

Planning health promotion programs: introductory workbook



Public Health Ontario

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Introduction

This workbook provides a logical six-step approach to assist in planning health promotion programs:

Step 1: Manage the planning process

Step 2: Conduct a situational assessment

Step 3: Set goals, audiences and outcome objectives

Step 4: Choose strategies, activities and assign resources

Step 5: Develop indicators

Step 6: Review the plan

This workbook explains what each step is about, why it is important and how to complete it. Examples, supplementary resources and tips will help health promotion practitioners to understand and apply the planning process.

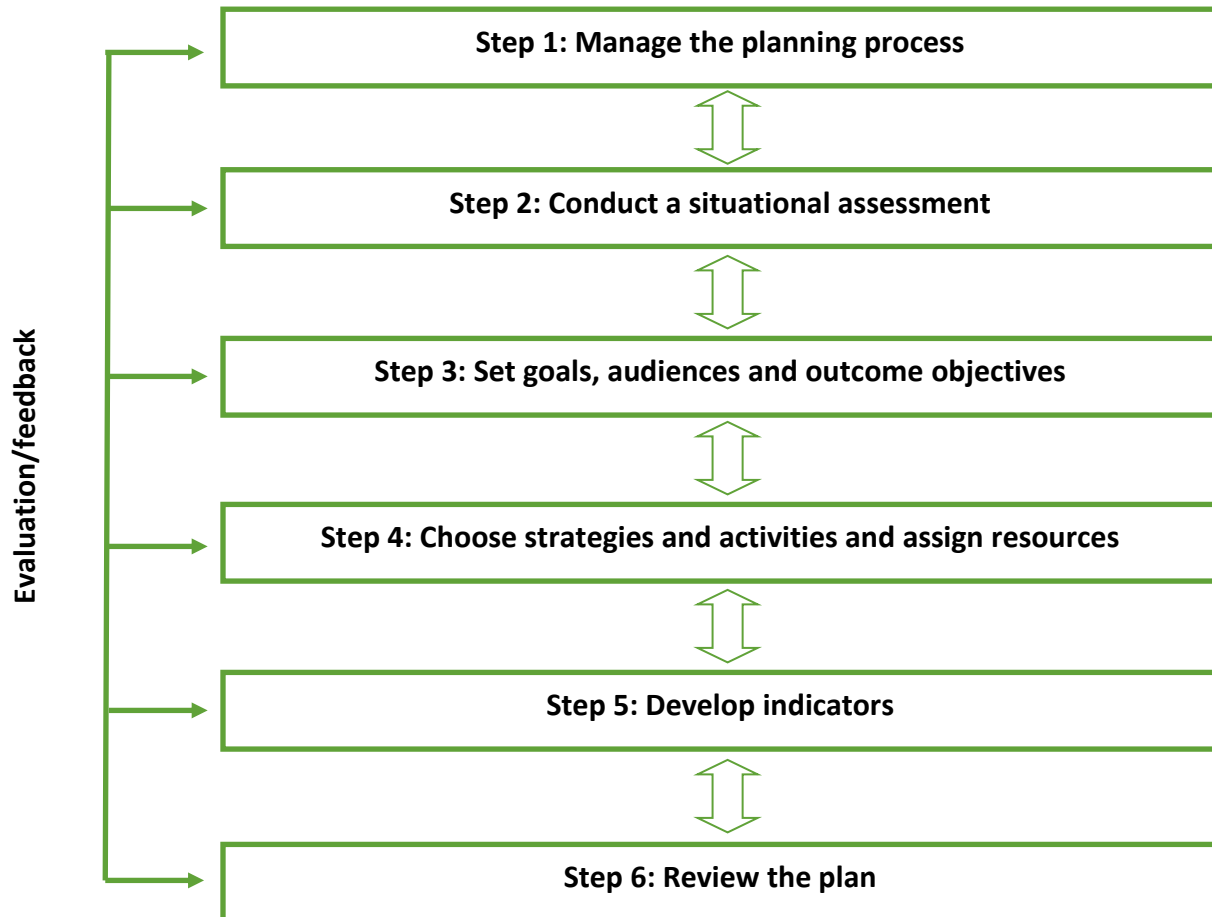
What is planning?

Planning, which includes strategic, program and operational planning, involves a series of decisions based on collecting and analyzing a wide range of information. The workbook will describe these various types in more detail, with the bulk of the discussion focusing on program planning.

Find out more about program planning models by clicking the “Other Planning Tools and Resources” link in the [Online Health Program Planner](#)¹ and in the [Health Promotion Foundations course](#).²

Six-step planning model

Figure 1: The six-step planning model



The model begins with step 1, managing the planning process. That means addressing 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, involves conducting a situational assessment, a multifaceted process that basically addresses this 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 a review of the proposed program to see if it is feasible and evaluable. We suggest using a logic model to do this.

Evaluation is a concurrent process within program planning and development. Consider it at each of the planning steps.

We recognize that in practice, program planning is often a dynamic process. However, the step model is useful for identifying and describing discrete aspects of program planning. We have arranged the steps in an order that flows logically, and that may be useful in developing a planning group's work plan. The steps are all interrelated; the actual process may be less linear than depicted. For example, earlier steps may be revised as new experiences and insights emerge in later steps.

Companion tools and resources

This workbook is designed to be used with the Online Health Program Planner (OHPP).¹ The OHPP is a free and interactive planning tool. It allows users to fill in worksheets to create one or more program plans. Those who prefer to work offline can print and/or save worksheets for each step as MS Word documents. Also available in the OHPP is a sample plan library, and links to a database with sources of evidence and other recommended planning tools. To access these features, you can create a free PHO account and log in. In addition to the program planning steps described in this workbook, the OHPP includes:

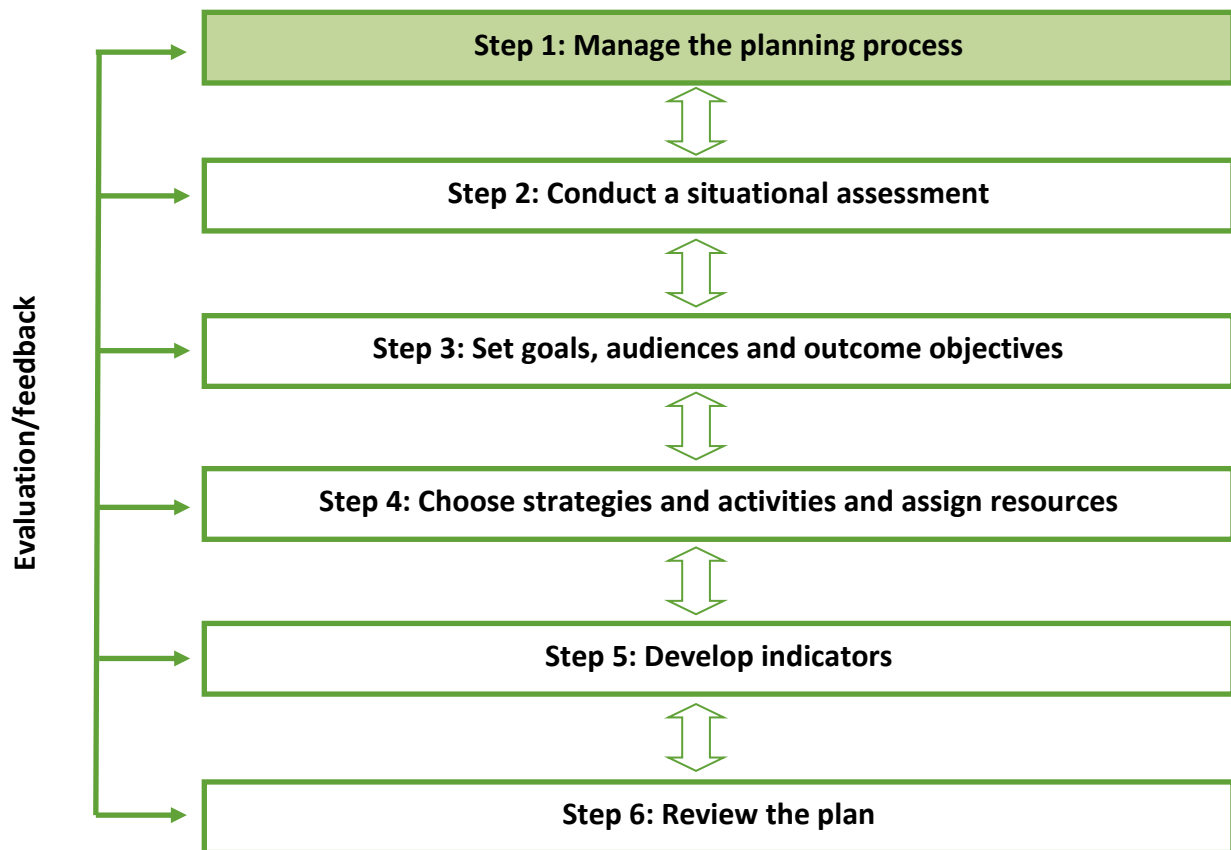
- a sample plan library;
- links to a database with sources of evidence and planning tools;
- an Online Business Case Creator; and
- several Project Management Tools.

Another useful companion is the online Health Promotion Foundations course.² The Health Promotion Foundations course is a series of eight interactive online modules introducing the field of health promotion in Canada. The self-study course presents definitions, concepts, milestones, models, theories, and health promotion strategies.

The following books about planning may also be of interest:

- **Green LW, Kreuter MW. Health promotion planning: An educational and ecological approach.**³
- **McKenzie JF, Neiger BL & Thackeray R. Planning, implementing and evaluating health promotion programs: A primer.**⁴
- **Naidoo J, Wills J. Foundations for health promotion.**⁵
- **Bryson JM. Strategic planning for public and nonprofit organizations: A guide to strengthening and sustaining organizational achievement.**⁶

Step 1: Manage the planning process



What is step one about?

Project management is about developing and managing a “plan to plan”. A good project management plan clearly describes steps and tasks, assigns people to various roles, sets deadlines and milestones, and shows resource allocation. This is primarily done through a work plan that indicates tasks necessary to produce a comprehensive, credible and compelling program plan. However, you may use many other project management documents and tools to supplement the work plan. For example, terms of reference that outline roles, responsibilities and decision-making processes can be very useful.

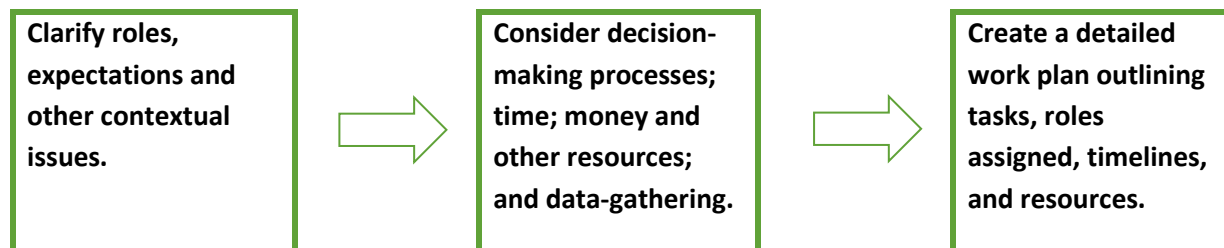
Project management starts at the beginning of the planning process, and must take into account any assumptions, expectations and other contextual issues (see Figure 2). Project management does not end until the program plan is completed and approved, signaling the beginning of the development and implementation phase.

The planner must manage five project management areas:

- stakeholder roles and expectations;
- decision-making processes;
- time;
- resources for planning; and
- data-gathering and analysis processes.

It is important to revisit all aspects of project management frequently throughout planning, to balance stakeholder expectations with resources and a shifting work environment. For example, in the early stages your work plan may begin as a high-level document, simply identifying broad timelines for each planning step. As your understanding of the project grows, you can become more specific. You end up producing a series of project management documents, each more detailed and accurate than the last.

Figure 2: The project management process



STAKEHOLDER ROLES AND EXPECTATIONS

In the planning process, key internal and external stakeholders include the project team, funders, politicians, community partners, and the intended audience/community. Their participation is critical to achieving the best results. Without it, you can end up with stakeholders questioning, challenging, delaying or overruling decisions.

There are four levels of stakeholders:

- core—on the planning team;
- involved—frequently consulted or part of the planning process;
- supportive—provide some form of assistance;
- peripheral—need to be informed.

Consider stakeholders' roles and level of involvement. This helps to clarify their expectations for the planning process, and points the way to the best decision-making and communication processes. Understanding and documenting these areas will also help you develop a realistic work plan.

Because participation is so important in health promotion, the time and cost for each step are often longer than for other kinds of planning. 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.

DECISION-MAKING PROCESSES

Every step of the planning process requires decisions. Be aware of who has to be involved, consulted or informed. Part of planning is managing the flow of information and options so that decisions are timely and supported. When will decisions be made, by whom, and by what process? Is consensus required? How will priorities be set?



TIME

It is important to know when overall planning and individual steps should start and end, and how many hours or days to allocate to each planning step. Map this out through a work plan. Define each task so it is clear how to complete the six steps of the planning process – the who, what, when and how of each step.

RESOURCES FOR PLANNING

Before developing a work plan, define and list the type of resources to manage, i.e. money, space, equipment and personnel.

DATA-GATHERING AND ANALYSIS PROCESS

Making the best possible planning decisions requires good data about the intended audience, the political and social environment, stakeholder opinions, possible programs and other factors.

How much data you gather and analyze is a matter of where stakeholders' expectations and practical considerations meet. Stakeholders may want to incorporate different degrees of rigour and evidence into the planning process. For example, they may or may not expect original research, qualitative and/or quantitative data, etc.

Practical considerations include the amount of time available, budget, project team expertise, and accessibility to quality data relevant to the program being planned. Make expectations for data-gathering and analysis explicit and realistic.

Good processes for collating, sorting, prioritizing and interpreting the data are also critical. Much of this takes place during the situational assessment (step 2).

Why is step one important?

Consider some common planning problems:

- Mismanaging time and missing deadlines, which can result in lost opportunities and decrease the impact of the program.
- Poor management of budgets and other resources, which may lead to unanticipated costs and even an inability to complete the program plan.
- Misleading, weak or incomplete data, which can lead to ill-informed decisions.

These problems can start a detrimental cycle, where poor processes lead to poor decision making, which leads to even worse processes.

Proper decisions lead to good project outcomes – and that takes time, creativity and a supportive climate. The right project management plan determines how you:

- make critical decisions within steps 3 and 4;
- choose indicators in step 5; and
- review and approve the program plan in step 6.

How do I do step one?

