to health promotion planning because it provides a format for identifying factors related to health problems, behaviours and program implementation (see Figure 3). Three categories of factors that contribute to health behaviour are described in this model. They include:

- *Predisposing factors (P)*—those forces that motivate an individual or group to take action such as knowledge, beliefs, attitudes,

values, cultural norms, etc. The key consideration in understanding predisposing factors is the extent to which behaviour can be predicted.

- *Enabling factors (E)*—include both new personal skills and available resources needed to perform a behaviour. The key consideration for these factors and health behaviour is the extent to which their absence will prevent an action from happening.
- *Reinforcing factors (R)*—provide an incentive for health behaviours and outcomes to be maintained. To understand their importance, we must know the extent to which their absence would mean a loss of support for current actions of an individual or group.

An understanding of these three factors allows us to identify priorities and provides a basis for where to focus our efforts.

This is a behaviourally-oriented model which does not put much emphasis on the socioenvironmental conditions for health outside of their relationship to creating behaviour change. The model also tends to be problem-oriented rather than oriented towards creating positive health outcomes. The model is useful in that it can be adapted so that each category of factors includes socioenvironmental conditions and an emphasis on looking for positive factors (strengths and assets).

Needs/Impact-Based Planning Model (Metro Toronto DHC, 1996)

The Needs/Impact-Based Planning Model is a systematic approach to health promotion planning developed by Metro Toronto District Health Council. The model sets priorities based on identified needs, potential strategies to address these needs, and the feasibility of the potential strategies.

Strengths of the model include:

- it considers values, ethics and other factors influencing decision making
- it provides a logical and systematic way to make planning and resource allocation decisions
- the model was developed and applied in Ontario and is recommended for use by the Ontario Ministry of Health
- the model includes Determinants of Health as indicators of health need
- evaluation is inherent to the model

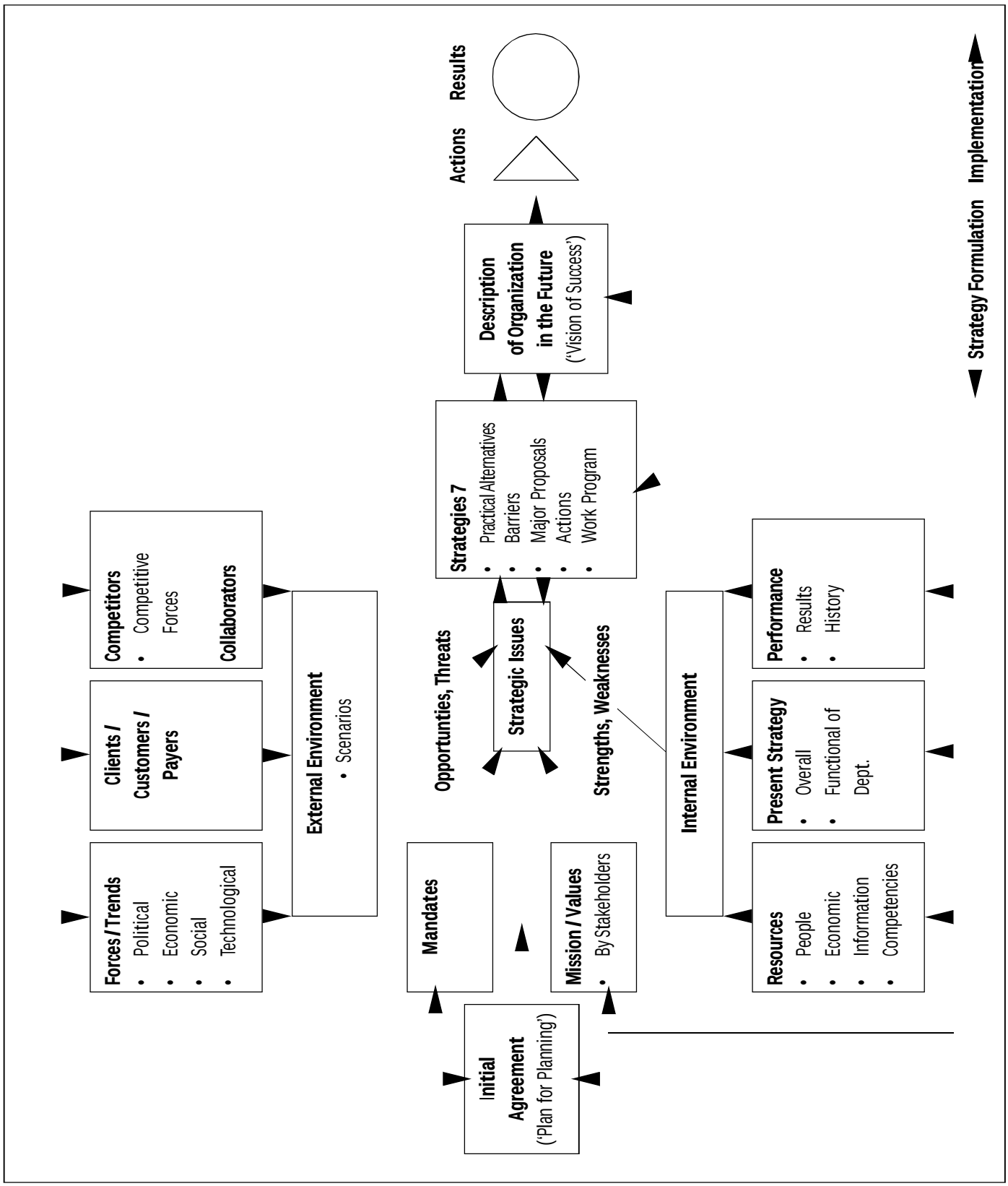


Figure 2: Strategic Planning Process (Bryson, 1995)

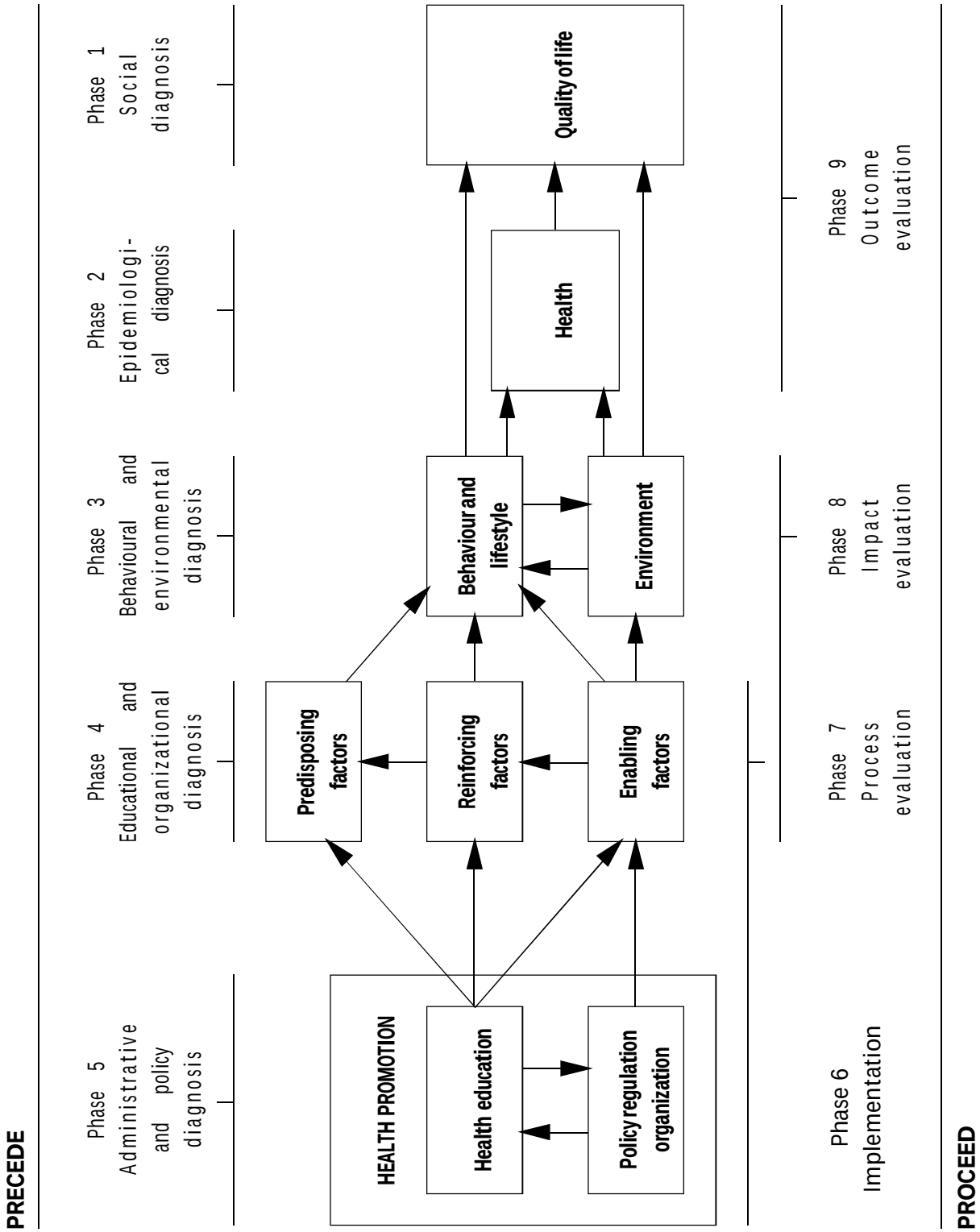


Figure 3: The PRECEED-PROCEED Model for Health Promotion, Planning and Evaluation
(Green and Kreuter, 1999)

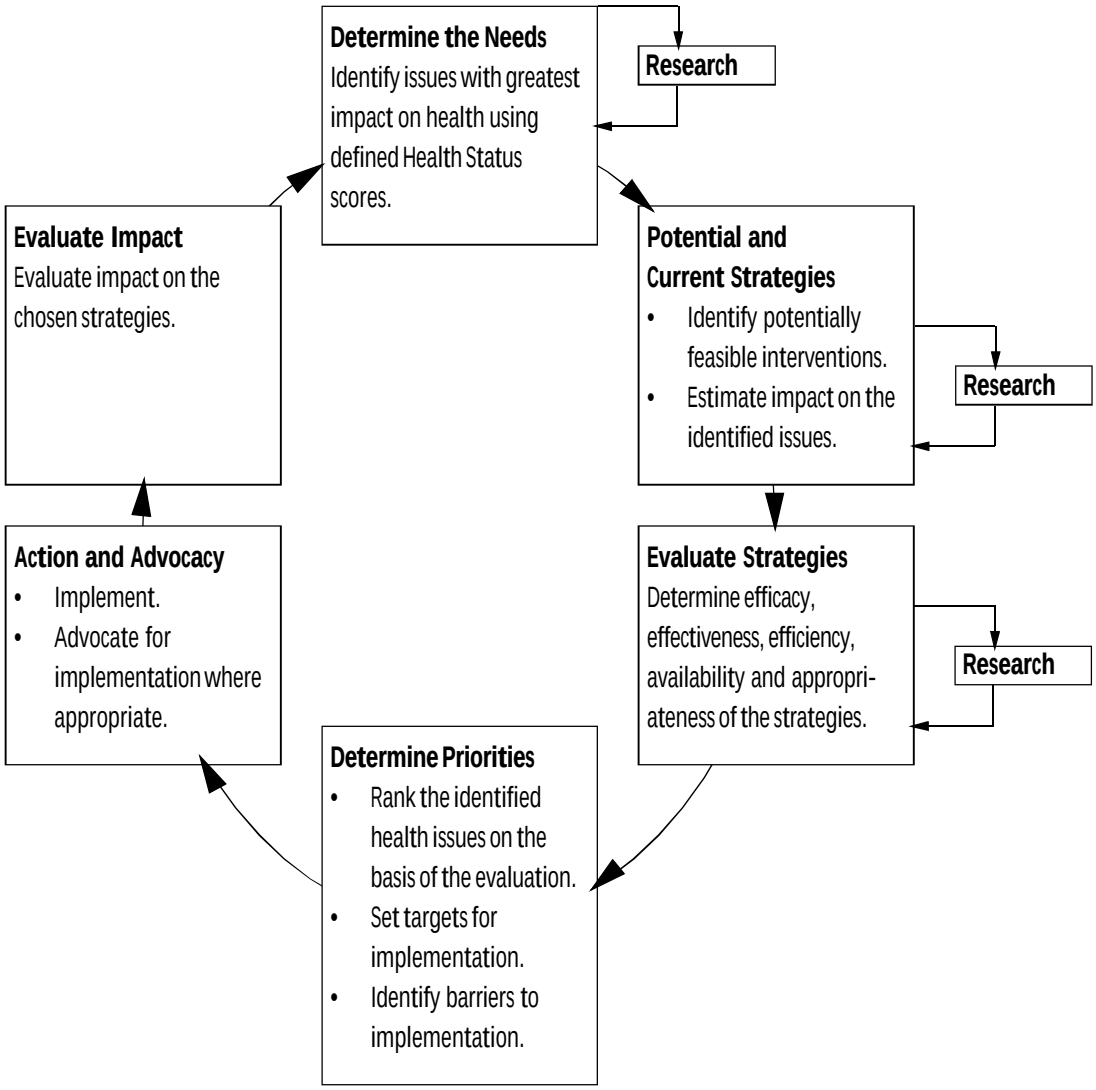


Figure 4: Needs/Impact-based Planning Model (Metro Toronto District Health Council, 1996)

