

# Planning health promotion programs

Region of Peel

September 13, 2013

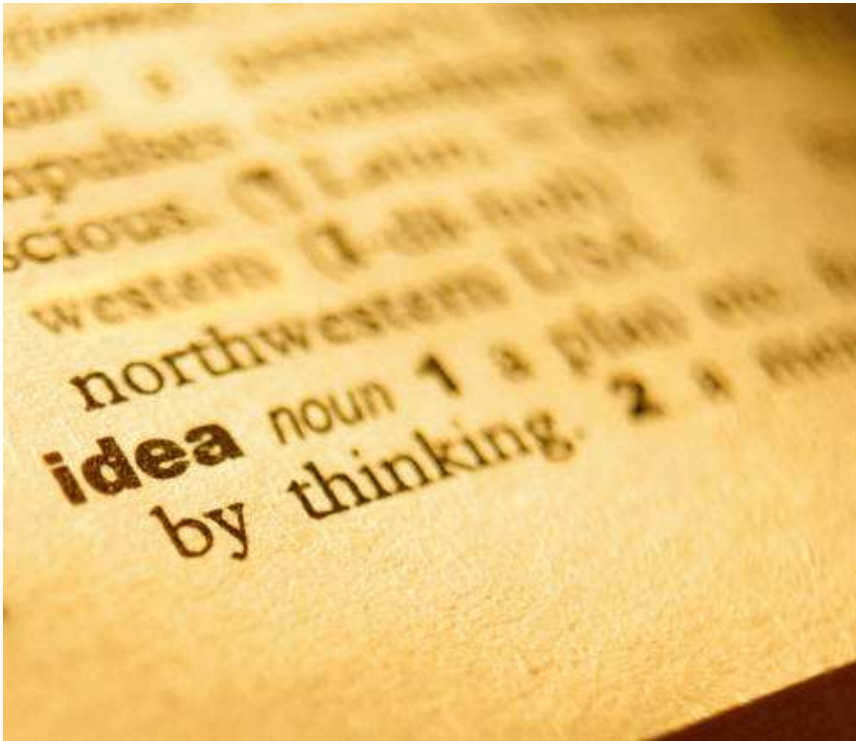


# Learning objectives

By the end of this session, you will be able to:

1. Explain the purpose of the steps in our planning process.
2. Describe what is involved in each step.
3. Access and use our planning resources.
4. Apply these steps to your own situation.

# What is planning?



- A proposed or tentative course of action
- A program or method to accomplish an objective
- A series of decisions based on the collection and analysis of a wide range of information

## Why plan?

To get from your starting point to your desired end point.

To direct resources to where they will have the greatest impact.

To ensure the development and implementation of effective and appropriate health promotion programming.

# Planning types

|                     | Strategic   | Program  | Operational   |
|---------------------|---|--|---|
| <b>Purpose</b>      | Mission, vision, values, strategic direction  | Program goals, objectives, activities  | Role, resources, deadlines for specific activities or deliverables  |
| <b>Scope</b>        | 3-5 years   | Depends on duration and intensity of program   | Annual  |
| <b>Time</b>         | Periodic interaction over several months  | Varies based on program, but usually under one year with adjustment made after pilot evaluation      | Days- usually done prior to annual fiscal cycle with periodic review (monthly/ quarterly/ throughout year)              |
| <b>Stakeholders</b> | Depends on type of organization but generally driven by board and executive; considers competitors and allies | Based on situational assessment and engagement, considers audience/clientele needs and participation | Considers internal organization; mix of internal staff, including other team/ departments identifies leads and supports |



## Steps to planning

# The 6 steps to planning a health promotion program







©iStockphoto.com/skynesher

Step 1: manage the planning process



# Step 1: manage the planning process

Factors to consider:

1. Participation

2. Time

3. Money/resources

4. Data-gathering

5. Decision-making

- Consider up front but re-visit regularly
- Document—these could become terms of reference or a project charter
- Resulting document usually goes forward for stakeholder approval

# Participation

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

# Time

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

## Money/ resources

- Includes allocated funds, staff, volunteers, time of year, equipment, space, etc.
- Includes in-kind contributions from partners
- Consider short-term expense versus long-term pay-off

## Data-gathering

- What information do you need to make programming decisions?
- In making the case for your plan, what will decision-makers need to know?
- Look for data on underlying determinants of health issues
- Decisions about timelines and allocation of resources are required throughout the planning process
- Consider the political context in which you are planning
- Ultimately you will need to decide whether the conditions are right to proceed with planning