UNDERSTAND THE CONTEXT

Planning must occur within the context of your specific situation:

- Why you are going through a planning process now?
- Are you modifying an existing plan, or starting a new one?
- What if anything, has already been decided (audiences, issues, strategies)?
- What kind of content do you have to include in your plan (e.g., a template or form from your potential funder or your organization)?
- Might any other circumstances or expectations affect how you carry out your planning process or your final program?
- What time will be available to implement the program that you plan?
- What financial resources are available to implement the program that you plan?

The [Online Health Program Planner \(OHPP\)](#) includes four worksheets to help you complete this step. To access these worksheets please create an account and log in:

[1.1: Understand the context](#)

[1.2: Identify stakeholder roles and expectations](#)

[1.3: Assess resources for planning](#)

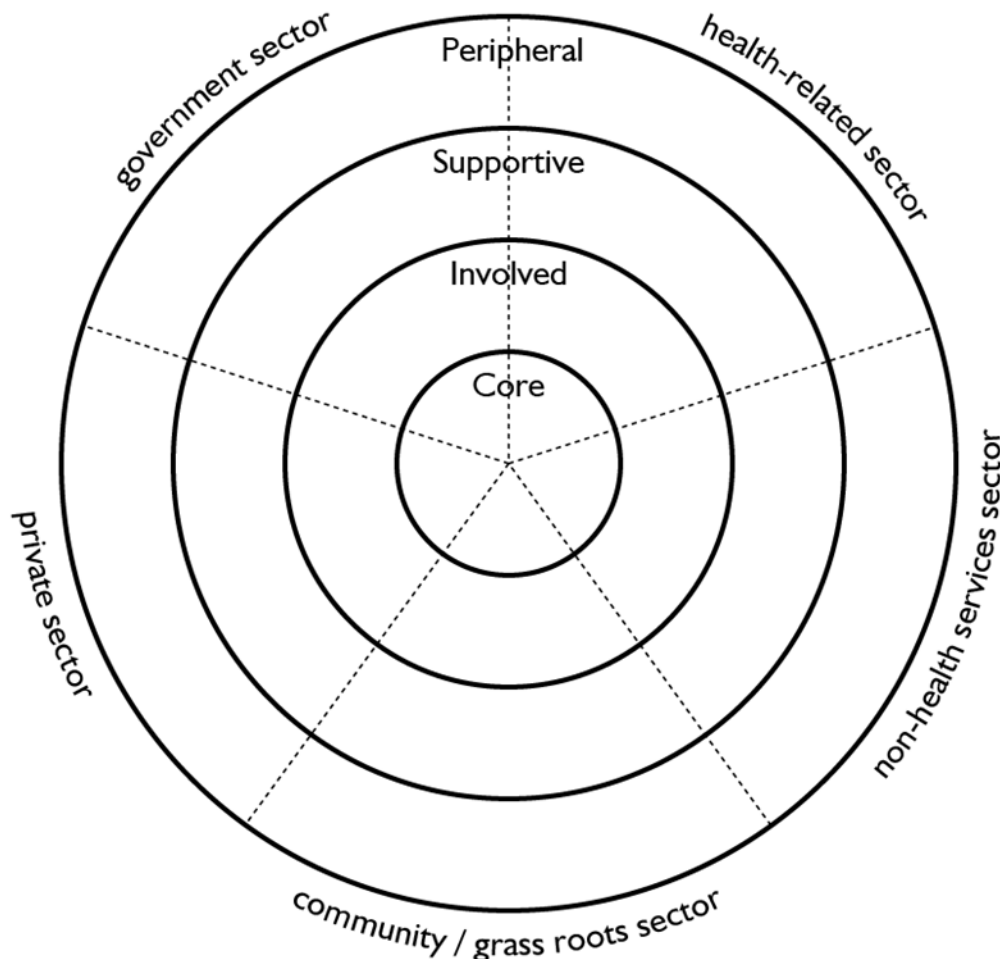
[1.4: Develop a work plan for the planning process](#)

IDENTIFY STAKEHOLDER ROLES AND EXPECTATIONS

At the outset of the project, you should:

- identify the key stakeholders;
- determine their overall degree of involvement (peripheral, supportive, involved or core (see Figure 3));
- determine the roles for each stakeholder in the planning process, engaging them in a meaningful way; and
- ensure you understand why each stakeholder is interested or involved with the program and/or planning process.

Figure 3: Stakeholder wheel



It is important to focus on the *process* of developing a health promotion program, not only on its result. Participation of clients, staff and stakeholders is critical.

This may include:

- working and planning *with* people, rather than for them;
- consulting stakeholders at key points in the planning process;
- involving the intended audience in program design; and
- using a participatory approach.

CHOOSE A DECISION-MAKING PROCESS

Establish a clear decision-making process for the core planning group early on. Will the group run on consensus, majority vote, or some other method?

Outline any other decision-making processes that will be used, specific to the context. For example, different processes may be required for subcommittees, certain individuals, certain circumstances, etc.

Revisit the decision-making process regularly to ensure it is effective.

DETERMINE PLANNING START AND END DATES

Consider when planning should/must begin and end, the reasons for these timelines, and other deadlines and milestones related to the planning process.

Base your decisions on things such as funding submission deadlines, organizational budget requirements, request deadlines, events or meetings already planned, etc.

ASSESS RESOURCES FOR PLANNING

Allocate financial, material, and human resources in the work plan. Before doing this, you must create an inventory of available resources, which should include:

- allocated budgets;
- staff time;
- equipment;
- space;
- expertise; and
- in-kind contributions from volunteers and partners.

Review and update these resources as needed.

DETERMINE COMPLEXITY OF DATA-GATHERING AND ANALYSIS PROCESS

Set general guidelines for:

- how much data to collect;

- how much, if any, original research to conduct;
- the balance between qualitative and quantitative research; and
- the type of evidence to incorporate into the planning process.

Answering the following two questions can help you set these guidelines.

- What expectations do stakeholders have about the rigour of the data and evidence to incorporate into the planning process?
- What expectations do stakeholders have about the need for new data (versus compiling existing data) to inform decisions throughout the planning process?

Ensure that these guidelines are consistent with the resources you have assessed and identified.

DEVELOP THE WORK PLAN FOR THE PLANNING PROCESS

Many different work plan formats are available. A variety of software packages can help you decide on format and content. Different organizations also have in-house formats and systems for work plan development. Regardless of format, a good work plan identifies:

- tasks or steps in the planning process;
- who will be responsible for each task;
- who will consult and/or otherwise support the lead on each task;
- what days/hours are allocated to each task;
- the deadline for each task;
- dollars required for each task;
- other resources required for each task; and
- who will approve the work done.

Tips

DECISION-MAKING PROCESSES

- Consider the political context for your planning process. What factors may influence the decision-making? Think about who needs to be consulted and who needs to approve decisions.

TIME

- You may have to compromise in order to meet timelines. Allow for as much time as possible to involve people appropriately.