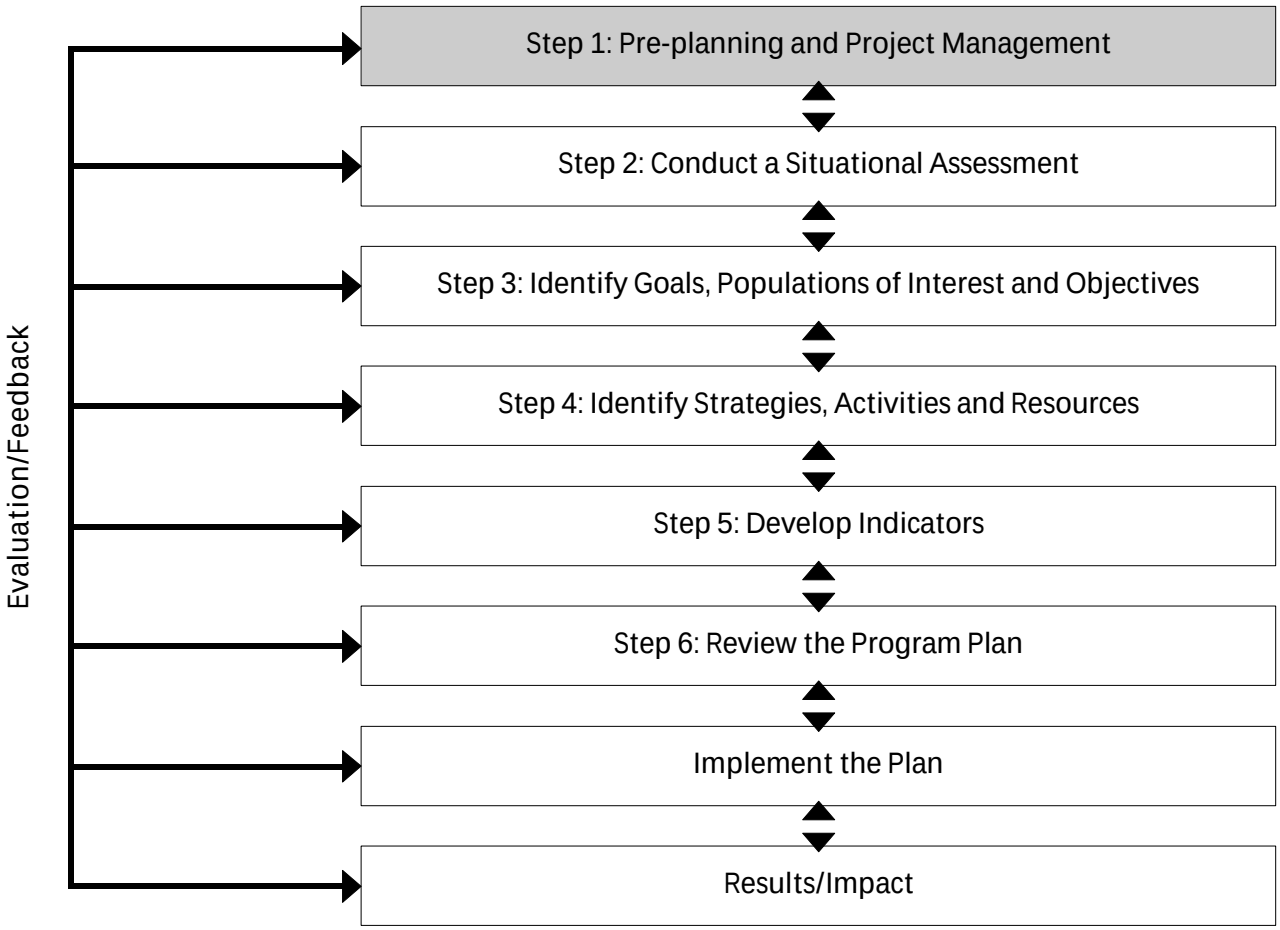
Limitations of the model include:

- it requires hardware and software packages to implement
- bringing the necessary stakeholders across the health continuum can be challenging
- the utility of the method will be influenced by the size of the information collection system needed to support the method and the need for qualitative and quantitative research where sufficient information does not exist

Step 1

Step 1 Pre-Planning and Project Management

HEALTH PROMOTION PROJECT PLANNING: OVERVIEW



PRE-PLANNING AND PROJECT MANAGEMENT

Managing the Planning Process

In planning a health promotion project, the planner must manage a number of elements, including:

- meaningful participation of key stakeholders.
- time;
- money and other resources;
- data-gathering and interpretation;
- decision-making;

THCU's planning process revolves around 6 key steps (Figure 1), each of which must be carefully managed within or with regard to these five elements.

WHY IS PRE-PLANNING AND PROJECT MANAGEMENT IMPORTANT?

When these elements are managed well, project outcomes may be greater than expected. If not managed well, problems are likely to occur.

Participation by stakeholder groups is critical to achieving the best results—a lack of participation may lead to decisions being overruled, delayed, challenged, or questioned by either internal or external stakeholders. Mismanagement of time and missed deadlines can result in lost opportunities, decreased impact of the project and greater stresses in partner relationships. Poor management of budgets and other resources may lead to unanticipated costs and even an inability to complete the project. Ill-informed decisions result from misleading, weak, or incomplete databases. Good decisions take time, creativity, and a supportive climate.

GUIDELINES FOR MANAGING PRE-PLANNING AND PROJECT MANAGEMENT

To relate these overall project management elements to the key steps involved in the planning process, let's consider each in turn.

Participation

Much has been written about the importance of meaningful participation in the management, health promotion and community development fields. These insights should be carefully understood. From the outset, the planner must identify the key stakeholders (these can include the project team, funders, politicians, community partners, and the

More information on stakeholder participation can be found in each step, particularly Step 2: Situational Assessment. Please refer to each section for further details.

community of interest themselves). Then the planner must consider roles (who will be informed, make decisions, provide information, or provide hands-on support).

A process for participation must be developed as well. For example, when decisions will be taken, by whom, and by what process (e.g., is consensus required? How will priorities be set?).

Remember That Process Is Important

It is important to focus on the process of developing a health promotion project, not only on its end result. This includes:

- working *with* people, rather than for them;
- involving clients in project design;
- ensuring that you use participatory evaluation strategies;
- using techniques of participatory or action research.

Time

The time required for each step of the process described in this manual depends on a number of circumstances. Any number of variations exist. In health promotion, because participation is so important, time for each step is often longer than for other kinds of planning. There are many trade-offs and the ideal level of desired participation can sometimes be in tension with political and organizational considerations, cost, and other deadlines. What you come up with as a timeline will be a compromise — try to allow for as much time as possible to involve people appropriately.

Money and Other Resources

Good planners are wise to create an inventory of available resources. This includes allocated budgets, both "above-the-line" cost items for which project-specific funds must be found, as well as use of staff time, equipment, and space (already budgeted and therefore "below the line" costs). Other resources to be considered include expertise, contributions in kind from volunteers and partners. Foregoing other opportunities with the organization, partners, and the community at large are also costs. It is essential to know what these costs and resources are from the outset, and keep reviewing this inventory.

Managing time itself means calendar time, a one-way movement through key dates and times. When we discuss money and resources, we must remember that time is also money—every hour spent in the

process costs additional resources, money already allocated, as well as the opportunity to make progress on other projects! However, a lot of time spent involving people can pay off over the long term with greater support for the program and commitment of resources to complete it.

Data Gathering

Think about where you can obtain the information (data) needed to guide your planning efforts.

This will be discussed in detail in Step 2: Situational Assessment. Please refer to this section for additional information on data gathering.

Keep in mind that your approach to data-gathering can depend on:

- Seeing health as more than the absence of disease
- Being clear about the role of theory and examining all determinants of health when assessing needs and designing your project/ program
- Seeing positive directions and capacities of individuals and communities rather than focusing only on problems and deficits
- Looking for ways to collect positive data in all steps

Level of Change	*Negative Approach to Data Gathering*	*Positive Approach to Data Gathering*
Individual	Risk Factors	Resilience and personal strength
Organizational	Gaps in Service; Lack of Resources; Service System Dysfunction	Services; Resources; Opportunities for Partnerships and Collaboration
Community	Risk Conditions	Community Assets
Society	Threats	Opportunities

Consider the Role of Theory

The model, set of beliefs and assumptions or the theory you use to collect and interpret data, makes a difference in planning.

If you use a **biomedical approach**, you are concerned about the processes of disease and the factors which are physical in nature and usually amenable to medical intervention. In heart disease, you would focus on screening for hypercholesterolaemia or high blood pressure, and you would be concerned about the availability of drugs that control blood pressure and cholesterol.

If you use a **behavioural approach**, you are concerned about the behaviours of individuals and how those can lead to disease and disability. The strategies for intervention for heart health might include educa-

tion about the benefits of a low fat diet, a communication campaign on the benefits of physical activity, special programs to encourage people to quit smoking, programs to lower stress in the workplace, and lobbying the food industry to provide low fat alternatives. Data would be collected about levels of smoking, physical activity, consumption of fat in the diet, and the presence of stress in the workplace. Goals and objectives would be set in terms of these outcomes as well as the blood cholesterol and pressure measures from the biomedical model. When used alone, this model has been criticized for encouraging a "blame the victim" approach in health promotion programming.

If you use a **socioenvironmental approach**, you are concerned about the conditions in the psychosocial, socioeconomic, and physical environments which create conditions for ill-health or wellness. These factors include such determinants of health as housing, peace and security, belonging to a community, adequate income, food, clean air, water and soil, safe working conditions, etc. Health promotion strategies in this model include political advocacy, community development, healthy public policies, and creating supportive environments in addition to developing personal skills. For heart health, this could mean advocacy with businesses to provide opportunities for physical activity in the workplace, advocacy with government to provide adequate levels of income support, and working with isolated individuals to develop a sense of community.

Each model makes you look for a different kind of information about your topic or population of interest and suggests a range of different kinds of strategies. Each model adds its contribution to the other, so that most health promotion programming is a mixture of all three approaches and related-data collection.

Decision Making

Decisions have to be made at every step of the planning process. It is important to be aware of who has to be involved in decisions related to each step, who needs to be consulted and who needs to be kept informed.

Part of managing the project is to manage the flow of information and options so that decisions are timely and supported. The first key decisions have to do with whether to proceed with the planning for the program, with what timelines and resources and under what political realities.

HOW TO PRE-PLAN AND MANAGE YOUR PROJECT

A The Step 1 working notes on pages 14–15 provide space to answer some of the key questions raised in the preceding discussion related to participation, time, money and other resources, data-gathering, and decision-making.

B The worksheet on page 16 allows you to create a workplan for the planning process. For each step in THCU's 6 step planning process, space is provided to identify the roles, target date, and required resources.

STEP 1 WORKING NOTES

Participation

Who should be involved and how? (use the figure on the following page to organize your thinking)

Time

When can planning begin? When should it end? How much time is available?
Are there key milestone dates or deadlines (e.g., meetings) already planned?

Money and Other Resources

Inventory available resources.

Data Gathering

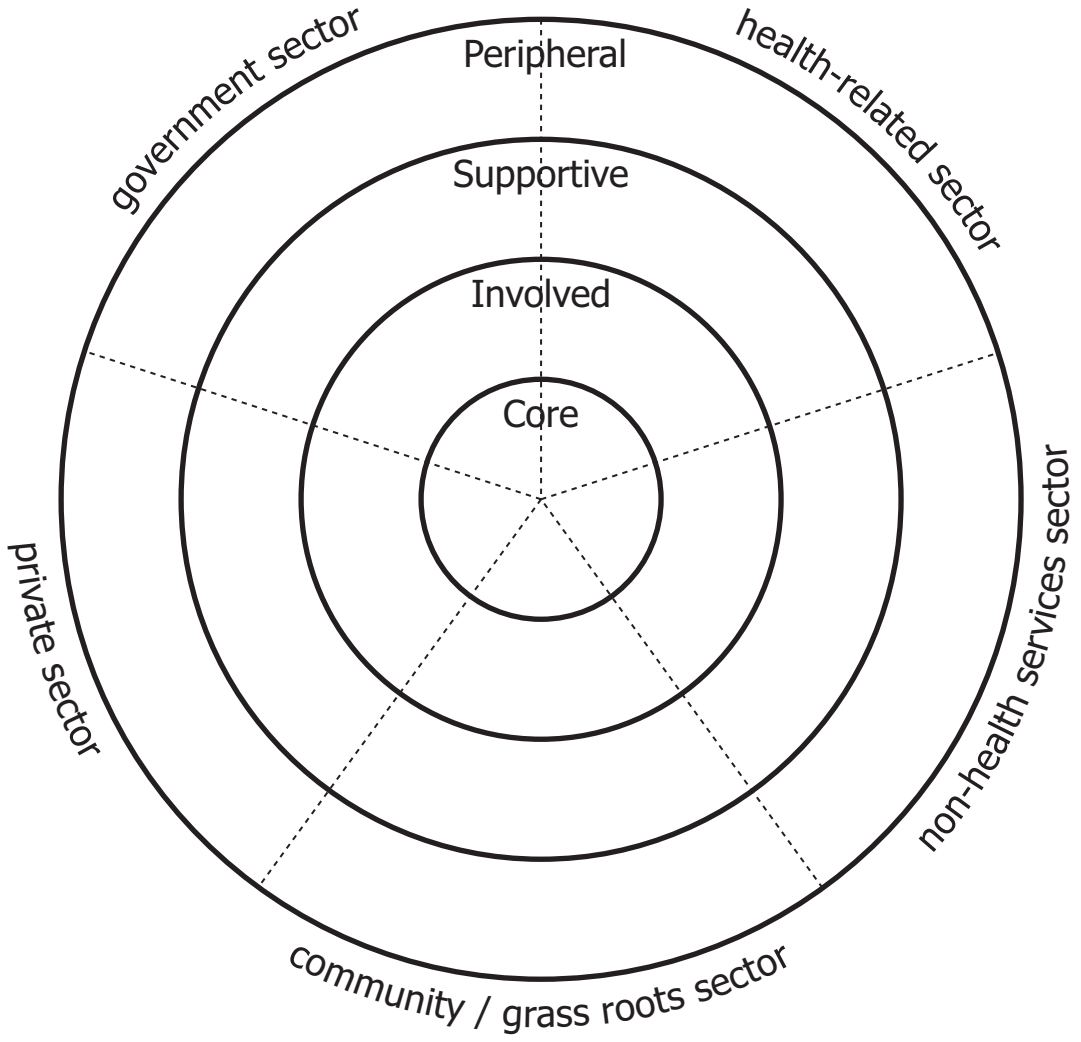
Identify what data is available, how and when new data might be gathered. Identify how new and existing data will be analysed.