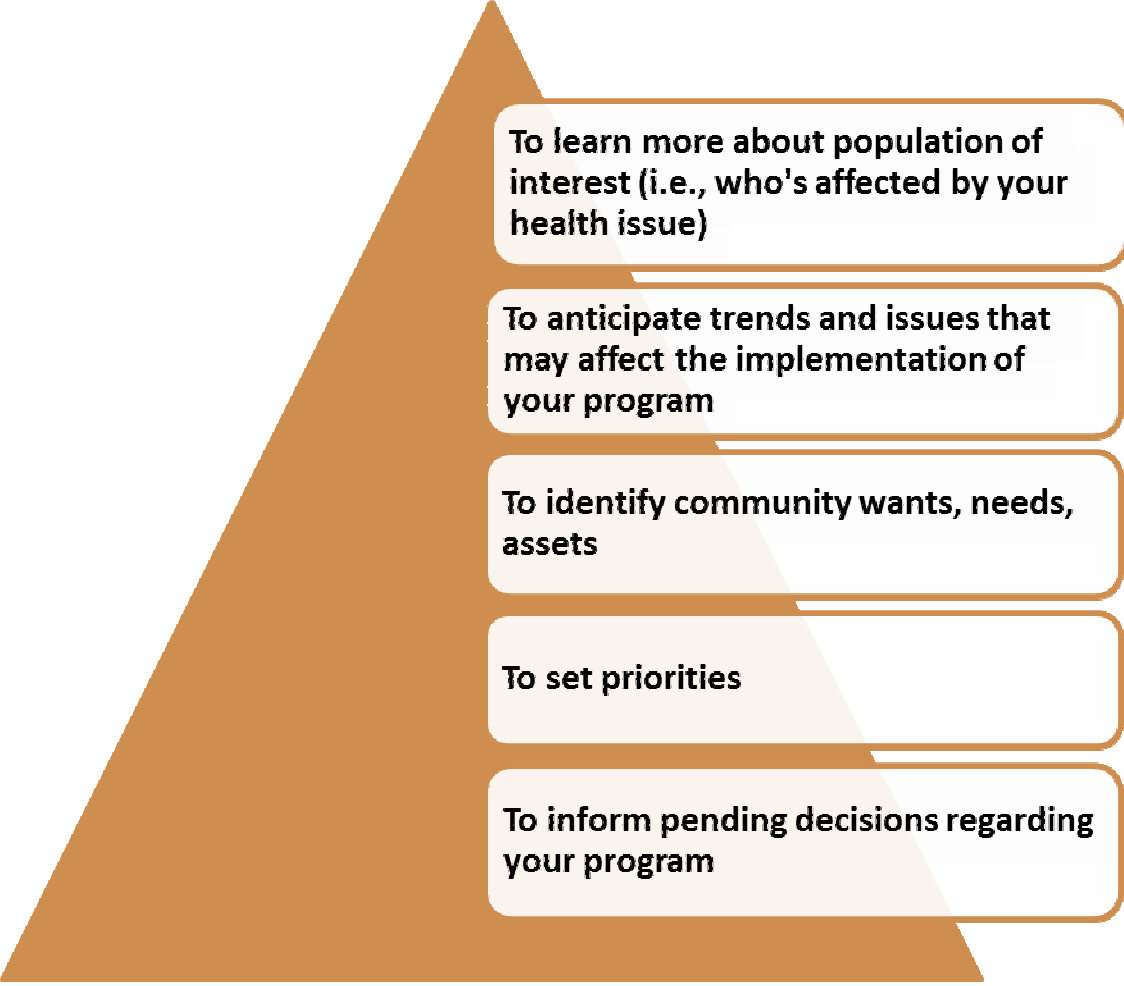
## Step 2: conduct a situational assessment

Situational assessment is similar to a needs assessment **except:**

- It looks beyond the individual to the surrounding environment (social determinants of health)
- Takes into account multiple sources of information
- Emphasizes strengths—what is working well?—rather than deficits—what is not working?
- Situational assessments apply to populations, rather than individuals

**A snapshot of the present used to plan for the future**

# Why conduct a situational assessment?



To learn more about population of interest (i.e., who's affected by your health issue)

To anticipate trends and issues that may affect the implementation of your program