RESOURCES FOR PLANNING

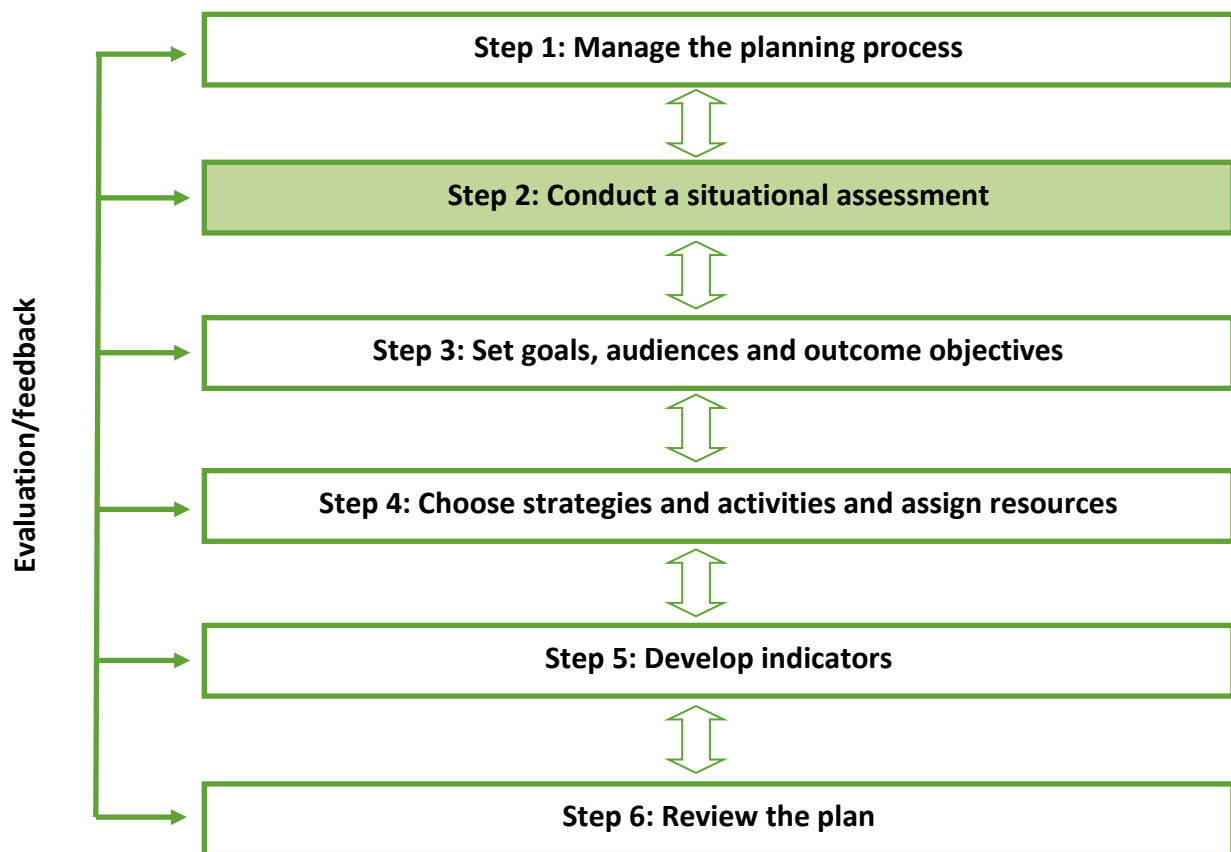
- Remember to make efficient use of your time to maximize the resources you are able to dedicate to planning, money already allocated, and opportunities to make progress on other projects.
- Partnering can help make the most efficient use of your resources, and better position you to meet stakeholder expectations. For example, consider partnering with those who are undergoing a similar process, or who have already planned a program relating to your topic or intended audience.



DATA-GATHERING AND ANALYSIS PROCESS

- Look for community and organizational strengths and assets that can facilitate collecting data, while acknowledging and addressing where you may need external support.

Step 2: Conduct a situational assessment



What is step two about?

A situational assessment is like a “snapshot of the present” – use it to plan for the future. It involves gathering, analyzing, synthesizing, communicating and discussing data. The purpose is to inform planning decisions about goals, objectives, audiences, promising strategies and activities (steps 3 and 4). This step includes examining the trends and factors that may help or hinder your potential program. Work with your key stakeholders to identify whether local organizations and agencies, local politicians, or others in the community are willing to support your program in the ways you are beginning to design it.

In line with the definition of health promotion principles in the 1986 Ottawa Charter,⁷ situational assessment results should also:

- show the positive (strengths and issues, rather than needs or deficits);
- result from ongoing, meaningful input from the intended audience(s);
- look broadly and deeply at health issues; and
- be complete, convincing, credible and compelling.

Look for situational assessment data on socio-environmental determinants of health

What is health? The World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.⁷ The models, set of beliefs, theories, and assumptions we use affect the data we collect. We need to look for data about the broadest socio-environmental conditions affecting the lives of the people we work with - this information is not always easy to find but it is essential to the most complete assessment.

Why is step two important?

It is impossible to make good planning decisions without good data. Your situational assessment findings should include not only possible options, but also data that will help you set priorities. Draw upon the situational assessment results for all subsequent planning decisions.

Involving stakeholders in data-gathering and interpretation is a great way to gain meaningful participation and long-term support for your program.

Situational assessments are used to:

- choose goals, intended audiences and outcome objectives (step 3); and
- select the most promising strategies and activities for your program (step 4).

What information may come to light as part of a situational assessment? Some examples:

- A successful program may be already underway that addresses your topic/situation (in your community or another).
- Individuals with the highest number of health risk factors (e.g., high smoking rates, low physical activity) may live in lower-income areas with poorly-maintained housing and few recreation facilities.
- The community most at risk may have 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).

Together, these aspects can affect the direction a health promotion program, and the level of involvement of community members in the program’s implementation.

How do I do step two?

It is helpful to make your health promotion theory, model or approach explicit. Your model will guide your search for information and ultimately suggest a range of different kinds of intervention strategies.

Consider, for example, the implications of the following two approaches: behavioural and socio-environmental.

If you use a **behavioural approach**, you are concerned about the behaviours of individuals and how these risk factors can promote health or, conversely, lead to disease and disability.⁸

When considering trends, influences and possible solutions for the situation, your strategies might include:

- Looking at data about lifestyle factors that may lead to or prevent disease, such as nutrition, physical activity and smoking.
- Exploring sources of data such as national fruit and vegetable intake data, rates of eating out in restaurants, and use of community recreation centres.
- Polling community members, e.g. their desire for more community recreation facilities.

Your suggestions for solutions might include everything from developing tax incentives for physical activity to workplace programs to improve cafeteria selections.

If you use a **socio-environmental approach**, you are concerned about the conditions in the psychosocial, socio-economic, and physical environments that create conditions for ill-health or wellness.⁸

Here, when considering trends, influences, and possible solutions, you might:

- Look at data about which socio-economic levels are most affected by a particular health problem.
- Explore sources of data such as national crime and poverty statistics, and geographic breakdowns showing differences in incidence of a disease.
- Poll community members about their barriers to finding meaningful employment.

Using this approach, your possible programs might include developing affordable housing, supporting the government in making changes to the minimum wage, or working with isolated individuals to develop a sense of community.

The [Online Health Program Planner \(OHPP\)](#) includes five worksheets to help you complete this step:

[2.1: Develop a data-gathering plan](#)

[2.2: Summarize the situation](#)

[2.3: Analyze influences on the situation](#)

[2.4: List possible actions](#)

[2.5: Consider how to proceed](#)

Following, we review the six sub-steps to conducting a situational assessment:

1. Identify key questions to answer through the assessment.
2. Develop a data-gathering plan.
3. Gather the data.
4. Organize, synthesize and summarize the data.
5. Communicate the information.
6. Consider how to proceed with planning.