Decision-Making

Identify when and how key decisions will be make.

Identifying and Working with Stakeholders

A Identify Stakeholders who are core, more involved and peripheral (think of organizations and individuals).



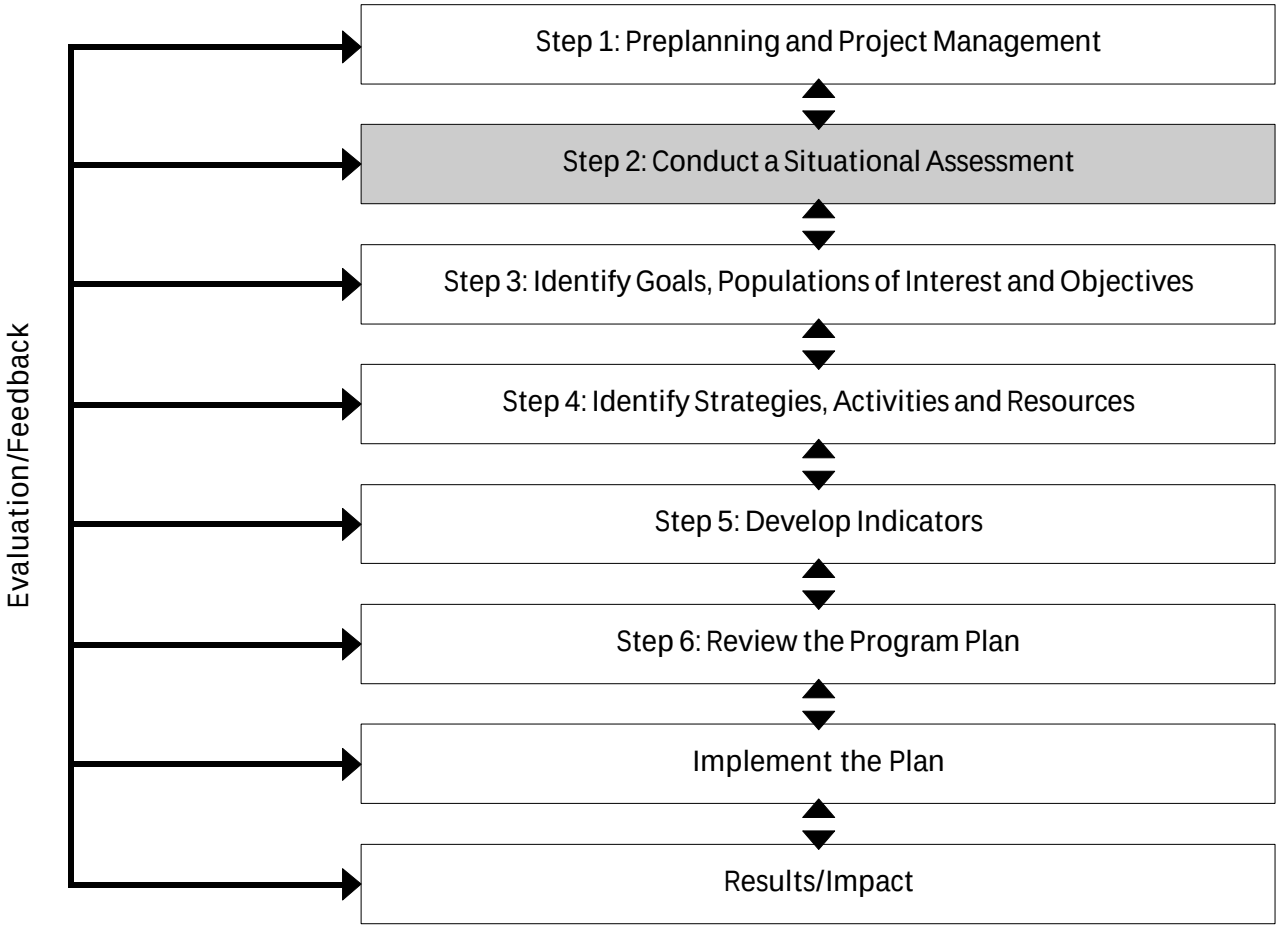
Core on the situational team
Involved frequently consulted or part of process
Supportive providing some form of support
Peripheral need to be kept informed

STEP 1 WORKSHEET

Steps	Roles	Deadline	Resources Required

Step 2 *Conduct a Situational Assessment*

HEALTH PROMOTION PROJECT PLANNING: OVERVIEW



Step 2

SITUATIONAL ASSESSMENT

A situational assessment influences planning in significant ways—by examining the legal and political environment, the stakeholders, the health needs of the population, the literature and previous evaluations, and the overall vision for the project. The phrase "situational assessment" is used here in the place of the term "needs assessment". This is intentional—the new terminology is used as a way to avoid the common pitfall of only looking at problems and difficulties and a way to consider the strengths and assets of individuals and communities. In a health promotion context, this also means looking at socioenvironmental conditions and broader determinants of health.

For example, one used to look at morbidity (what brings people to hospitals and doctors) and mortality (what people died of) data for a community to determine that the community had heart disease and cancer problems. Further data were examined to show that community members had high rates of smoking and low physical activity rates, lived in a low income area with poorly maintained housing, high unemployment and very few recreation facilities (or parks). A "Needs Assessment" determined that the community needed improved recreation and housing and smoking cessation programs. A "situational assessment" goes beyond this to also identify the strengths of the community. The data could then show that the community has a high level of "social capital" (e.g., a history of successful lobbying at the municipal level, lots of volunteerism, an informal childcare exchange/support system, and one major community festival every season). All of these aspects taken together can change the whole direction a health promotion program takes and the level of respect and involvement of community members in the process.

WHY IS SITUATIONAL ASSESSMENT IMPORTANT?

This critical and often time-consuming part of getting started on the plan for your health promotion project involves various forms of data-gathering. In this part of the planning process, we use data to provide answers to a number of questions we are concerned about. And in doing so, we need to determine the best ways to find out the answers.

The main questions which require data gathering are described in the "How To" section on page 21.

Remember that the data you collect is affected by:

- your theory or approach to health (biomedical, behavioural, socioenvironmental)
- your assumptions about the links between theory and behaviours of individuals and community and action;
- thinking about the whole “situation” rather than focusing only on needs
- what is readily available.

GUIDELINES FOR MANAGING THE SITUATIONAL ASSESSMENT

Participation

Involve your identified participants as much as possible. A situational assessment is ideal for involving a wide-range of stakeholders by asking questions about issues and assets in small groups or by using surveys.

Time

You can help the process by collecting lots of readily available information and preparing a clear focus or agenda for any meetings of stakeholders to examine the data. A situational assessment takes time, so don’t underestimate what it will take to assess the situation from every angle.

Money and Other Resources

A situational assessment is ideal for building partnerships with others who have expertise in interpreting or gathering data. It is also a discrete step with a clear product at the end useful to many people in the community, so it can be an opportunity to seek additional funding or sponsorship.

Data Gathering

Maintain your focus:

- Focus on strengths, capacities and resources—not just deficits and problems

- Focus on the determinants of health, rather than health as just the absence of disease.

Gather and analyze a variety of data:

- Choose a method for gathering information (unobtrusive methods, key informant survey, community forum, focus groups, mail/face-to-face or telephone survey);
- List methods for data collection and break them out into data gathering steps;
- Determine who already has data that are useful to you, and determine who you need to contact to gather new information;
- Throughout the process, continue to describe the information gaps (list the additional information you would like to have);
- Look at data analysis associated with each type of data collected

Decision Making

Carefully consider the following:

- Should you proceed with the project based on the information collected in your situational assessment? (i.e., factors that support or impede the project)
- What is it going to take to proceed?
- What needs to be considered in project design?
- What is rationale of project (why is it a good idea?)

HOW TO CONDUCT A SITUATIONAL ASSESSMENT

First, gather the following information and enter your information in the Step 2 working notes.

A Gather the perspectives of key stakeholders

- List individuals and organizations with an interest in this type of project or area of concern, and
- Describe the views of stakeholders vis a vis your intended project (Who supports it, who is opposed, and who has clear ideas for it?)

B Examine the Literature & Previous Experience

Specifically, you might want to:

- Identify what your own or others' previous experience has revealed
- Examine the literature for research about projects, communities, and issues related to your priority issue.
- Examine previous evaluation findings of similar projects.
- Review the literature regarding similar types of projects and recommendations for designs
- Needs data

C Collect Health-Related Data About Your Priority Issue

- Demographic data
- Morbidity and mortality rates
- Health behaviour and practices (if available)
- Health status data (including social, economic and environmental indicators)

D Review Existing Mandates

As part of your situational assessment, it is both necessary and important to review existing mandates, to ensure that your proposed project fits well with these. Specifically, you should consider reviewing:

- the mandate of your own organization
- other legislation and regulations
- policies and guidelines
- professional standards and ethical guidelines

- political agendas
- mandates of potential partners and/or competitors
- budgets for implementation

E Assess Vision

In addition to examining existing mandates, it is also important to look at the following:

- your own vision
- the vision of others involved in the planning process
- the vision of your organization
- desired directions by managers, politicians, community leaders
- relevant strategic plans

F Complete a PEEST analysis

Identify the political, economic, environmental, social and technological factors that could potentially affect your project (i.e., a PEEST analysis).

G Identify Information Gaps

Look at all of the information you have. Are there any gaps, particularly related to an issue addressed by your project? Identify where you obtain additional information.

Based on all of the information you have collected, identify the factors which help your project (enabling factors), factors which act as barriers or constraints (limiting factors) and what it is going to take for you to proceed with planning this project. The Step 2 Worksheet provides space to do this.

STEP 2 WORKING NOTES

A Stakeholder perspectives

List those individuals and organizations who have a stake in your project or the issues(s) addressed by your project. What are the views of the stakeholders you have identified vis a vis your intended project? (Who wants it, who doesn't, who has clear ideas for it?)

Stakeholders	Views

B Literature and previous experience

What does the literature say about similar types of projects and how they should be designed? (List some of the things you know already and what previous evaluations related to your project topic have stated.)

C Health-related data

List the health and disease issues facing your community (from already available demographic and health status information).

STEP 2 WORKING NOTES (cont'd)

D Mandates

List the groups and organizations with a mandate related to your intended project. Identify those who might be interested in collaborations or partnerships.

E Vision

List those who have ideas directly related to your project, and what these are. Star or highlight those ideas you have to pay attention to.

F PEEST

Examine the political, economic, environmental, social and technological factors that may affect your project.

G Information Gaps

What are your information gaps? What information would you like to know?

STEP 2 WORKSHEET

Relying on our Situational Assessment, and referring to your Step 2 working notes, complete the following:

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1 Possible Features of Project Design

Identify aspects of your project that need to be considered in any design, including population(s) of interest, activities, timelines, etc.

---

2 Enabling Factors

Based on your analysis, identify the factors which could help your project.

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3 Limiting Factors

Based on your analysis, identify the factors which could act as barriers to your project.

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4 Can you proceed?