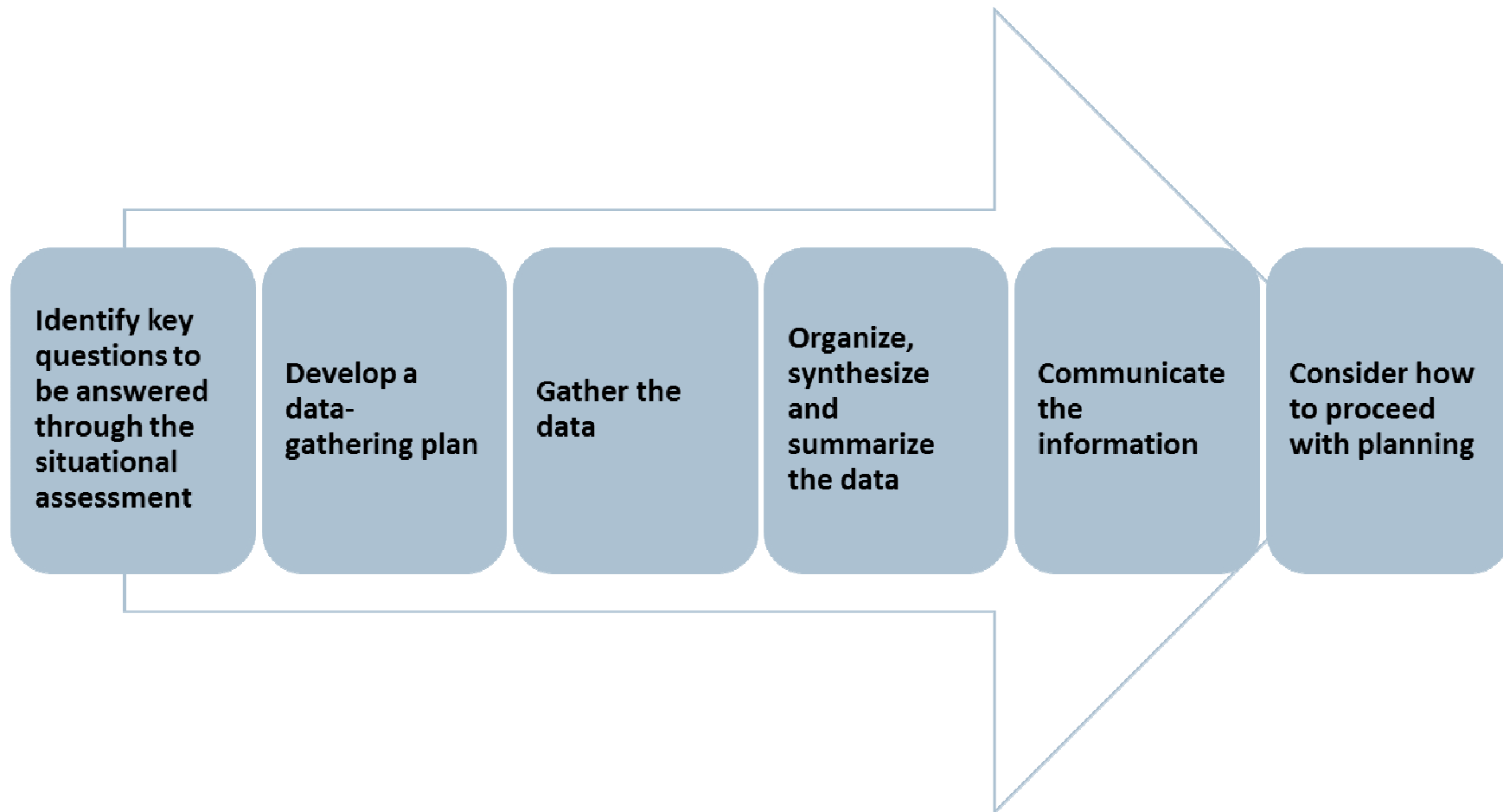
To identify community wants, needs, assets

To set priorities

To inform pending decisions regarding your program



## 6 steps to conducting a situational assessment



## A situational assessment should answer three questions:

1. What is the situation?
2. What is making the situation better and what is making it worse?
3. What possible solutions, interventions and actions can you take to deal with the situation?

## Develop a data-gathering plan

- Use diverse types of data
  - e.g., survey data, evaluation findings, best practice syntheses/guidelines, community stories, stakeholder mandates, etc.
- Use diverse data-collection methods
  - e.g., stakeholder consultations, surveys, literature reviews, etc.
- Use diverse sources of data
  - e.g., community spokespersons, journals, consultants, professional associations, resource centres, etc.
  - e.g., Canadian Community Health Survey, Rapid Risk Factor Surveillance System, Public Health Agency of Canada best practices portal, Centres for Disease Control and Prevention prevention guide, etc.

## Gather the data

- Make sure the people collecting data have the right skills to do it properly
- Keep good records about where the data came from so that you can weight it accordingly and reference it as you move into decision-making
- For example consider:
  - Was the study published in a peer-reviewed journal or an unpublished report?
  - Who analyzed the information – researchers or community members?

## Organize, synthesize and summarize the data

- Organize the findings by the original three key questions:
  1. What is the situation?
  2. What is making the situation better and what is making it worse?
  3. What possible solutions, interventions and actions can you take to deal with the situation?

## What is the situation?

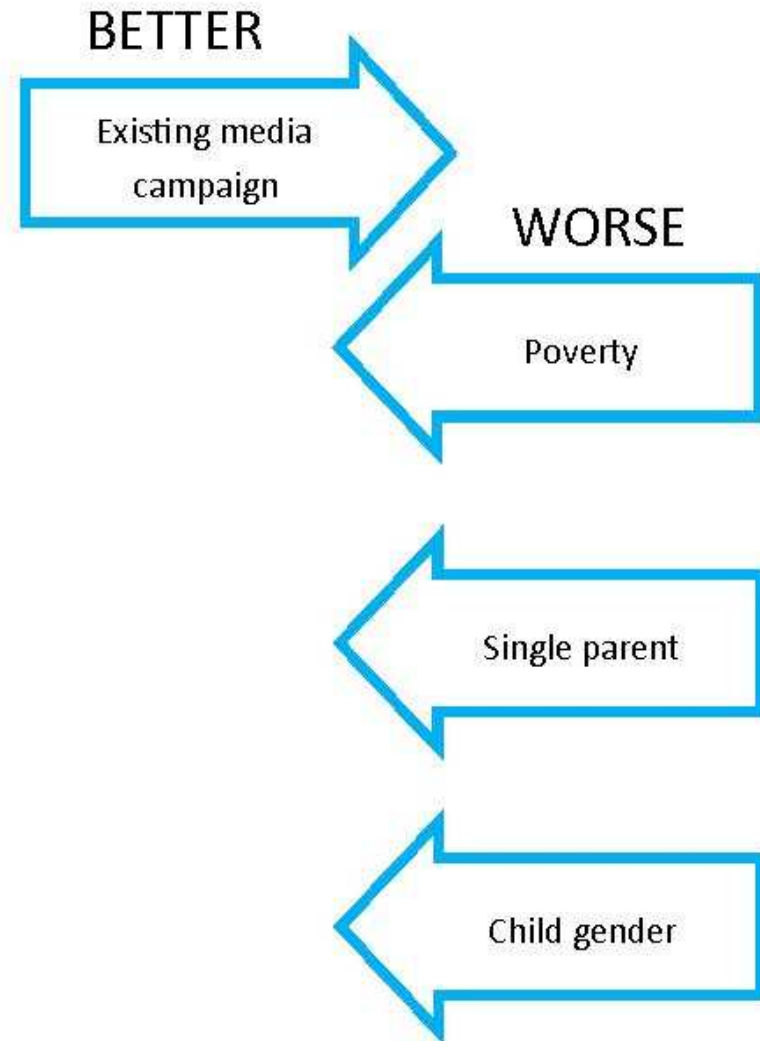
- Summarize the trends, public perceptions, and stakeholder concerns.