1. IDENTIFY KEY QUESTIONS TO ANSWER THROUGH THE ASSESSMENT

The first part of conducting a situational assessment is determining what you want to know. Start with three important questions.

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

Each of these may lead to a series of more specific questions to guide your situational assessment.

For example:

- **What is the situation?**

- a. *What impact is the current situation having on health and quality of life for various groups of people?*
- b. *How do local stakeholders and the public perceive the situation?*
- c. *How do local stakeholders and community members describe their needs related to the situation?*
- d. *What solutions do local stakeholders and community members favour and why?*
- e. *What are the benefits of acting now versus acting later?*

- **What influences are making the situation better and worse?**

- a. *What risky or negative health behaviours of various groups are affecting the situation?*
- b. *What makes people behave in these ways?*



- c. *What political, economic, environmental, social and technological trends are influencing the situation?*
 - d. *What conditions in the social or organizational environments, or at the broader public policy level, are causing or helping to alleviate the situation?*
 - e. *What internal strengths and weaknesses are present in your organization that may affect your course of action?*
 - f. *What opportunities and threats in your environment may affect your course of action?*
- ***What possible actions can you take to deal with the situation?***
 - a. *What are other organizations, similar to yours, doing to address this situation?*
 - b. *What has your organization done in the past?*
 - c. *What evidence exists to support various courses of action?*

To explore your issues, audiences, and the scope of possible causes and solutions, refine your specific questions. To do that:

- Ask your stakeholders what they want and need to know to make decisions about the program.
- Review documents that outline your mandate, planning requirements and community/organization expectations. For example, you may need to adhere to funding proposal guidelines or practice standards (e.g., Ontario Public Health Standards). You may also have a relatively narrow scope if you are refining an existing program versus starting a new one from scratch.
- Select one or more health promotion, social science or behaviour change theories that apply to your situation (e.g., Stages of Change; Health Belief Model).⁸ Then identify variables within the theories, and create research questions that will help you understand what influences the behaviours you are interested in changing.

To use your resources effectively and efficiently, it's best if your questions do not change much over the course of your planning. The more specific questions will relate to your specific issue(s), audience(s), and the scope of possible causes and potential solutions that you are willing or able to consider.

2. DEVELOP A DATA-GATHERING PLAN

A data-gathering plan is a clear and realistic list of specific tasks or action steps. A good plan takes into account the five main areas of project management: 1) stakeholder roles and involvement; 2) resources; 3) time; 4) decision-making; and 5) data collection.

Each task should have assigned responsibilities (lead and support), a deadline, and necessary resources allocated. Use the most skilled person or people available to do the work. Try to be accurate about the necessary time, people and dollars needed for a particular task. This will help you prioritize before you collect data, and be on schedule/budget when you proceed to data collection.

In general, data-gathering tasks can be seen as:

- collecting various **types** of data (e.g., a scan of what others are doing to address a similar situation);
- using a combination of **methods** (e.g., face to face consultation, surveys, accessing existing large data sets, etc.); and
- accessing various **sources** (e.g., researchers, community organizations, government websites, etc.).

There are many appropriate routes, which each have their advantages. For example, published literature may give you a broad perspective about what works across many different locations. Consultative methods, such as focus groups, can provide rich data specific to your environment and community. It's a good idea to draw on a variety of types, methods and sources of data. The following provides a good starting point.

TYPES OF DATA

- community health status indicators
- quantitative polling/survey data
- community stories/testimonials
- evaluation findings
- research findings
- cost-benefit data
- syntheses and guidelines
- best or recommended practices
- environmental scans (from organizations like yours)
- stakeholder mandates, agendas, policies, guidelines, etc.

METHODS FOR GATHERING DATA

- consulting with stakeholders (interviews, focus groups, forums, etc.)
- surveys
- searching the literature (e.g. published and/or unpublished, single studies and/or reviews, a review of internal documents)
- examining existing large data sets (e.g. previous surveys, hospital admissions, arrest reports, etc.)

Methods for gathering data may include both primary and secondary data collection. Primary data: collected by you (e.g., surveys, focus groups, and other means). Secondary data: collected by someone else (existing data). For cost reasons, as you work toward answering your key situational assessment questions it usually makes sense to tap into all possible secondary sources of data first, then use primary data collection to fill in gaps.

SOURCES OF DATA

- community service organizations
- polling companies
- community spokespersons
- public libraries
- consultants
- websites
- resource centres
- researchers
- government departments
- private sector
- other stakeholders

There are two primary ways to generate your own type/method/source combinations for your data-gathering plan.

1. Start with type. Consider which types of information you want, and then determine which methods you want to use to get the information. Finally, choose the sources that will give you the information you want.
2. Start with source. Think about where the data might be and who has the information. For each source, consider what types of data they might have, and determine the best method to get it.

The ideal plan may include an extensive data collection process. However, with limited time and staff support you'll have to prioritize each task based on the importance of having the information and the feasibility of obtaining it. As with all other parts of program planning, the final data collection plan will likely be a compromise.

The following examples of type, method and source generally provide a substantial amount of good data, relative to the investment of time and money.

Table 1: Examples of data sources

IF YOU WANT	TYPE OF DATA	DATA GATHERING METHOD	EXAMPLES OF SOURCES
Information about community needs	Community health status indicators	Literature search/review	Local Board of Health; Community Health Status Reports; Rapid Risk Factor Surveillance System - (RRFSS) ⁹⁻¹¹ ; Canadian Community Health Survey –CCHS ¹⁰ ; Public Health Agency of Canada (PHAC) infobase ¹¹
Information about what conditions – in the social or, organizational environments or at the broader public policy level – are causing or helping to alleviate the situation	Environmental scan	Focus group; key informant interview	Staff from community service organizations that are already working on the problem; project team; local public health epidemiologist; members of the intended audience; municipal planning department
Information about what evidence exists to support various courses of action	Best practice synthesis and guidelines; Summaries of systematic reviews	Search of databases populated with guidelines or pre-appraised systematic reviews	National Guidelines Clearinghouse; Turning Research into Practice (TRIP); Healthevidence ¹²⁻¹⁴
Guidance about the nature and scope of the final program you develop	Review of stakeholder mandates, policies, guidelines, etc.	Internal document review	Strategic plans from your own, or related organizations; professional standards and guidelines; your own budget documents; documents summarizing the political agendas/priorities of your funder, etc.

It is also important to track information gaps. This will support future program planning efforts, and help you when opportunities to generate or gather more data arise (e.g., a grant or university partnership opportunity) during planning, implementation or evaluation.

3. GATHER THE DATA

After developing your data-gathering plan, keep research efforts in line with your available resources to stay on time and within budget.

As you gather data, keep good records about where it came from. For example, was the study published in a peer-reviewed journal or is it an unpublished report? Who analyzed the information, researchers or community members? Careful record-keeping will help you

assess the calibre of information and weight it accordingly as you move into the analysis phase of situational assessment (and eventually into the decision-making phase of planning).

Most importantly, never lose sight of your situational assessment questions. Keep good notes about which sources of data are meant to answer specific questions. This will help you structure your data-gathering (e.g., developing focus group questions), and save time later when you organize your data. It will also make it easier to, if necessary, divide the work of organizing and synthesizing the data (step 4).

Public Health Ontario produces a series of Evidence Briefs, short summaries of the evidence on key public health topics informed by rapid knowledge synthesis methods, which can be found on the PHO website. Peel Public Health also makes their Rapid Reviews publicly available on their website.