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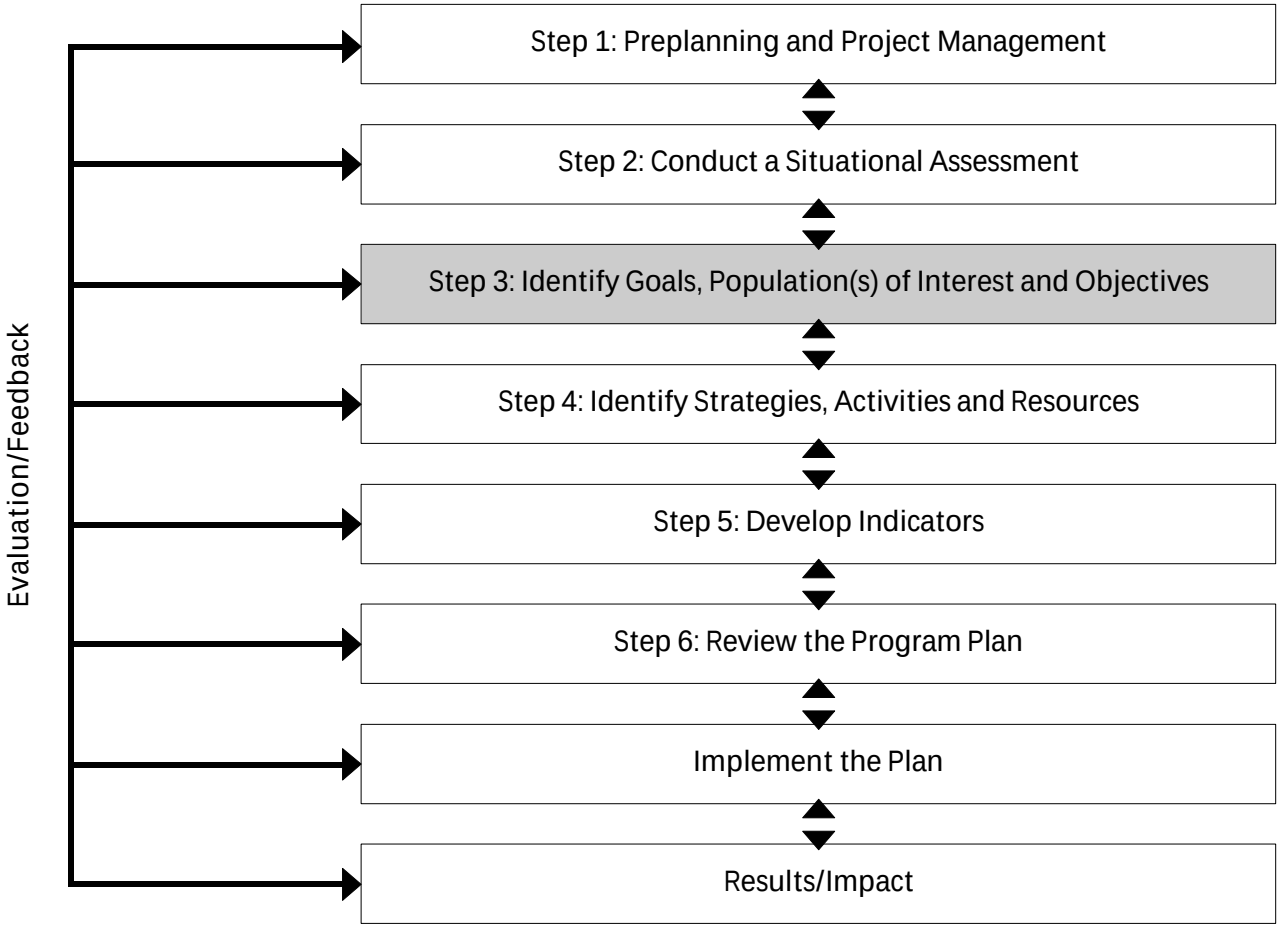
5 What is it going to take for you to proceed with this project?

Who needs to be involved? What information are you going to need? How much time do you have?

Step 3 Identify Goals, Population(s) of Interest and Objectives

HEALTH PROMOTION PROJECT PLANNING: OVERVIEW



IDENTIFYING GOALS, POPULATION(S) AND OBJECTIVES

Step 3 consists of identifying the goals, objectives, and populations of interest for your project. It is important to understand the relationships between the goals, population(s) of interest, and objectives to plan a good program.

*A **goal** is a broad, direction-setting, positive statement describing what we want to achieve through our efforts. Because of the need for flexibility at this stage of planning, goal statements tend to be descriptive, global statements of what is intended. (Dignan & Carr).*

WHY IS IDENTIFYING GOALS, POPULATION(S) OF INTEREST AND OBJECTIVES IMPORTANT?

Setting goals and objectives is critical to developing an evaluation plan and they are important for understanding the theory of why you are choosing to design your program a certain way. In addition, concise, well-written objectives are critical for evaluating the impact of your program. Even if you are not doing a formal evaluation you should know how your program will be affected by new research or changing conditions.

GOALS

A goal statement summarizes the ultimate diretion or desired achievement of a program. Most health promotion programs have a single goal, although more complex programs may have several goals.

Examples of health promotion program goals include:

- "All people of reproductive age achieve and maintain optimum reproductive health."
- "To ensure that economically disadvantaged mothers have access to safe, affordable, nutritious food."

There are many challenges for Health Promotion Goal-Setting. For example,

- most data are disease-based
- the field is still exploring effectiveness of interventions
- there is a growing demand for accountability and direct measurement.

Keep in mind that a goal is something to strive towards. For example, in a simple disease prevention model, we know where we don't want to go—disease. Disease prevention assumes a linear relationship between disease and health. However, health can be considered as a state independent of disease. So, in a health promotion context, we can assume a non-linear relationship between disease and health and look for creating positive health-oriented goals.

In the process of devising and agreeing upon goals, we are *setting important directions* for our health promotion projects. This is especially crucial when:

- measurable data are not readily available
- innovation or a new approach is needed
- there are conflicting goals between stakeholders.

Ideally, we want to state our goals in outcome terms along with measurable indicators.

Below are examples of different types of goals (and their associated strengths and weaknesses) developed by other organizations in their health promotion activities.

The Direction-Setting Problem-Oriented Goal

To reduce disability, morbidity and mortality caused by motorized vehicles, bicycle crashes, alcohol and other substances, falls in the elderly and to prevent drowning in specific recreational water facilities (Ontario Ministry of Health, Mandatory Health Programs and Services Guidelines, 1997, p. 20).

Pros and Cons of Direction-Setting Problem-Oriented Goals

The aim is clear and some flexibility around the degree of change expected is possible. The goal is stated in problem terms and may not be appropriate for health promotion programs with a positive health orientation.

The Direction-Setting Positive Outcome-oriented Goal

To support healthy pregnancies (Ontario Ministry of Health, Mandatory Health Programs and Services Guidelines, 1997, p. 27).

Pros and Cons of Direction-Setting Positive Outcome-oriented Goals

The goal is stated clearly and positively in outcome terms. For accountability it requires measurable indicators to be developed.

IMPORTANCE OF SETTING GOALS

Goals provide the framework for program planning; as a result, it is important that they reflect reality in terms of the intended populations of interest. Well stated outcome-oriented goals can provide a set of clear end points around which many strategies or activities can be organized. As the situation changes, the strategies may change but the goals are

rarely affected. Clear goals are essential for setting out an evaluation process. A set of goals and objectives arranged in a logical hierarchical relationship exposes the theory and assumptions behind your program design and forces you to think through carefully what the basis is for your plan.

DESCRIPTION OF IDENTIFYING POPULATION(S) OF INTEREST

*A **population of interest** is a key group or segment of the community that requires special attention to achieve the goal or objective*

In this step, we identify populations of interest (key groups) who require special attention to reach the goal. Being clear about this population of interest is an important part of setting clear and specific goals and objectives. Please note that the population of interest can be helpful in different parts of goals and objectives. For example, identifying the population of interest may be the first thing that you do after the situational assessment (e.g., focus on teens' sexual health) and the overall goal incorporates the population of interest. In other cases, you may identify many populations of interest for a plan with multiple parts and strategies (e.g., heart health) and specific objectives will incorporate each population of interest at a spot in the hierarchy of goals and objectives that makes sense.

IMPORTANCE OF IDENTIFYING POPULATION(S) OF INTEREST

Identifying population of interest clearly is important because theories about what works are different for different populations of interest and can lead to more appropriate strategies.

OBJECTIVES

An objective is a brief statement specifying the desired impact, or effect, of a health promotion program (i.e., how much of what should happen to whom by when).

Characteristics of good program objectives include specificty, credibility, measurability, continuity, compatibility and freedom from data constraints. The SMART acronym is an easy way to remember the key features of well-crafted program objectives; that is, good objectives are:

S pecific (clear and precise)
M easurable (amenable to evaluation)
A ppropriate (i.e., realistic)
R easonable (i.e., realistic)
T imed (specific time frame provided for achievement of objective)

Short-term Objectives

Whether an objective is short or long-term is relative to the length of time needed to achieve the program goal. As a general rule of thumb, the time frame for short-term objectives can be as short as 2–3 months up to 2 years. The time frame for the achievement of long-term objectives is usually 2–5 years.

Short-term objectives specify the short-term, or intermediate, results that need to occur to bring about sustainable long-term changes. For example, changes in knowledge need to take place to bring about long-term changes in health-related behaviours, or levels of support for a healthy public policy among decision makers need to increase before the policy can be implemented.

Here are some examples of short-term objectives:

- At the end of the first year of the program, 90%of teen mothers in Natureville will know where to get birth control for free.
- By the end of the first year, 80% of participating parents will have increased access to affordable, nutritious food through participation the community kitchen program and the bulk-buying club.

Long-term Objectives

Long-term objectives specify the outcomes or changes needed to achieve program goals, such as the reduction in the incidence of a health problem, or changes in health status resulting from the implementation of a healthy public policy or environmental supports.

Here are some examples of long-term program objectives:

- By the end of the third year, the incidence of teen pregnancies in Natureville will decline by 50%.
- To reduce the incidence of social and developmental problems associated with poor child nutrition in innercity by 2002.

IMPORTANCE OF DEVELOPING OBJECTIVES

It is essential that objectives created for your health promotion project:

- are specific/non-ambiguous
- are realistic.

As stated above, the goals and objectives set out the assumptions and relationships you believe exist between what you want to happen and how you plan to make it happen.

GUIDELINES FOR MANAGING IDENTIFICATION OF GOALS, POPULATIONS OF INTEREST AND OBJECTIVES

Participation

It's important to involve community members if community development is important to your program, to involve partner organizations if strengthening partnerships is important or to involve your staff because their understanding and buy-in is critical when it comes to implementation. Try to get the arena of the goals and objectives set in a group but let someone else do the "wordsmithing." Asking people to work with you in identifying the factors which contribute to a successful goal can be a real learning opportunity for everyone involved. Try not to pass up some form of involvement or consultation in goal-setting.

Time

This step is so critical to every plan that you must make sure there is enough time to do it. Try to avoid getting bogged down in "wordsmithing" each goal and objective in large groups- that uses up lots of valuable time.

Money and Other Resources

Direct costs for this step include the cost of related meetings (e.g., parking, mileage, room rental, etc.). Indirect costs include the time required to recruit participants.

Data Gathering

Previous information about lessons learned and what works, what the research literature says about your topic and related theories are really key things to pay attention to in this step. Don't forget to look for information about assets and strengths, and don't forget about the determinants of health. Look for data related to:

- Disease/injury reduction
- biomedical and behavioural factors.
- socioenvironmental factors (e.g., housing conditions, degree of isolation)

Decision making

The key product of this step is a hierarchy of goals and objectives. In this step you will need to decide what the desired outcomes of the program are. These may need to be reviewed by others as determined in Step 1.

Step 3

One way to think about factors is to consider 4 types of change. The bottom line for individuals is maintaining a personal behaviour change. The bottom line objective for networks is to create social change amongst its members through opinion leadership and social influence. The bottom line for organizations is to change policies (that is, their rules, incentives and rewards, sanctions and punishments, allocation of resources). The bottom line for society is to change its formal laws, as issues rise on the agenda and decision-makers respond to various publics. Each of these is a different level of change, a different process, and each has many theories and a body of literature to advise us.

HOW TO SET GOALS, IDENTIFY POPULATIONS OF INTEREST & DEVELOP OBJECTIVES

A Develop the Goal

Describe the ultimate result of your work in concrete, positive terms, usually aimed at everyone in the population of interest of concern.

B Identify Key Factors

- Identify the factors contributing to the successful outcome (given the goal above) based on research and evaluation information. Ensure that you have included socio environmental conditions, psychosocial factors and behaviours. They should be stated in their positive form (no "lack of" statements or problems).

  Example: which factors affect people's access to nutritious, affordable and personally acceptable food? (e.g., culture, food prices, what is sold in corner stores/supermarkets, income, mobility, age, presence of food banks...
- If it is a struggle to come up with positive statements, list the negative factors down the lefthand side of a page and flip them into positive factors on the right hand side.

  Example:
  - *low self-esteem—high levels of self-esteem*
  - *violent and abusive home—parents have effective child care skills or parents have effective relationships each other and with young adolescents in the home*
  - *smoking—living tobacco free*
- For each factor, identify other factors which contribute to this one (for some smaller programs or simpler situations, skip this part and go to next section).

C Identify Population(s) of Interest

Looking at the key factors and the research you've collected for your community, which groups of people or factors require special attention to achieve the goal? (e.g., pregnant or breast-feeding women living in high-risk circumstances, children in low income families, seniors)

D Develop objectives

Develop program objectives including the key factors (e.g., that hospital policies support breast feeding) and population(s) of interest.

STEP 3 WORKSHEET

A Goal of the Project

State what you want to achieve in concrete positive terms.