### **Examples of questions you can ask:**

- What impact is the current situation having on health, quality of life and other societal costs?
- What groups of people are at highest risk of health and quality of life problems?
- What settings or situations are high risk, or pose a unique opportunity for intervention?

# What is making the situation better or worse? (analyze influences)

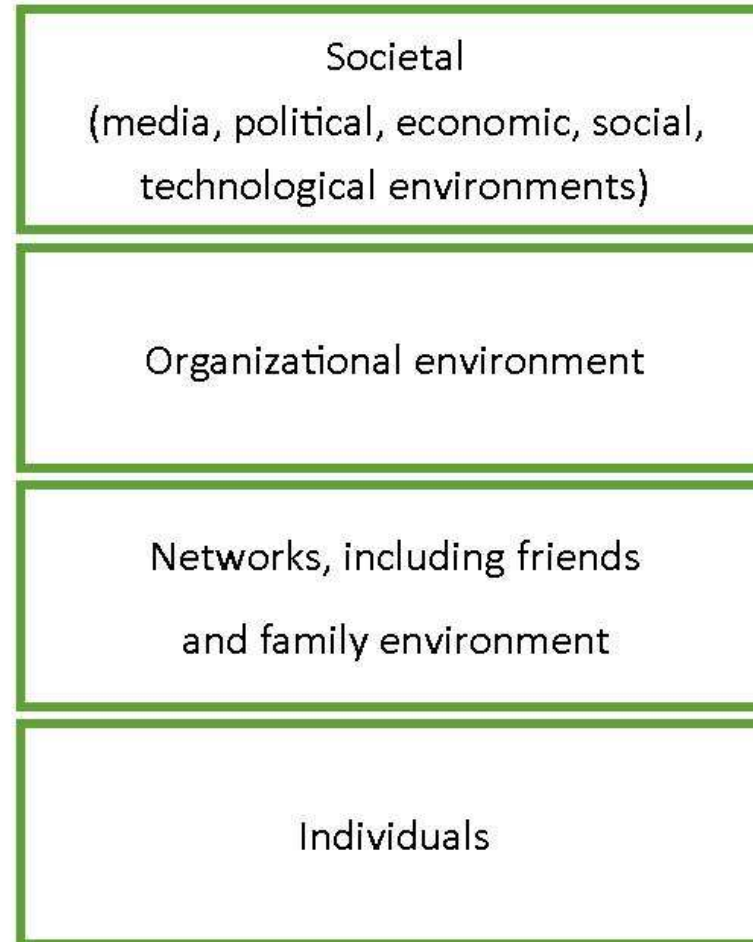
- Risky or negative behaviours?
- What makes people behave in these ways?
- Political, economic, environmental, social and technological trends? **(PEEST)**
- Conditions in the social and organizational environment and society?
- Internal strengths and weaknesses? Opportunities and threats in your environment? **(SWOT)**