4. ORGANIZE, SYNTHESIZE AND SUMMARIZE THE DATA

At this stage, the challenge is to take the wealth of information collected and make it meaningful. Start by sorting the key lessons gathered from each of your data collection tasks. Then organize them around the three broad situational assessment questions in general, and your specific questions, recapped below from an earlier section of this workbook:

1. What is the situation? Consider the trends, impacts, public and stakeholder perception of the situation.

It may take some digging to find unpublished reports, often called “grey literature”, but it is generally worth it. Examples include: internal planning documents, literature reviews, results from small-scale audience analysis efforts, and informal program evaluation results. Often, these reports contain useful information about what worked and didn’t so you can avoid repeating the mistakes of others. Heeding the advice of these reports can also be a good way of engaging community members and organizations in program planning. You can find links to public health grey literature sources here:

<http://www.ophla.ca/pdf/Public%20Health%20Grey%20Literature%20Sources.pdf>¹⁵

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

As you are listing key lessons from your data, keep track of data sources. The strength of the evidence relating to various factors may affect your decisions. For example, opinions and ideas that stakeholders put forward are important, but could conflict with published reviews in peer-reviewed journals. Good source records will help you in steps 3 and 4 when you must make decisions in line with stakeholder expectations about the type and rigour of evidence to apply.

When organizing, it is also important to keep track of data that suggest specific directions or conclusions related to planning steps 3 and 4. That's where you will make decisions about program goals, objectives, audiences, promising strategies and activities. This type of sorting can also help you keep track of gaps in your analysis that require further data collection.

One way to do this is to generate an "evidence table". Use a spreadsheet to help track the types of information you are interested in (e.g., source of information, date, geographic focus, type of research design, research question it addresses, etc.). You can sort the information by any variable at any time. A standard evidence table format can also help you consolidate your information when more than one person is reviewing sources of data.

Once the relevant information has been pulled out of your sources, it is time to synthesize and summarize the information into key findings. These findings – answers to your situational assessment questions – should indicate the results of your situational assessment that cannot be ignored. They should also be convincing, compelling, evidence-informed and readable. These findings are the inputs that you will use to make decisions in the next steps of the planning process.

Below are some ideas for how to synthesize and summarize your information into key findings for each type of situational assessment question.

1. WHAT IS THE SITUATION?

The large amounts of data collected during the situational assessment, from stakeholders, literature and various other sources, can be overwhelming. That makes it difficult to decide which goals, objectives, and priority populations are most obviously linked to the data. To synthesize what is known about the situation, try some of these strategies.

- Focus on the 20% of the information that conveys 80% of the most important findings (known as Pareto's Law).
- Use charts and maps (e.g., mind mapping) to present visual representations of the information.
- Divide each piece of important information by theme.
- Split up the data among planning committee members. Ask them to review it with a few specific questions in mind, e.g., what priority population should be our focus?
- Cull the data before analysis for those aspects of most use.

- Designate one person per research question. Have them review all data, but look only for answers to their particular research questions.
- Sort the data based on the relative importance of the source. Then, starting at the top of the pile, deal with whatever amount you can handle.

To summarize the situation, select the most significant findings. Then develop a concise summary (as little as one paragraph, or 5-6 bullet points). To supplement this summary, you may wish to compile additional background documents. In your summary, include insights about:

- the size and growth of the situation;
- the burden and impact of the problem;
- health inequities;
- public perception of the problem;
- stakeholder perceptions and concerns; and
- the potential consequences of acting now versus later.

2. WHAT INFLUENCES ARE MAKING THE SITUATION BETTER AND WORSE?

Situational influences (sometimes called factors) can be people, circumstances or environments.

To uncover your key findings related to this question, try to further sort and organize your data. Classify each influence or factor according to the following characteristics:

Involve others in interpreting the data. Work with your stakeholders to ensure that you are interpreting the data in a way that resonates with their experience.

- How it is affecting the situation – is it making it better or worse?
- At what level of the environment does this factor influence the situation – individual, interpersonal, organizational, community or public policy?
- How significant is the factor – to what degree is it affecting the situation?
- How able will you be to effect change on this factor, with available resources?
- Is potential action on the factor in line with your mandate and priorities?

Ideally, present your findings within an ecological or multi-level approach¹⁶. For example, the five levels of influence– individual, interpersonal, organizational, community and public policy – have many political, economic, environmental or technological considerations. At each level, certain types of changes will ultimately have an impact on a particular health problem.

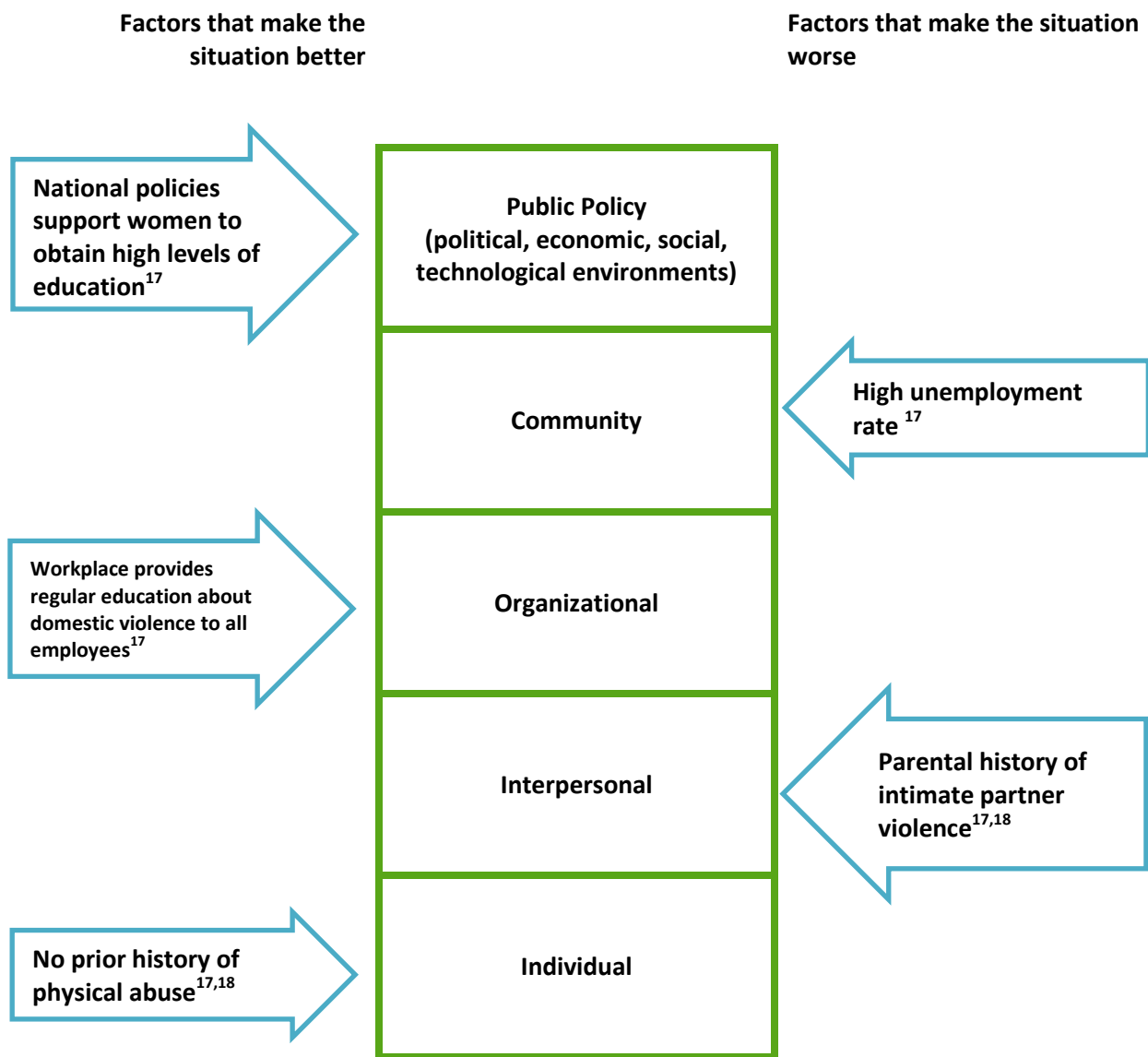
- For *individuals* the bottom line is maintaining a personal behaviour change.
- For interventions at the *interpersonal* level, the goal is to leverage the impact that family and friends have on an individual's beliefs and behaviours.
- For *organizations* the desired impact is to change policies (e.g., rules, incentives and rewards, sanctions and punishments, allocation of resources).