B Key Factors Contributing to the Goal

Identify the key factors that will contribute to the achievement of the goal (e.g., which factors affect people's access to nutritious, affordable and personally acceptable food? culture, food prices, what is sold in corner stores/supermarkets, income, mobility, age, presence of food banks…)

C Populations of Interest

Looking at the key factors and the data/research you have done for your community, which groups of people or factors require special attention to achieve the goal? (e.g., pregnant or breastfeeding women living in high risk circumstances, children in low income families, seniors)

Populations of Interest	***Key factors that need attention***

D Objectives

Take each factor and turn it into an objective, incorporating the population of interest and key factor (e.g., that hospital policies promote and support breastfeeding).

Objectives

short-term

long-term

WORKSHEET SUMMARY

Be prepared to transfer the goal, populations of interest, and objectives onto the Logic Model in Step 6.

Goal			
Population(s) of Interest			
Short-term Objectives			
Long-term Objectives			

Step 3

EXAMPLE OF USING FACTORS TO SET OBJECTIVES

The following example looks at adolescent health. Beginning with an example of a goal, we then consider how knowledge of key factors contributing to adolescent health would contribute to the setting of objectives. Note that the overall population of interest is built into the goal and other sub-groups are linked to the factors.

The Program Goal

All adolescents (10–19 years of age) in the community have attained their optimal level of physical, mental, emotional and social development.[1]

How Knowledge of Key Factors Contributing to Adolescent Health Can Contribute to Appropriate Objective Setting

Here is an overview of the key factors contributing to adolescent health. A review of these factors is essential for developing an appropriate objective statement that flows from it.

You will need to ask "What contributes to the proposed outcome statement (e.g., optimal level of physical, mental, environmental and social development for teens)?" In answer, you might get the following list:

Socio-Environmental Factors

Access to basic prerequisites to health
Child-cares skills and lifestyle practices of parents and care givers
Living in a tobacco-free environment

Psychosocial Factors

High levels of self-esteem
Appropriate decision-making and coping skills
Sense of belonging to a community

Lifestyle Factors

Optimal nutritional status
Healthy sexual attitudes and behaviours
Freedom from substance abuse, including tobacco use Active lifestyle

Injury and Illness

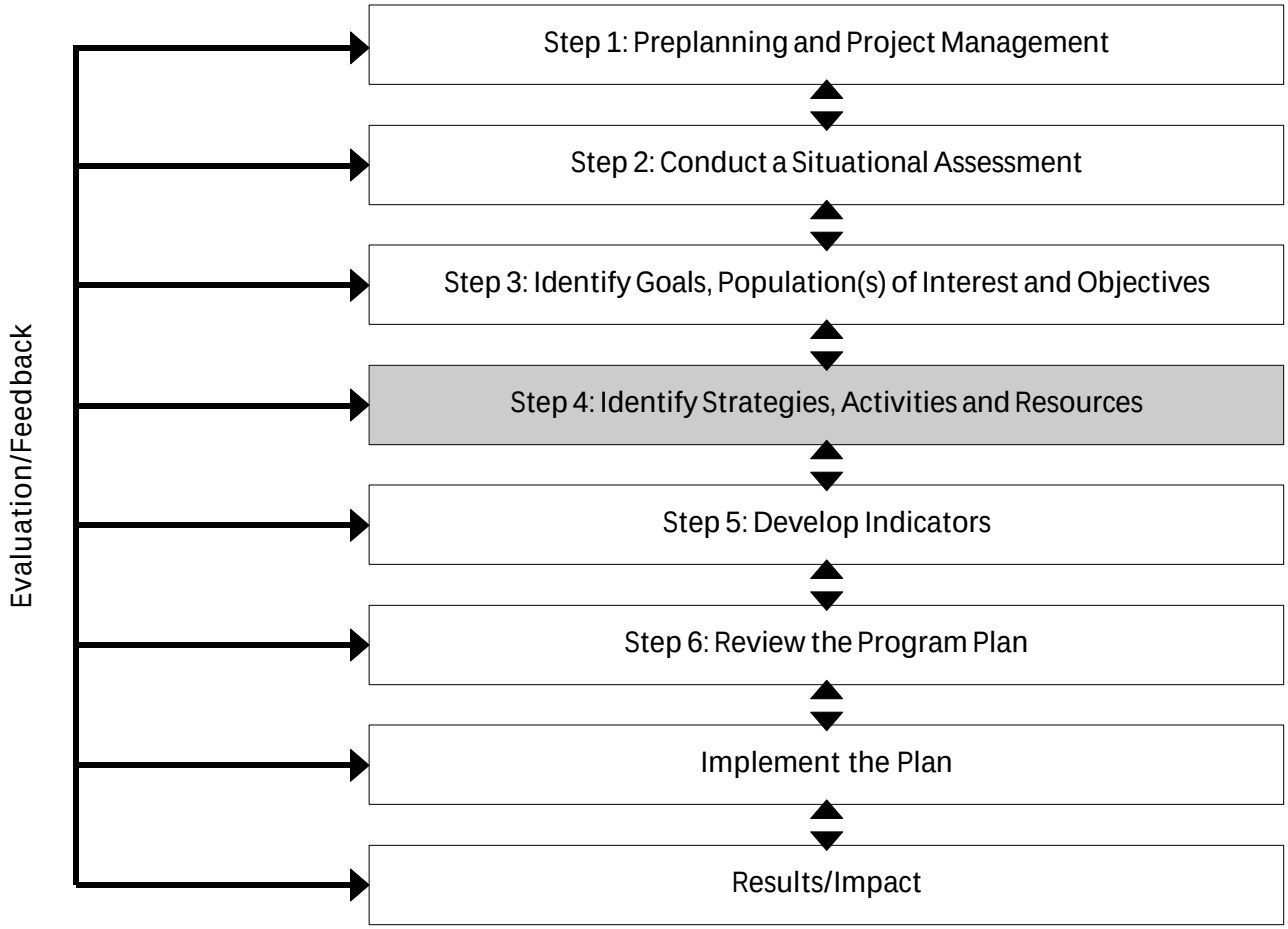
Elimination of self-induced or unintentional injury
Avoidance of preventable illness

These can give you the "hooks" around which the objectives can be built.

Factors	Objectives
Socio-environmental Factors	
Access to basic prerequisites to health	To increase access to the basic prerequisites for health (housing, income, employment, clothing, clean and safe environment, food, health care) for adolescents and their families.
Child care skills and lifestyle practices of parents and caregivers	To increase knowledge of healthy parenting skills among caregivers of adolescents.
Living in a tobacco-free environment	To ensure that all adolescents are living in a tobacco-free environment.
Psychosocial Factors	
High levels of self-esteem	To increase the self-esteem of adolescents.
Sense of belonging to a community	To increase the number of adolescents who interact positively with, adapt to, and contribute to their family, community and society-at-large.
Lifestyle Factors	
Optimal nutritional status	To increase the number of adolescents achieving optimal nutritional status.
Healthy sexual attitudes and behaviours	To increase the number of adolescents practicing healthy sexual behaviours.
Free from substance abuse	To reduce the incidence of alcohol and other drug abuse among adolescents.
Active lifestyle	To increase the number of adolescents pursuing physically active lifestyle.
Injury and Illness Factors	
Elimination of self-induced or unintentional injury	To reduce the incidence of adolescent morbidity and mortality associated with self-induced or accidental injury.
Avoidance of preventable illness.	To decrease the incidence of preventable illness (including hearing loss, skin cancer, communicable diseases, vaccine-preventable diseases) among adolescents

Step 4 *Identify Strategies, Activities and Resources*

HEALTH PROMOTION PROJECT PLANNING: OVERVIEW



Strategy *This is the means through which changes will be made. Strategies identify the vehicles for how the program will be provided; (Dignan/Carr).*

Activity *Activities describe the specific ways that the strategy will be applied (Dignan & Carr). They are the specific actions to be taken within a certain time period (e.g., develop Tamil and Somalian resources in first six months).*

DEVELOPING STRATEGIES, ACTIVITIES AND RESOURCES

In this step, the task is to identify the activities that will achieve the objectives. What you will do or how you will achieve the results set out in your goals and objectives will be determined. You then must determine what resources are required to implement the activities.

WHY IS THIS IMPORTANT?

This step connects what you want to do with what you want to achieve. Clear strategies and activities are essential for setting out detailed workplans and making things happen.

GUIDELINES FOR MANAGING THE DEVELOPMENT OF STRATEGIES, ACTIVITIES AND RESOURCES

Participation

It may be appropriate to involve several different groups for focusing on different objectives or population(s) of interest and asking for ideas about actions or activities. Because drawing on the literature is important in this step, it may be appropriate to work with a small group of partner organizations or staff, each reviewing different parts of the literature, or each with different special expertise (e.g., nutritionists, communications specialists, educators, community developers). It is important to involve those who are going to "implement" the program in this step and to work closely with the community concerned.

Time

This step can go quickly if only a few people are involved, but it is important, whenever possible, to allocate the time to involve others.

Money and Other Resources

This step requires that thought be given to the financial and human resources which limit what can be done. This is a time to look for partners and "in-kind" resources as one strategy.

Data Gathering

This step requires a review of research and evaluation studies about what works. First hand knowledge of the community or population of interest(s) is invaluable (e.g., working with street youth? Talk to them.) You may need to do some pretesting of materials or pilot-testing of the ideas on a small scale before mounting a broader strategy. From a health

promotion viewpoint, don't forget to look for assets, strengths, resources you can build on and include strategies addressing the socio-environmental determinants of health.

Decision Making

The key decisions resulting from this step are the strategies and activities that will enable you to reach your objectives. Given the limited resources for all programs, you also need to be clear which activities are new, which are changing (and what is changing) and what is being dropped. These decisions help you to integrate the activities of your plan with what you have done in the past and clarify what stays the same and what is different. You also need to be clear about what is feasible within existing resources and what needs to be put on "hold" until further resources are found.

HOW TO IDENTIFY STRATEGIES, ACTIVITIES AND RESOURCES

A Brainstorm Potential Strategies

Identify project strategies by brainstorming a list of possible health promotion strategies for each of the objectives developed in the previous section. The key question here is: "what do we need to do to reach the objective that is consistent with health promotion philosophy and our mandate?" Include general population based strategies as well as those that work with specific population(s) of interest. Use the literature to help identify the most effective strategies (if known). Select those you consider to be the most appropriate given budget, time, population needs, staff skills, effectiveness etc.

B Select the Best Strategies and Identify Specific Activities

For each objective, create a list of the major strategies, the specific activities for each strategy, who will implement the actions, and related potential indicators (how will you know the strategy or action is successful?).

C Review Current Activities

Review the program activities you currently offer in this area (assuming this is not a brand new program) and identify those activities which are to be continued, those which should be dropped, those that need to be changed and those which are new. This will help everyone involved reassign priorities among existing and new program activities.

D Assess Resources

- Review the resources (financial and human) required to implement the plan.
- Review the resources currently available (including programs and activities offered by other organizations), and examine the gaps between what is needed and what you have.
- Explore ways of obtaining the required resources (human or financial) from other organizations (e.g., in-kind contribution).
- Which parts of the plan are you going to keep and which parts will be on hold until new resources are found? (e.g., in the next fiscal cycle) Indicate this on the logic model (Step 6).

SOURCES FOR HEALTH PROMOTION STRATEGIES OR ACTIVITIES

Ottawa Charter Actions[1]

Build Healthy Public Policy
Create Supportive Environments
Strengthen Community Action
Develop Personal Skills
Reorient Health Services

Empowering Activities[2]

Use respectful, attentive, supportive and positive approach
Foster Client Control
Provide Information and Develop Skills

Epp Framework Actions[3]

Self-Care
Mutual Aid
Healthy Environments
Fostering Public Participation
Strengthening Community Health Services
Coordinating Healthy Public Policy

Metro DHC Strategies[4]

Counseling and skill development
Education
Social Marketing
Self-help/Mutual Support
Community Mobilization and Development
Health Public Policy

Actions for Community Development (Labonte)[5]

Personal Empowerment
Small Group Development
Community Service Group Development
Community Organization
Coalition-building and Advocacy
Political Action

1 *WHO (1986). Ottawa Charter for Health Promotion. Ottawa.*

2 *S. Jackson et. al. Public Health Practitioners' Perspectives on Empowerment, 1996 "Toward a Healthier Tomorrow / Health Promotion Strategies (hardcopy insert)*

3 *Health and Welfare Canada (1986). Achieving Health for All: A framework for health promotion. Ottawa.*

4 *Metropolitan Toronto District Health Council. "Toward a Healthier Tomorrow: A Strategy for Promoting Health in Metropolitan Toronto." Report of the MYDHC Health Promotion Strategic Planning Committee, February, 1996.*

5 *Labonte (1990). Empowerment Strategies for Nurses. Vancouver: RNABC*

HEALTH PROMOTION STRATEGIES

Counselling and skill development – working with people – either one-to-one or in groups to help them develop the knowledge and skills they need to improve their health and to provide the ongoing support that their clients may need to have more control over their lives.

Education – in its simplest form: fact sheets, brochures, newspaper and magazine articles, and television programs that help people become more knowledgeable about health. For example, a copy of Canada's Food Guide, combined with a cooking demonstration and recipes can give people both the information and skills they need to eat better. Also includes seminars and workshops that professionals organize, as well as more general programs offered by a range of health-related and nongovernmental organizations – such as literacy classes, life skills workshops and group counselling – that may help people develop the skills to understand health information and act on it.