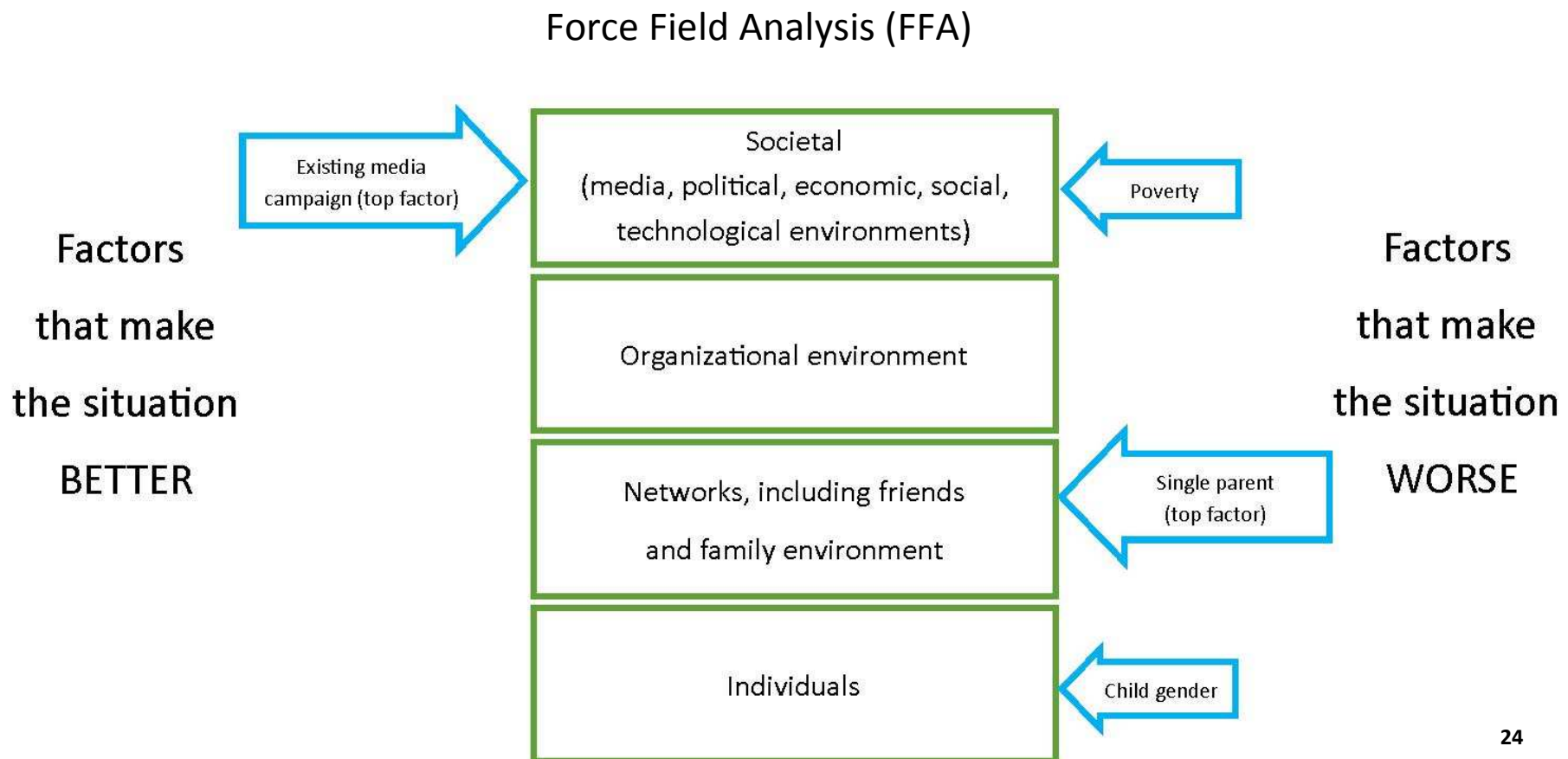
# Analyze influences on the situation

- At what level of the environment does this factor influence the situation – individual, network, organizational, or societal?



# What is making the situation better and what is making it worse?

To what degree? (analyze influences)



## What possible solutions, interventions and actions can you take to deal with the situation?

- List all of the possible actions that may be taken to address your issue
- Keep track of the source of the information
- Note information available about effectiveness and feasibility to help with later prioritization efforts

# Communicate the information



©iStockphoto.com/ansonsaw



©iStockphoto.com/sorendls



©iStockphoto.com/manley099

©iStockphoto.com/fabervisum



©iStockphoto.com/Tomml

- Summarize results in a variety of ways for different learning styles.
- For example, supplement words with visuals (diagrams, tables, graphs, etc.)
- Use different communication approaches for different audiences.
- For example, provide reports of different lengths for different audiences (e.g., one-page listing of key findings, executive summary, full report).

## Consider how to proceed with planning

- Is your data complete?
- Do you have sufficient resources to make an impact on the situation?
- What are your next steps?

## Step 3: set goals, population(s) of interest and objectives

### Goals

- Are encompassing or global
- Provide overall direction
- Are general in nature
- Take a long time to complete
- Do not have a deadline
- Are not observed, but inferred because they include words like **evaluate**, **know**, **improve**, and **understand**
- Are not measurable

## Program goal example – NutriSTEP® program (nutrition screening tool for every preschooler)

The goal of the NutriSTEP® program is to improve the nutritional health of young Ontario preschool children.