- For *communities* the desired change is to impact formal and informal social norms among groups and organizations.
- For the *public policy* level, the desired impact is to change formal laws.¹⁶

The situational assessment results might be organized by how the information relates to these four levels of change. There are many other ways to present data. For example, a table may suffice or a force-field analysis.

A force-field analysis visual depicts the positive and negative factors, as well as levels of influence (individual, interpersonal, organizational, community, public policy). You can show the strengths of effects by making some arrows bigger or heavier (see Figure 4).

Figure 4: Force-field analysis of intimate partner violence



Keep in mind that you can position some, if not most, factors on both the positive and negative “sides” by flipping the perspective. For example, a history of intimate partner violence between an individual’s parents would be a negative contributing factor to the situation; parents who provided an example of a healthy, safe relationship would be considered a positive protective factor.^{17,18} Either way, each factor represents a focal point and potential opportunity to act.

This type of sorting can help you see which factors and levels require the most attention to achieve your goals. It can also help you identify gaps in your data. For example, your analysis may primarily focus on the individual level, without information about how social networks, organizational environments, communities and public policies influence the situation. You may discover that most factors influencing the situation are outside your mandate area, or unrealistic to address. Still, more data collection may be warranted.

3. WHAT POSSIBLE SOLUTIONS, INTERVENTIONS AND ACTIONS CAN YOU TAKE TO DEAL WITH THE SITUATION?

At this point, your data will vary in scope. For example, you may discover the following types of promising actions:

- 1. A program with a well-organized series of activities to facilitate change among a well-defined target group.**
- 2. A strategy or approach to facilitate change, such as re-orienting health services (then allowing more specific activities).**
- 3. An individual activity such as forums, posters or counseling.**

List ideas about possible actions to address the situation. For each idea, keep track of:

- where it came from;
- what information you have about evidence of effectiveness for this possible action; and
- details to inform your choices about strategies and activities for your program (step 4), e.g. whether the action is practical for your community.

To organize and summarize key findings, try SWOT analysis (see Table 2). A SWOT considers the **S**trengths and **W**eaknesses of your organization, and **O**pportunities and **T**hreats outside your organization, in this case related to the program you are developing.

Table 2: SWOT analysis

FACTOR	EXAMPLE
Strength	Your organization has credibility with funders
Weakness	Internal accountability mechanisms make it hard to partner with other organizations
Opportunity	The provincial government has a new grant related to your program issue
Threat	Your local council has twice refused to fund such a program

Mapping of your SWOT results (see Table 3) – strengths and weaknesses, against opportunities and threats – can help you discover your most significant findings and lead you to logical possible actions. For more about this process, see *Comparative advantage for damage control: Clarifying strategic issues using SWOT analysis*.¹⁹

Table 3: SWOT analysis with strategies for each quadrant¹⁹

	OPPORTUNITIES	THREATS
Strengths	Invest Clear matches of strengths and opportunities lead to competitive advantage	Defend Areas of threat matched by areas of strength indicate a need to mobilize resources
Weaknesses	Decide Areas of opportunity matched by areas of weakness require a judgement call	Divest Areas of threat matched by areas of weakness indicate need for damage control

5. COMMUNICATE THE INFORMATION

Before disseminating the results of your situational assessment, be clear about who needs the information, and the best way to get it to them. Your communication plan should include:

- key audience(s);
- communication objectives;
- communication channel(s), or the means by which a message is sent; and
- communication vehicles, or the formats used to deliver messages.



Some stakeholders might want individual or group briefings. Others may be satisfied with a written report. Some may require more detail, while others prefer a brief synopsis.

Regardless of the audience and format, use a variety of techniques to express the key findings — graphs and charts, and stories and analogies. It's important to balance text and visuals.

If using a written report format, consider a one-page briefing note about

key findings, a three-page executive summary, and a 25-page detailed report. Each document length will appeal to different audiences.

6. CONSIDER HOW TO PROCEED WITH PLANNING

After collecting and organizing your data, it is time to evaluate the situational assessment results and decide how to proceed. Base this decision on the quality and quantity of data, and your understanding about how to improve the situation with your resources.

Consider:

- What are the gaps in data quality or quantity, relative to stakeholder expectations?
- How might that restrict your ability to make evidence-based decisions about goals, audiences, objectives, strategies, activities and resources?
- How do you perceive your ability to affect the situation with your available time, financial resources and mandate?
- What are your next steps in the planning process? Will you proceed now, or must you revisit research questions, project scope or resources?