Social marketing – campaigns that use traditional marketing tools and techniques, such as advertising campaigns, slogans and logos, to influence attitudes and encourage social change. Some social marketing campaigns strive to make certain practices, such as drug abuse, smoking, and drunk driving, socially unacceptable. Others work to make practices such as recycling, using condoms and talking more openly to your sexual partners more acceptable.

Self-help/mutual support – people directly affected by poverty or illness or who care passionately about an issue develop a sense of their own power, control and influence and help themselves and others improve health.

Community mobilization and development – communities mobilize and work together to improve health through projects such as community gardens, healthy lifestyle community projects, neighbourhood anti-drug initiatives, Block Parent associations and community economic development projects. Some, such as healthy lifestyle and anti-drug programs are designed to help people change behaviours. Others, such as community gardens and community economic development projects, attack the root causes of poor health, including poverty. Organizations that work to help communities mobilize usually act as a catalyst, doing outreach in the community, bringing key people (professionals and people in the community) together and helping the community develop the skills (capacity) it needs to organize and manage projects.

Healthy public policy – efforts to influence policies, operating procedures, by-laws, regulations and legislation that have a direct impact on health. For example, municipal smoking by-laws help reduce exposure to second hand smoke. School board cafeteria policies help ensure young people eat more nutritious food and less junk food. Seat belt and bicycle helmet laws help protect people from injury. Laws that regulate the handling of hazardous materials combined with company policies and procedures make workplaces safer.

Metropolitan Toronto District Health Council. "Toward a Healthier Tomorrow: A Strategy for Promoting Health in Metropolitan Toronto." Report of the MTDHC Health Promotion Strategic Planning Committee, February 1996.

STEP 4 WORKSHEETS

A Brainstorm Potential Strategies

For each population of interest and objective from the previous worksheet, generate a list of possible ideas for health promotion strategies – include those that are general population level type of support strategies as well as those which work with specific individuals, families, groups, and/or organizations. Select those that are most appropriate given budgets, skills, effectiveness, etc.

Objective	Possible Strategies

STEP 4: WORKSHEET (continued)

B Select the Best Strategies and Identify Specific Activities

Population(s) of interest

Objectives

Strategies	Activities	Implementers
List the best strategies	List specific activities for each strategy	List who will implement the activities

C **Review Current Activities** (if program is not new)

List the current activities to be dropped

List the current activities to be continued

List the current activities to be changed and what changes are warrented

List those activities that are new (or need to be developed)

D **Assess Resources**

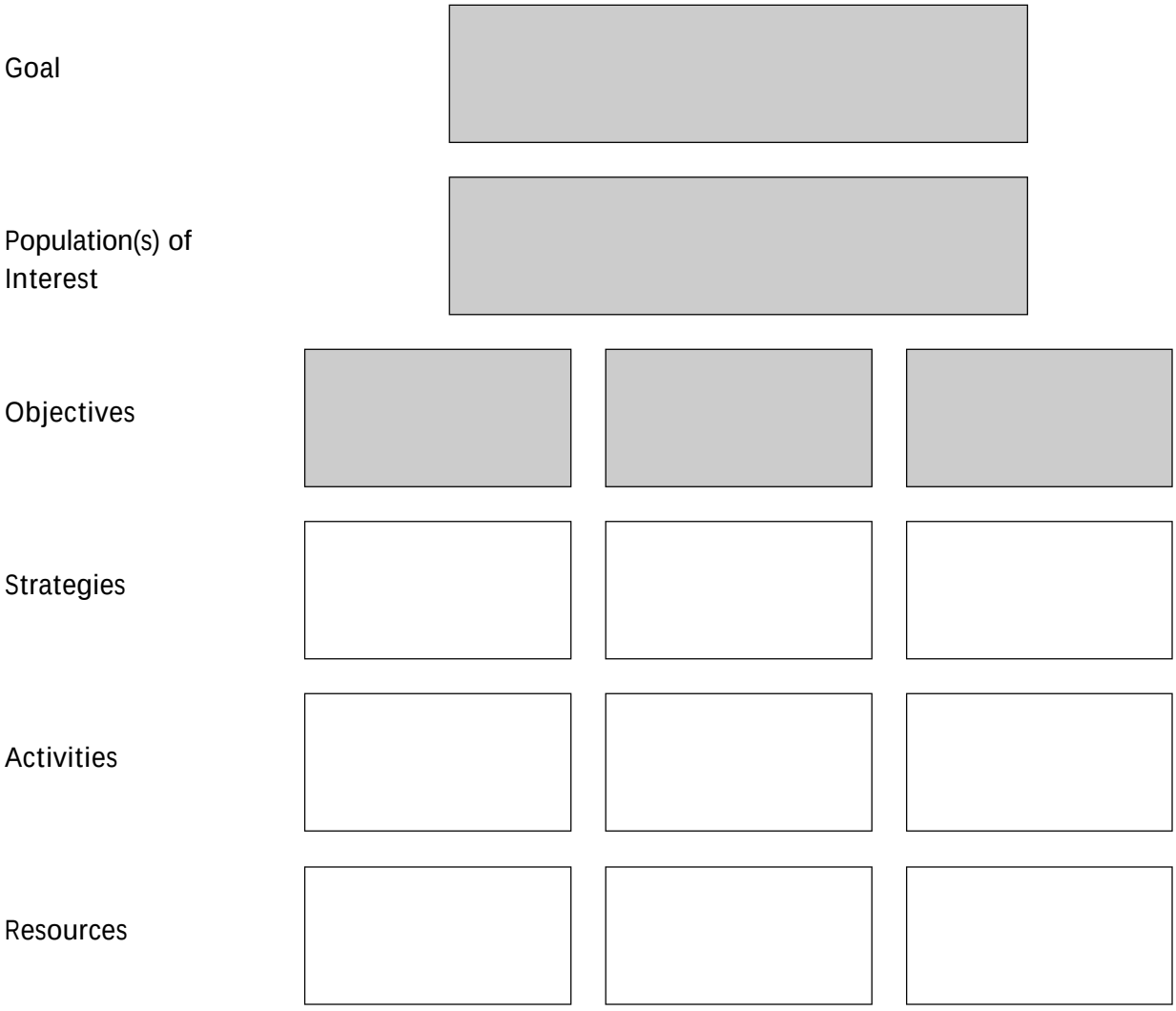
Resources required to Implement the plan ($ and people with skills)

Resources Available ($ and people with skills)

Gaps in Resources ($ and people with skills)

WORKSHEET SUMMARY

Be prepared to transfer the chosen major strategies, specific activities and resources onto the Logic Model in Step 6.



Example of Strategies and Activities

Program Goal:

All Adolescents have healthy sexual attitudes and behaviours.

Key overall strategy:

Education of youth

What literature says about education of youth:

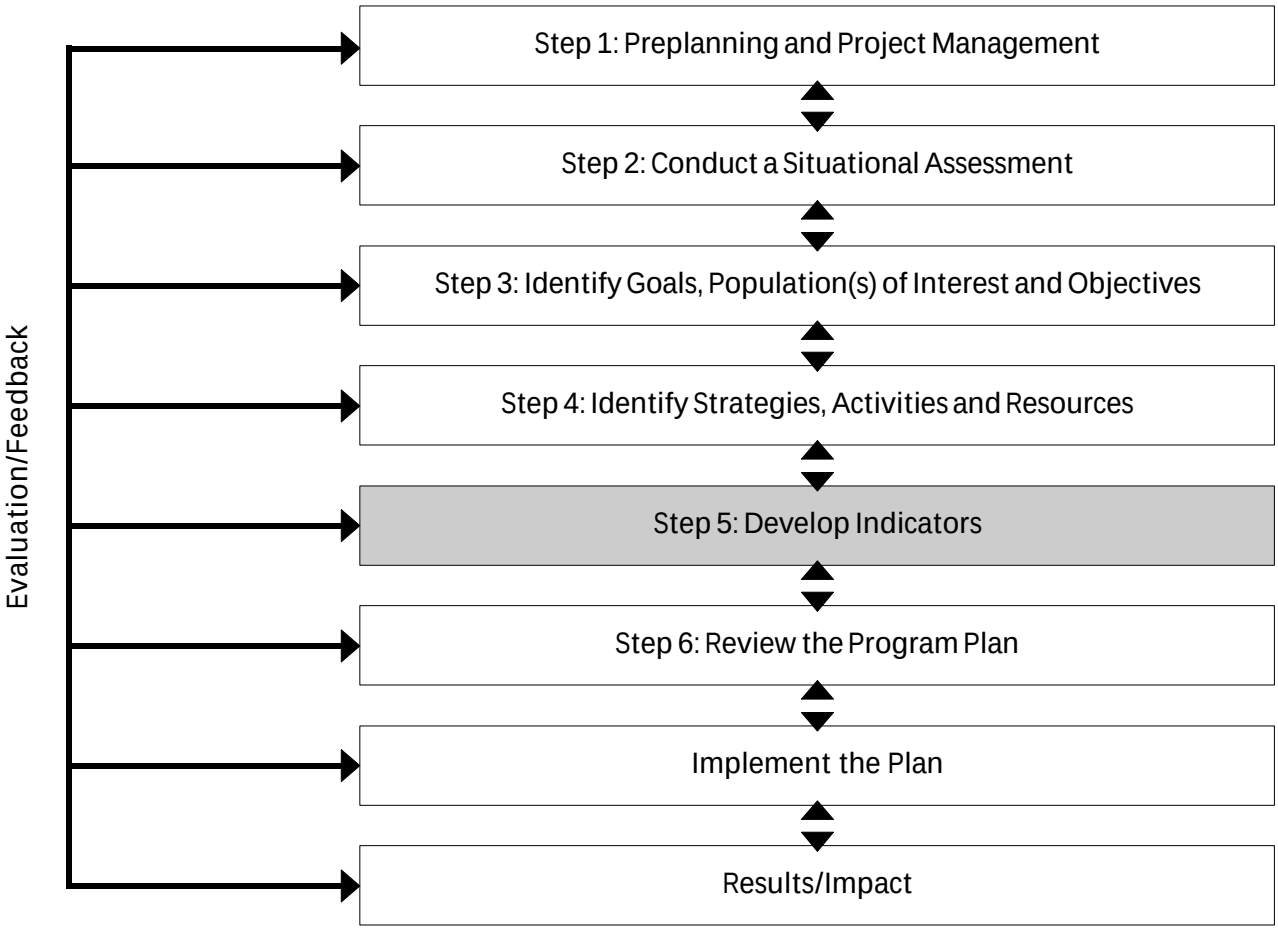
- youth learn best in small groups
- youth trust peers to give good information
- youth learn from multimedia education campaigns
- youth need easy access to condoms and contraceptives

Suggested Activities:

- Establish youth groups in schools and community settings
- Develop peer networks
- Develop a multimedia sexual health media campaign
- Increase number of sites where youth can access condoms and contraceptives
- Collaborate with community partners to provide a forum for youth

Step 5 *Develop Indicators*

HEALTH PROMOTION PROJECT PLANNING: OVERVIEW



Step 5

DEVELOPING INDICATORS

Indicators *are specific measures indicating the point at which goals and/or objectives have been achieved. Often they are proxies for goals and objectives which cannot be directly measured. They are usually the answer to the questions "How will you know the strategy has been implemented?" or "How will you know the objective has been achieved?"*

In Step 5, we take the time to develop measurable indicators associated with each objective and strategy. The following table (logic model) gives examples of a goal, an objective and a strategy and suggested related indicators. There can be more than one indicator linked to an objective or strategy and often these indicators are measures of parts of goals and objectives that cannot be directly measured.

Objective	***Indicator***
By the year 2000, all Toronto hospitals have policies, procedures and practices which promote and support breast-feeding.	Percentage of hospitals with "Baby Friendly" designation
Strategy and related Activities	***Indicator***
To work with hospital and maternity ward staff to develop individual and policy supports for breast-feeding.	Number of Hospitals involved in breast-feeding discussions. Status of development towards "Baby Friendly" designation for each hospital.

WHY DEVELOP INDICATORS?

This step is important because it indicates a real commitment to achieving results and measuring this achievement. It is a critical step towards developing an evaluation plan for your program.

GUIDELINES FOR MANAGING DEVELOPMENT OF INDICATORS

Participation

It would be wise to involve partners and staff in identifying how they will know they have been successful in achieving goals and objectives. Involvement in this step is a real learning opportunity for everyone about what is feasible and important to be measured.

Time

This step does not necessarily take a lot of time to do, but it may require some training and practice for people to understand it.

Money and Other Resources
This step is not expensive but it can be critical when you need to justify expenditure of funds.

Data-Gathering
Data-gathering is not required during this step, but it is helpful to involve those who know about data-gathering to provide advice on what is reasonable or feasible to measure. From a health promotion perspective, look for indicators of empowerment, community strengths and determinants of health.

Decision Making
The product of this step is the development of indicators and the completion of the indicator boxes in the logic model (see Step 6). This information will provide a framework for reports about your program and its success or failure to your organization, your partners, politicians, and community members.