## Objectives vary in terms of:

- Process (output) versus outcome
- Time frame
- Open versus closed-ended

# Process versus outcome objectives

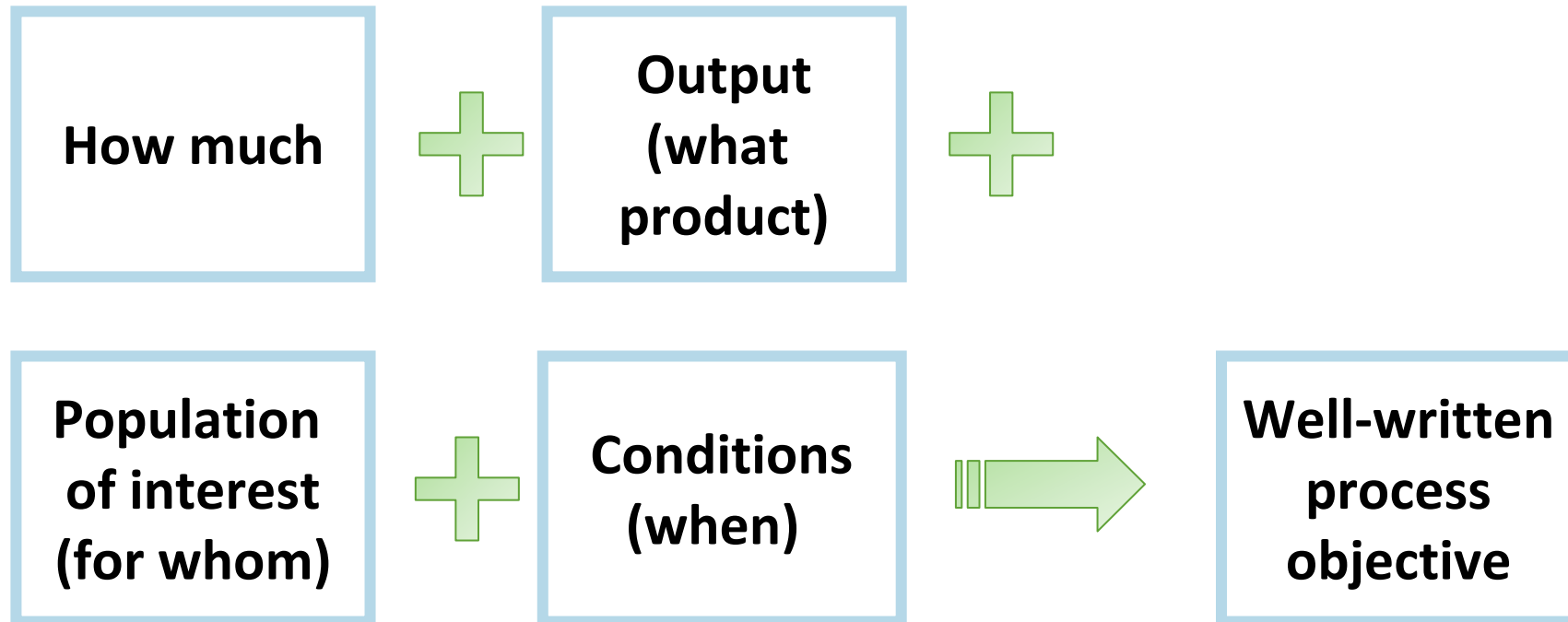
## Process objectives

- Describe program **activity** and **implementation**
- Sometimes known as program tracking or monitoring

## Outcome objectives

- Describe what **success** would be for the program
- Describe effects of the program activities at producing **change**

## Elements of a well-written **process objective**



## **Create 4**

**posters inviting teens  
to participate in an  
advisory group about  
sexual health**

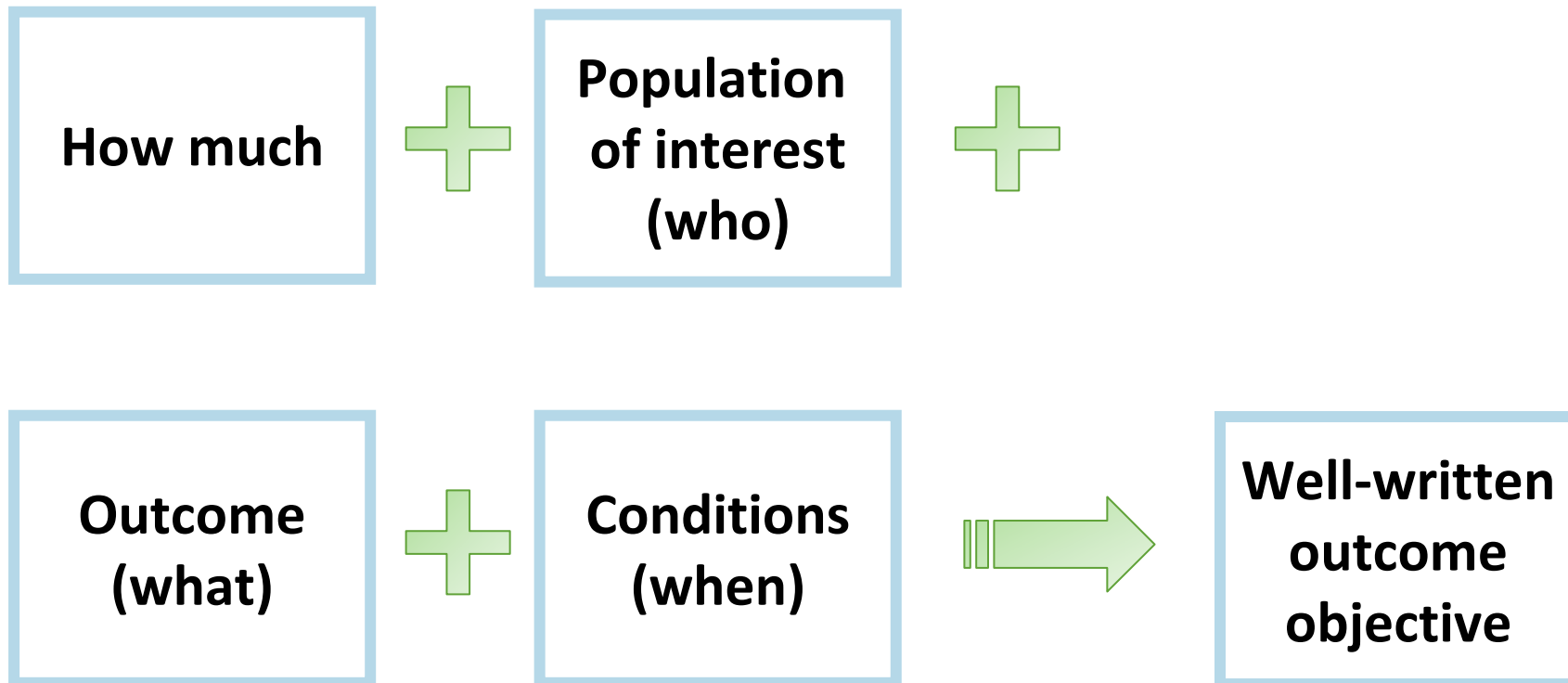
**for schools in the  
region**

**by the end of next  
year**

# Examples of process objectives in four elements

| How much | Output/ what produced   | Population of interest/who     | Conditions/ when         |
|----------|---|--------------------------------|--------------------------|
| 10       | Face-to-face meetings about the importance of school nutrition programs | with school board trustees     | by the end of the fiscal |
| Maintain | financial support for the Children's Nutrition Network                  | from the provincial government | for five years           |

## Elements of a well-written **outcome objective**



**Triple the number  
of**

**teenagers**

**who visited the  
school sexual  
health clinic**

**by the end of the  
calendar year**

## Set outcome objectives for four levels

Health outcomes: a reduction in the incidence or prevalence of a health condition in the population

For example:

- Cardiovascular disease
- Exposure to second-hand smoke
- Homelessness
- Crime rates
- Food borne illness



## Set outcome objectives for four levels

To achieve our health outcomes, changes are required at four different levels:

1. Among **individuals**
2. Within **social networks**
3. Within **organizations**
4. Within **societies**

## Set outcome objectives for four levels

- **Who** must change at this level?
- **What** is the most important thing that these individuals/groups must change?
- **What other** types of change are required among these individuals/groups?

# Outcome Objectives

How much  
Outcome  
(what)

Population of  
interest  
(who)

Conditions  
(when)

| Level              | Bottom line target for change  |
|--------------------|--|
| Individual         | Maintaining a personal behaviour change  |
| Social/<br>Network | Change the social environment  |
| Organization       | A change in practices, procedures, or policies that contribute to positive health outcomes |
| Society            | A change in societal practices, policies or procedures                                     |

# Set outcome objectives for four levels: individual

|                               |  |
|-------------------------------|--|
| <p>Who must change?</p>       | <p>Audience segments with higher risk behaviours.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• People who smoke</li> <li>• People with lower levels of physical activity</li> <li>• People having unprotected sex</li> </ul> |
| <p>What must change?</p>      | <p>Personal behaviours</p>   |
| <p>What else must change?</p> | <ul style="list-style-type: none"> <li>• Knowledge</li> <li>• Beliefs</li> <li>• Attitudes</li> <li>• Skills</li> <li>• Self-efficacy</li> </ul>   |

# Set outcome objectives for four levels: social/network

|                               |  |
|-------------------------------|--|
| <p>Who must change?</p>       | <p>Opinion leaders of networks such as:</p> <ul style="list-style-type: none"> <li>•Families</li> <li>•Groups of friends</li> <li>•Colleagues</li> <li>•Team mates</li> </ul> <p>Members of networks</p> |
| <p>What must change?</p>      | <p>The social environment</p>  |
| <p>What else must change?</p> | <ul style="list-style-type: none"> <li>• Views</li> <li>• Behaviours</li> <li>• Frequency and content of conversations about a health issue within the network</li> </ul>                                |

# Set outcome objectives for four levels: organization

|                               |  |
|-------------------------------|--|
| <p>Who must change?</p>       | <p>Decision-makers in organizations such as:</p> <ul style="list-style-type: none"> <li>•Schools</li> <li>•Worksites</li> <li>•Places of worship</li> <li>•Primary health care settings</li> </ul> <p>Anyone else who plays a role in adopting and implementing the practices, procedures and conditions of the organization (e.g., employees, unions, managers)</p> |
| <p>What must change?</p>      | <p>Organizational practices, policies and procedures (e.g., access to exercise facilities, access to healthy food choices, flexibility in work hours to deal with family illness).</p>   |
| <p>What else must change?</p> | <p>Views about costs and benefits of change<br/>Confidence and competence in developing effective health promoting policies, practices, procedures</p>   |

# Set outcome objectives for four levels: society

|                               |  |
|-------------------------------|--|
| <p>Who must change?</p>       | <p>Decision-makers for towns, cities, regions, provinces, countries</p> <p>Anyone else who plays a role in adopting and implementing the practices, procedures and conditions of the society (e.g., citizen special interest groups, civil servants)</p> |
| <p>What must change?</p>      | <p>Societal practices, policies and procedures (e.g., access to healthy food at a reasonable price, access to housing, safe neighbourhoods, etc.)</p>  |
| <p>What else must change?</p> | <p>Views about costs and benefits of change</p> <p>Confidence and competence in developing effective health promoting policies, practices, procedures</p>  |