HOW TO DEVELOP INDICATORS

A Long-term Program Objectives

Re-examine the objectives you developed and divide into those which are longer term and those which are shorter term or represent expected immediate results of the program. The longer-term objectives are more likely to be about changes in knowledge or behaviour or policy. After developing strategies, activities and resources, you may be clearer about the long-term program objectives. If that is the case, restate the objectives in more concrete and measurable terms using your previous worksheets as a guide.

B Long-term Outcome Indicators

Each objective should have at least one clearly defined indicator of success. Indicators give you the criteria to determine whether you were successful or not in meeting your objective. Indicators outline:

- how you will know if you accomplished your objective
- how you would measure progress towards your outcome
- what would be considered effective
- what would be a success
- what change is expected/what will be different.

For example,

- Percentage of the public able to identify the 3 key factors affecting heart health.
- Number of drinking and driving convictions.
- Percentage of primary and secondary schools with a School Food Policy.

In health promotion programs, the long-term objectives may often be stated in positive terms but the readily available or readily measurable indicators may be the opposite (For example, the objective may be to promote moderate and safe drinking and one indicator may be a reduction in the number of motor vehicle accidents involving impaired driving).

Other ways to think of long-term outcome indicators are to relate them to outside criteria or standards:

- Mandate of Regulating Agency (e.g., % of children immunized by the year 2000)
- Population health status measure (e.g., expected rates of mortality or morbidity)
- Advocated Standards (e.g., Standards set out by professional organizations)
- Values/Opinions expressed (e.g., quality of the service—% in community rating the service as excellent)
- Norms established via research (e.g., norms established for expected smoking rate decreases by research evaluations)
- Comparison or Control Group(e.g., significant differences between the intervention group and the control group)

For many public health programs, long term objectives have been defined in the mandatory programs and services guidelines (e.g., reductions in mortality and morbidity rates). These objectives and indicators are usually fairly broad and measured by large regional or provincial data collection systems such as the Ontario Health Survey or Birth Statistics. Longer-term objectives are more likely to be about changes in knowledge, behaviour or policy. Such changes require baseline data, take time to detect, often require research processes (e.g., sampling design, survey administrators, computer programs for data entry, verification and analysis), and are expensive to measure at a population level.

When there are no established standards, the objectives may have direction but no expected value. For example, you may expect awareness to increase but are not sure by how much. In health promotion, this will be more common, especially in the early years of planning a program, trying a new strategy, or in working with a new population of interest. Once you have some experience with this program and working with the population of interest concerned (e.g., children in grade 6), it becomes easier to predict the amount of change expected. Once that is clear, it should be incorporated into the objectives. The indicators specify what information you are going to collect in order to determine whether your program has reached its objectives and do not necessarily contain the degree of the change required or the direction.

C Short-term Program Objectives

If it hasn't already been done, state the immediate results you can expect at the end of the program in objectives. The short term results most likely affect only the program participants.

D Short-term Outcome Indicators

What are the directly observable or reportable results you can measure related to the achievement of the program outcomes as soon as the project is completed? Make sure your indicators are reasonable and related to the immediate results of the program or project. Such indicators are usually easier to collect because you can survey or talk to the participants without elaborate survey designs. These can be both qualitative and quantitative types of indicators. For example:

- The majority of our program participants rate our services as "good" to "excellent".
- Number of girls registered in fitness and recreation activities at the participating agencies.

Quantitative measures focus on numbers (e.g., numbers of girls registered in fitness programs) and *qualitative indicators* are related to whether the participants are satisfied, what the participants learned, what were the barriers or facilitators to change, and what were the lessons learned in working with this population of interest.

E Program Strategies and Activities

List the strategies and activities linked to each set of objectives from the worksheet in Step 4. At this point, you can take your strategies and

turn them into "implementation" or "process" objectives. Implementation or process objectives explain what you are going to do. These objectives usually start with an action-oriented verb. For example:

- Facilitate the establishment of at least 5 youth groups in the secondary schools.
- Write and distribute 3 newsletters per school year on nutrition to educators of grades 7–9.

These strategies are the most concrete, practical and short-lived parts of the plan. These strategies could be reviewed and revised every 3 months, 6 months, annually or biennially, depending on how long they take to be implemented. Note that some community development strategies may take a long time to be completed (for example, it could take a long time for youth groups to be established).

F Process Indicators

How will you know the program has been delivered as desired? How many people were reached? How many pamphlets were distributed? How many meetings were held? How much staff time was involved? How many agencies were contacted? Look at both the quantitative and qualitative aspects of program delivery. Examples of quantitative process indicators are:

- the number of people who attended
- the number of condoms handed out
- the number of grade 6 classrooms visited & the percentage of the schools this represents

Examples of qualitative process indicators are:

- participants' views on how well the program is working
- what participants like or don't like about the program
- participants' ideas for what could be improved
- who joined the coalition and why
- what topics were covered in the prenatal program

Use the preliminary indicators that were developed as part of Step 4 and refine them further. Where quantitative measures are appropriate, ensure they are clear and measurable and include numbers and percentages (e.g., if you are delivering a program in the schools, it is helpful to know that your plan to reach 8 schools represents 10% of all the schools in your District). Where qualitative indicators are appropriate, be as clear as you can about what information will be collected.

STEP 5 WORKSHEET

A Long-Term Objectives	B Long-term Outcome Indicators

C Short-term Objectives	D Short-term Outcome Indicators

E Program Strategies and Activities	F Process Indicators

Step 6 **WORKSHEET SUMMARY**

Be prepared to transfer the indicators onto the Logic Model in Step 6.

Goal			
Population(s) of Interest			
Long-term Objectives			
Long-term Outcome Indicators			
Short-term Objectives			
Short-term Outcome Indicators			
Strategies			
Activities			
Process Indicators			
Resources			

EXAMPLES OF INDICATORS IN A LOGIC MODEL: TEEN PREGNANCY AND STD PREVENTION PROGRAM

GOAL: To promote healthy sexuality; To reduce the incidence of and complications from all sexually transmitted diseases (STDs) including HIV/AIDS (excerpted from the Program Logic Model of the Teen Pregnancy and STD Prevention Program (1998) of the Durham Regional Health Department)

Longer-term Outcome Objectives

Youth will make educated decisions related to:

A sexual behaviour and personal responsibilities
B relationships and assertiveness, including negotiating safer sex
C use of contraception, including abstinence
D STD prevention
E sexual orientation

Longer-term Outcome Indicators

A & E % of youth who report feeling comfortable about their sexuality
B % of youth who report negotiating safer sex practices with their partners
C % of sexually active youth who report use of contraceptives and condoms consistently
D % of youth who report decision to remain abstinent

Short-term Outcome Objectives

1 25% of youth attending schools will recognize they are at risk for sexually transmitted diseases and teen pregnancy
2 25% of youth in targeted schools will recognize the need for consistent condom use.
3 25% of youth in targeted schools will know where to acquire contraceptives and condoms economically.

Short-term Outcome Indicators

1 % of youth who report recognition of being at risk
2 % of youth who report the need for consistent condom use
3 % of youth who report knowing where to obtain free condoms and contraceptives.

Program Strategies and Activities

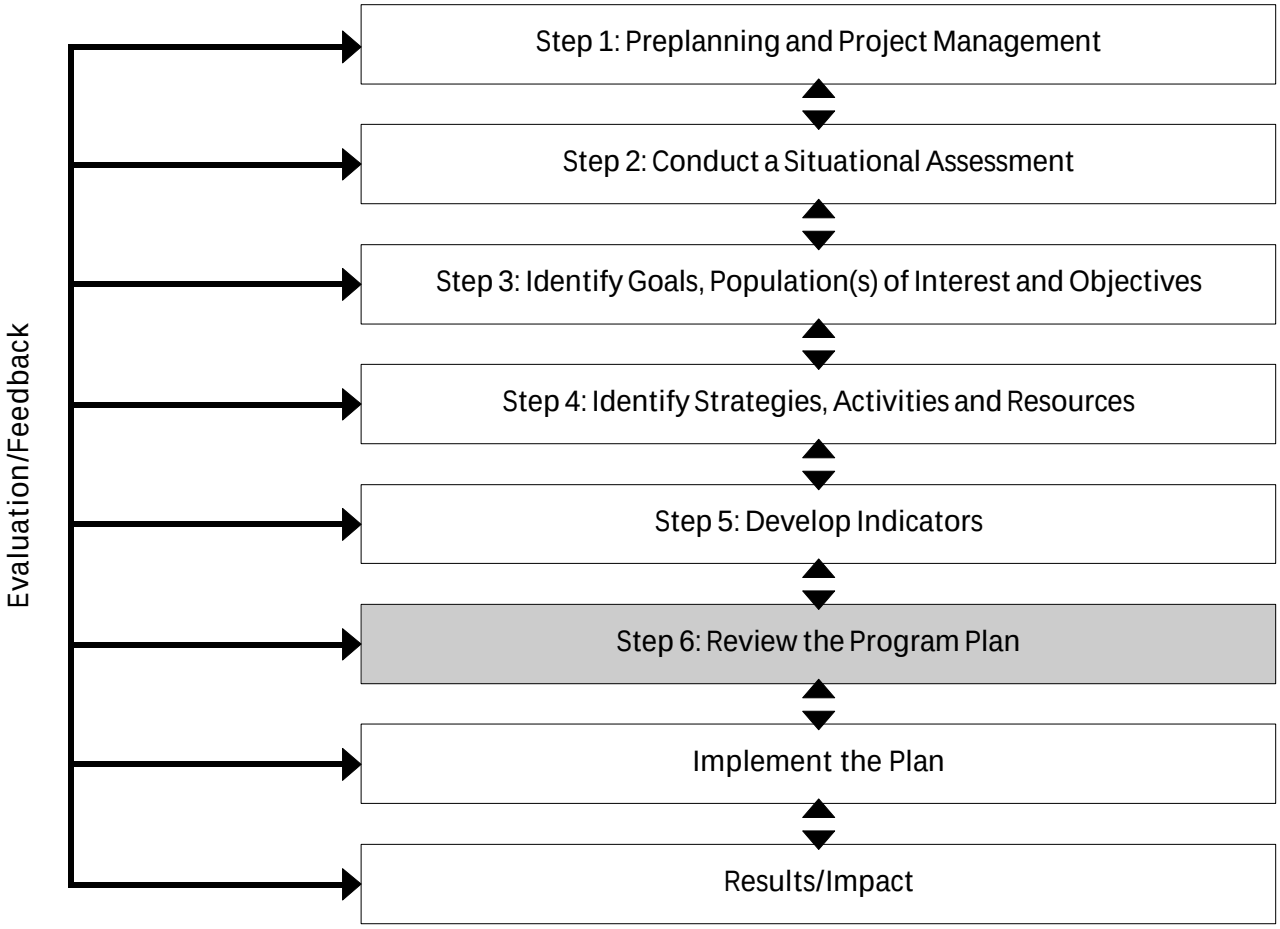
1 Facilitate the establishment of at least 5 youth groups in schools and at least 3 youth groups in community settings.
2 Develop and implement a comprehensive multimedia sexual health education campaign.
3 Increase # of sites where youth can access condoms and contraceptives.
4 Collaborate with community partners to provide a forum for youth on sexual health issues.

Process Indicators

1 a) # of youth groups established in schools
b) # of youth groups established in community settings
2 Multimedia sexual health education campaign completed.
3 # of new sites for condom distribution
4 # of youth attending forum.

Step 6 *Review the Program Plan*

HEALTH PROMOTION PROJECT PLANNING: OVERVIEW



REVIEW THE PROGRAM PLAN

This step involves summarizing the plan in a logic model and reviewing it for the logical relationships between goals, population(s) of interest, objectives, strategies and activities. This review of the plan also considers the overall context for the plan and the resources required to implement it. In this step, everything is examined to see how it fits together.

WHY IS REVIEWING THE PROGRAM PLAN IMPORTANT?

Program logic models clarify objectives, show linkages between elements and clarify appropriate measures—this forms a kind of "logic check". It is an important step in preparing for evaluation. Reviewing the whole plan also gives the planning team an opportunity to examine the connections with other planning activities and take a realistic look at feasibility.

GUIDELINES FOR MANAGING REVIEW OF THE PROGRAM PLAN

Participation

The development of the logic model is really a matter of filling in the boxes of the logic model. It may not be important to involve others to do that. However, this is an important step in getting ready for an evaluation, and it may be important to involve those who would be involved in the evaluation process.

This step is an important opportunity to connect with others and put your plan into a context of other plans and reassess the resources available.

Time

Development of the logic model does not take long given that the relevant information is available for quick insertion. Connecting with others to reassess the context may take a bit of time.

Money and Other Resources

This step sets the stage for evaluation and financial accountability and implementation but direct dollars are probably not required.

Data Gathering

The data for this step come from the work done on all the other steps and a reconnection to some of the material gathered in the situational assessment.

Decision Making

This is the end of the planning process, a time to begin preparing an evaluation plan and a point for reaching decisions about proceeding with implementation of the plan.

HOW TO REVIEW THE PROGRAM PLAN

A Assemble the program logic model from the information developed in Steps 2–5

B Consider the following questions:

- Are objectives clearly stated in outcome terms?
- Are activities clear & measurable?
- Are type and amount of resources adequate?
- Are causal linkages between objectives and strategies/activities plausible?
- Are there constraints that may limit the program?

Look for a "big gap" in logic. Is it a big leap to go from your objectives to the strategies? Are your activities practical and doable within a few months? If there are gaps, add another layer of objectives (e.g., intermedate objectives) or another layer of activities (e.g., 1st quarter activities) and rearrange or adjust your logic model to fit. You can add more rows of boxes (don't forget to include a row of indicators for each new layer) if you need to.

C Review Resources & Connections. Review the resources (human and financial) currently available to implement the plan (including programs or activities offered by other organizations) and examine the feasibility of implementing the plan as outlined to this point. Note where activities may be on hold pending identification of other resources.

D Go back to Step 2 (Situational Assessment) and review the fit of the plan with your data-gathering and decision-making at that time. Did anything new emerge while you were building your plan?

E What adjustments need to be made in the plan to fit with the "situation" and get ready for implementation? Revise your plan accordingly.

WORKSHEET Step 6

Goal			
Population(s) of Interest			
Long-term Objectives			
Long-term Outcome Indicators			
Short-term Objectives			
Short-term Outcome Indicators			
Strategies			
Activities			
Process Indicators			
Resources			

EXAMPLE LOGIC MODEL

The following are excerpts from the Program Logic Model of the Self-Help Resource Centre around Information/referral, and Outreach and Training (printed with permission from the Self-Help Resource Centre of Greater Toronto, 40 Orchardview Blvd., Suite 219, Toronto, ON, M4K 1B9. Tel: 416-487-4355.)

Long-term Outcome Objectives

1 Information & referral provided by the SHRC is accessible & useful to contacts & other recipients

2 The community is aware of and has access to self-help principles, strategies and the services of the SHRC.

3 Service providers have the knowledge and use self-help principles and strategies appropriately.

Long-term Outcome Indicators

1 # and type of complaint & compliment
and type of repeat calls
Contacts and recipients of SHRC services are satisfied]

2 # and type of contacts made
and type of repeat contacts
level of awareness/accessibility of SHRC

3 # and type of repeat contacts
reports of use & feedback from service providers
changes in services as a result of SHRC consultations and initiatives (6 month follow-up)

Short-term Outcome Objectives

1.1 Individuals have access to systematically updated information about self-help groups & strategies.
1.2 The self-identified needs of contacts are met in a timely way.
1.3 System is used by a broad range of individuals.

2.1 The SHRC is actively involved in exchanging developments in self-help on a local, provincial and national basis.
2.2 Community need is identified which could be met using self-help strategies.

3.1 Service providers understand self-help principles, strategies and the services of the SHRC

Short-term Outcome Indicators

1.1 # & type of complaint/ compliment
#, type and format of information provided
& types of self-help groups in the database
#, type and demographic profile of entries to database & the hunt list
1.2 # and type of complaint/ compliment
reported levels of satisfaction of contacts
1.3 # and type of contacts
and type of referrals received/made
type and demographic profile of contacts

2.1 # and type of networks (local, prov, natl)
#, time and type of meetings attended
#, role in (invited, participated, facilitated), and types of committees
2.2 # and type of new networks developed
and type of issue/needs identified

3.1 when surveyed, service providers indicate an increased knowledge of self-help principles, strategies and services of SHRC

Stragegies/Activities/Implementation Objectives

1.1 a) To maintain and further develop a systematically updated database of self-help/ mutual aid groups and resources in Greater Toronto

b) To put a systematic mechanism in place to recruit and train staff and volunteers to provide information/ referral

1.2 a) To respond to self-identified information/referral needs of contacts.

2.1 a) To organize and participate in activities open to the general public

b) To provide information & education about self-help, self-help groups and the SHRC to the general public

c) To provide information to the media about self-help and the SHRC

d) To organize, participate in and liaise with relevant networks at local, provincial, national and international levels

2.2 a) To monitor and identify community needs that could be met using self-help principles

b) To monitor and influence policy with respect to self-help.

3.1 a) To provide workshops and training toward the appropriate use of self-help/ mutual aid strategies by service providers

b) To develop, produce, and disseminate relevant self-help resources for service providers.

c) To ensure adequate access and training opportunities for staff, board and volunteers fo the SHRC.

Process Indicators

1.1 a) Type and frequency of updating provided

1.1 b) Existence of systematic training mechanism

# of staff & volunteers recruited, trained and retained

# of volunteer hours on info/ referral

1.2 # of contacts (# of resource packages requested, # of requests for consultation)

# of directories distributed

# of referrals received/made

# of referrals from professionals

& type of complaints & compliments

2.1 a) # & type of activites

and type of population of interest/ attendees

of resources distributed at events

2.1 b) # & type of resources distributed

& type of contacts made

& location of presentations

of attendees

staff time spent

2.1 c) # of press releases sent out

and type of coverage

of contacts generated by media coverage

2.1 d) # and type of networks

# of meetings

staff time spent

2.2 a) # and type of issues/ needs identified

& type of involvement in new initiatives

b) # of committees

staff time spent

role in committee

3.1 a) # and type of workshops/training sessions

# of attendees

staff time spent

3.1 b) # and type of resources

staff time spent

3.1 c) # hours spent on research (web, library)

and type of journals and subscriptions

#, type and time spent in training activities

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World Health Organization **Ottawa Charter for Health Promotion** Geneva: WHO, 1986.

Appendix: Worksheets

STEP 1 WORKING NOTES

Participation

Who should be involved and how? (use the figure on the following page to organize your thinking)

Time

When can planning begin? When should it end? How much time is available?

Money and Other Resources

Inventory available resources.

Data Gathering

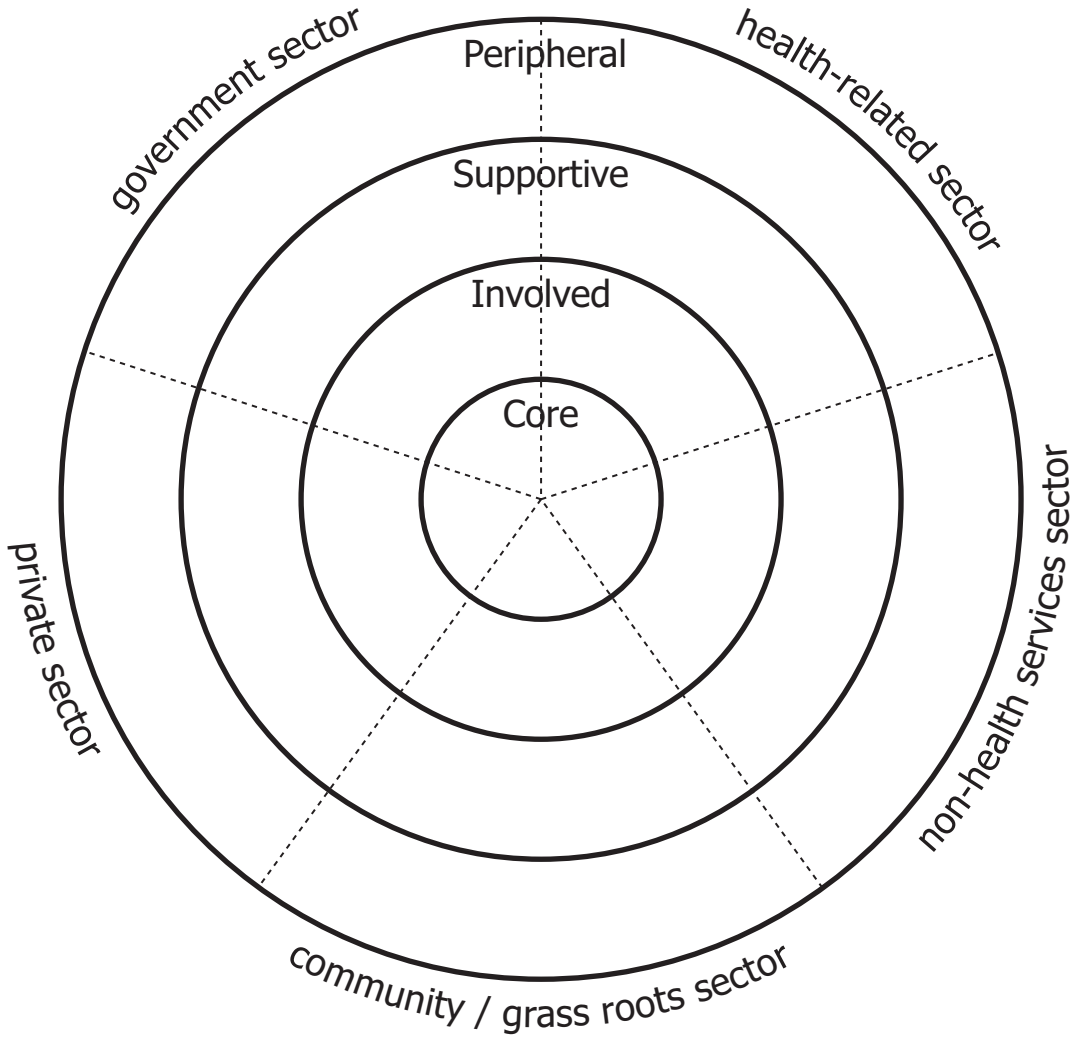
Identify what data is available, how and when new data might be gathered. Identify how new and existing data will be analysed.

Decision-Making

Identify when and how key decisions will be make.

Identifying and Working with Stakeholders

A Identify Stakeholders who are core, more involved and peripheral (think of organizations and individuals).



Core on the situational team
Involved frequently consulted or part of process
Supportive providing some form of support
Peripheral need to be kept informed

STEP 1 WORKSHEET

Steps	Roles	Deadline	Resources Required

STEP 2 WORKING NOTES

A Stakeholder perspectives

List those individuals and organizations who have a stake in your project or the issues(s) addressed by your project. What are the views of the stakeholders you have identified vis a vis your intended project? (Who wants it, who doesn't, who has clear ideas for it?)

Stakeholders	Views

B Literature and previous experience

What does the literature say about similar types of projects and how they should be designed? (List some of the things you know already and what previous evaluations related to your project topic have stated.)

C Health-related data

List the health and disease issues facing your community (from already available demographic and health status information).

STEP 2 WORKING NOTES (cont'd)

D Mandates

List the groups and organizations with a mandate related to your intended project. Identify those who might be interested in collaborations or partnerships.

E Vision

List those who have ideas directly related to your project, and what these are. Star or highlight those ideas you have to pay attention to.

F PEEST

Examine the political, economic, environmental, social and technological factors that may affect your project.

G Information Gaps

What are your information gaps? What information would you like to know?

STEP 2 WORKSHEET

Relying on our Situational Assessment, and referring to your Step 2 working notes, complete the following:

---

1 Possible Features of Project Design

Identify aspects of your project that need to be considered in any design, including population(s) of interest, activities, timelines, etc.

---

2 Enabling Factors

Based on your analysis, identify the factors which could help your project.

---

3 Limiting Factors

Based on your analysis, identify the factors which could act as barriers to your project.

---

4 Can you proceed?

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5 What is it going to take for you to proceed with this project?

Who needs to be involved? What information are you going to need? How much time do you have?

STEP 3 WORKSHEET

A Goal of the Project

State what you want to achieve in concrete positive terms.

B Key Factors Contributing to the Goal

Identify the key factors that will contribute to the achievement of the goal (e.g., which factors affect people's access to nutritious, affordable and personally acceptable food? culture, food prices, what is sold in corner stores/supermarkets, income, mobility, age, presence of food banks…)

C Populations of Interest

Looking at the key factors and the data/research you have done for your community, which groups of people or factors require special attention to achieve the goal? (e.g., pregnant or breastfeeding women living in high risk circumstances, children in low income families, seniors)

Populations of Interest	***Key factors that need attention***

D & E Objectives

Take each factor and turn it into an objective, incorporating the population of interest and key factor (e.g., that hospital policies promote and support breastfeeding).

Objectives

short-term

long-term

STEP 4 WORKSHEETS

A Brainstorm Potential Strategies

For each population of interest and objective from the previous worksheet, generate a list of possible ideas for health promotion strategies – include those that are general population level type of support strategies as well as those which work with specific individuals, families, groups, and/or organizations. Select those that are most appropriate given budgets, skills, effectiveness, etc.

Objective	Possible Strategies

STEP 4: WORKSHEET (continued)

B Select the Best Strategies and Identify Specific Activities

Population(s) of interest

Objectives

Strategies	Activities	Implementers
List the best strategies	List specific activities for each strategy	List who will implement the activities

C **Review Current Activities** (if program is not new)

List the current activities to be dropped

List the current activities to be continued

List the current activities to be changed and what changes are warrented

List those activities that are new (or need to be developed)

D **Assess Resources**

Resources required to Implement the plan ($ and people with skills)

Resources Available ($ and people with skills)

Gaps in Resources ($ and people with skills)

STEP 5 WORKSHEET

A Long-Term Objectives

B Long-term Outcome Indicators

C Short-term Objectives

D Short-term Outcome Indicators

E Program Strategies and Activities

F Process Indicators

STEP 6 WORKSHEET

Goal			
Population(s) of Interest			
Long-term Objectives			
Long-term Outcome Indicators			
Short-term Objectives			
Short-term Outcome Indicators			
Strategies			
Activities			
Process Indicators			
Resources			