# Examples of outcome objectives in four elements

| How much                      | Population of interest/ who | Outcome/what                                | Conditions/ when | Level          |
|-------------------------------|-----------------------------|---|------------------|----------------|
| Double the number of          | schools in the region       | with a functioning school nutrition program | in one year      | Organizational |
| Increase by 25% the number of | children in the region      | who eat breakfast before school             | in two years     | Individual     |



## Characteristics of good objectives

- Specific
- Measurable
- Appropriate
- Realistic with resources available
- Time-bound
- (SMART)
- Compatible with goal, mission/vision, other objectives
- Credible to key stakeholder groups

## Open versus closed-ended objectives

- An **open-ended objective** does not specify the amount of change or timeframe.
- **Increase** the number of children and youth involved in the development, implementation and evaluation of student nutrition programs

## Open versus closed-ended objectives

- A **closed-ended objective** describes how much change you will accomplish within what time frame.
- **Triple** the number of children and youth involved in the development, implementation and evaluation of student nutrition programs **by the end of the year**

## Short, medium and long-term objectives

- Short-term usually means up to one year.
- Medium-term usually means over one year to five years.
- Long-term generally means five or more years.

## Terminology varies...

---

### **Our term**

Activities

Goal

Indicators

Objectives

Outcome evaluation

Population of interest

Resources

Strategies

### **Alternatives**

Process objectives, implementation objectives

Purpose, mission

Benchmarks, criteria for success, outputs

Outcomes, impacts, effects

Summative evaluation

Target group, audience, community

Budget, assets, inputs

Components, initiative, intervention

---

## Step 4: choose strategies and activities and assign resources

### Strategies<sup>1</sup>

- The **means** through which changes will be made.
- Examples:
  - Create supportive environments
  - Build healthy public policy
  - Health communication
  - Self-help/mutual support
  - Community mobilization



©iStockphoto.com/fotosipsak



©iStockphoto.com/wakila

## Activities

- Describe the specific **ways** that the strategy will be applied
- The **actions** to be taken within a certain time period
- Examples:
  - Peer screening and training program
  - Campaign
  - Curriculum development and delivery
  - Using a checklist to screen

## Step 5: develop indicators

**Indicators** are specific measures indicating the point at which goals and/or objectives have been achieved.

**Indicators usually answer the questions:**

“How will you know the strategy has been implemented?”

Or

“How will you know the objective has been achieved?”





## Examples of indicators

### **Objective**

By the end of the year, all Toronto hospitals have policies, procedures and practices which promote and support breast-feeding

### **Indicator**

% of hospitals with baby-friendly designation

## Step 6: review the plan

- Complete?
- Logical?
- Attractive?



©iStockphoto.com/t\_kimura

# Summary of what we've covered

- Definition of planning
- 6-steps in health promotion planning process
  - Step 1: manage the planning process
  - Step 2: conduct situational assessment
  - Step 3: set goals, population(s) of interest and outcome objectives
  - Step 4: choose strategies and activities and assign resources
  - Step 5: develop indicators
  - Step 6: review the plan

## PHO planning resources

- Introduction to health promotion planning workbook (French and English)<sup>2</sup>
- Logic models workbook<sup>3</sup>
- At a glance: six steps to planning health promotion programs<sup>4</sup>
- Health Promotion 101<sup>5</sup>
- Online Health Program Planner tutorials<sup>6</sup>
- Are you ready for strategic planning?<sup>7</sup>
- Priority setting checklist<sup>8</sup>

Public Health Ontario wishes to acknowledge and thank THCU staff and many partners who contributed to an earlier version of this document.

THCU (originally known as The Health Communication Unit, started in 1993 at the University of Toronto) moved to Public Health Ontario's Health Promotion, Chronic Disease and Injury Prevention Department in 2011.



## References

1. Dignan M.B., Carr C.A. Program planning for health education and health promotion. Philadelphia: Lea and Feiber; 1991.
2. Dalla Lana School of Public Health, Public Health Ontario; Introduction to health promotion program planning. 4th ed. Toronto, ON: Queen's Printer for Ontario. In press 2012.
3. The Health Communication Unit, Centre for Health Promotion, University of Toronto. Logic models workbook. Toronto, ON: University of Toronto; 2001.
4. Dalla Lana School of Public Health, Public Health Ontario. At a glance: six steps to planning health promotion programs. Toronto, ON: Queen's Printer for Ontario; 2012.

## References (continued)

5. Dalla Lana School of Public Health, Public Health Ontario. Health Promotion 101 [Internet]. [cited 2012 August 27]. Available from: <http://www.ohprs.ca/hp101/main.htm>
6. Dalla Lana School of Public Health, Public Health Ontario. Online Health Program Planner tutorials [Internet]. [cited 2012 August 27]. Available from: [http://www.thcu.ca/videos/ohpp\\_tutorials.htm](http://www.thcu.ca/videos/ohpp_tutorials.htm)
7. Public Health Ontario. Are you ready for strategic planning? Toronto, ON: Queen's Printer for Ontario. In press 2012.
8. Hershfield Larry, MacDonald Robb, Thesenvitz Jodi. Priority setting process checklist (PSPC). Toronto, ON: Queen's Printer for Ontario; 2011.