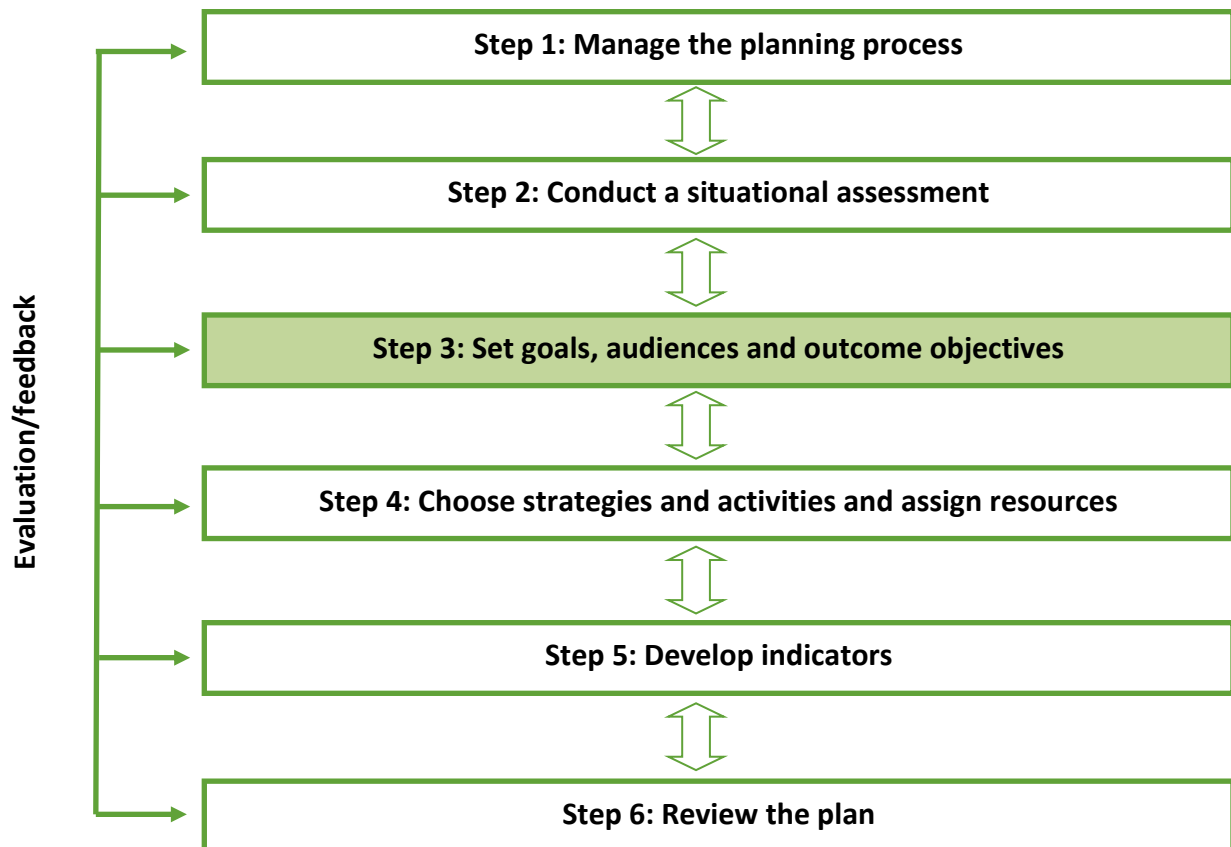
The Population Health Assessment and Surveillance Protocol of the Ontario Public Health Standards²⁰ describes situational assessment like this:

“A situational assessment influences planning in significant ways by examining the legal and political environment, stakeholders, the health needs of the population, the literature and previous evaluations, as well as the overall vision for the project. The phrase “situational assessment” is different from “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. Instead, it encourages considering the strengths and opportunities for individuals and communities. In a health promotional context, this also means looking at socio-environmental conditions and broader determinants of health.”

Tips

- Don't underestimate how long it will take to assess the situation from every angle.
- Involve a wide range of stakeholders by asking questions about issues and assets in small groups or by using surveys.
- Build partnerships with others who have expertise in interpreting or gathering data.
- As the final product may be useful to many people in the community, use it as an opportunity to seek additional funding or sponsorship.
- Help the process by collecting lots of readily-available information.
- Prepare a clear focus and agenda for any stakeholder meetings to examine the data.
- Use a mix of quantitative and qualitative methods to collect data.
- Talk to people to understand the true meaning behind the numbers.
- 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.

Step 3: Set goals, audiences and outcome objectives



What is step three about?

As part of the situational assessment process, you kept track of findings that suggested directions or conclusions related to choosing goals, audiences and objectives. In step 3, you now apply that information. Doing so before program strategies and activities (step 4) is important. It allows you to ask and answer this question: “Which strategies and activities will best advance our goals and objectives within the limits of our resources?”

You should expect to reconsider and modify the goals and objectives as the actual program takes shape. The most important thing is that the goals, objectives, strategies, activities and resources all make sense together. For instance, what happens if available resources cannot support your work toward all outcomes? You may have to revisit decisions about the scope of your goal, the number of audiences you are interested in, and outcome objectives.

Involve stakeholders in a meaningful way to generate possibilities and make decisions. That will help create a clear, concise, credible and compelling statement of goals, audiences, and outcome objectives.

Your step 3 decisions will create a large part of a logic model that visually summarizes your program.

SET GOALS

A goal is a broad statement that provides overall direction for all aspects of a program over a long period. Because of the need for flexibility, these tend to be descriptive, global statements of what is intended. Most health promotion programs have a single goal, although more complex programs may have several.

Goals do not have a deadline. They also are not measurable in exact terms because they often include subjective words like *evaluate*, *know*, *improve* and *understand*.



What goals do is serve as an anchor and framework for program planning. They provide a set of clear end points, around which you can organize many strategies or activities. As the situation evolves, your strategies and activities may change, but that rarely affects well-stated goals. This is particularly important in situations where stakeholders may have conflicting goals, or when you need innovation or a new approach.

CHOOSE AUDIENCES

The audience of interest requires special attention to achieve your goals. There are generally two kinds of audiences: primary and secondary.

The primary audience, often mentioned in the goal, is the group whose health you are concerned with.

Secondary audiences *influence* the primary audience, for example through:

- social influences (informal networks including family and circles of friends);
- policies and procedures (of various organizations where people work, play, worship, receive health and social services); and
- legislation and regulations (at various levels of government).

A plan with multiple parts and strategies may have a number of secondary audiences.

WRITE OUTCOME OBJECTIVES

An outcome objective is a brief statement specifying the desired changes caused by a health promotion program. Depending on the accepted terms of your organization, changes may also be called results, impacts, or effects. Good objectives include four components:

1. **who** you want to change (audience);
2. **what** you want to change in the audience (outcome);
3. by **how** much; and
4. by **when**.

Objectives differ from goals in a number of ways, as shown in Table 4.

Table 4: Goals vs. objectives

	GOAL	OUTCOME OBJECTIVE
Scope	General	Specific
Time	Not time-limited	Time-limited, relative to goals
Purpose	Set general direction (e.g. “to increase or decrease...”)	Identify how much of what should happen, to whom and by when
Measurability	Need not be measurable	Measurable
Number	1-2 per program	Could be many, at each level of change
Link	Links back to strategic directions	Links back to goals

Objectives can be set at five different levels of change, as seen in Table 5.

Table 5: Characteristics of objectives at each level¹⁶

LEVEL OF OBJECTIVE	TYPE OF OUTCOME, RESULT, IMPACT OR EFFECT	CONTRIBUTING FACTORS	RELEVANT AUDIENCES
Individual	Maintain a personal behaviour change	<p>An individual's:</p> <ul style="list-style-type: none"> • knowledge • beliefs • attitudes • skills • self-efficacy 	<p>Segments most in need. For example:</p> <ul style="list-style-type: none"> • men • children • lower-income groups • smokers • homeless people
Interpersonal	Social networks influence behaviour change	<ul style="list-style-type: none"> • Frequency and content of conversations about a health issue within a social network 	<p>Opinions of networks such as:</p> <ul style="list-style-type: none"> • Families • Groups of friends • Colleagues • Teammates
Organization	Develop policies	<ul style="list-style-type: none"> • Views about costs and benefits of policy change • Confidence and competence in developing effective health promoting policies 	<p>Decision-makers (primary) or employees, unions, customers (secondary) of organizations such as:</p> <ul style="list-style-type: none"> • Schools • Worksites • Places of worship • Primary health care settings

LEVEL OF OBJECTIVE	TYPE OF OUTCOME, RESULT, IMPACT OR EFFECT	CONTRIBUTING FACTORS	RELEVANT AUDIENCES
Community	Change the social environment	<ul style="list-style-type: none"> • Interactions between organizations and smaller social networks (i.e., families) • Community organization and coordination of 	<p>Opinion leaders of communities such as:</p> <ul style="list-style-type: none"> • Geographical communities • Shared interest communities (e.g. artists' community) • Collective identity (e.g., African American community)^{16,21}
Society	Develop formal laws	<ul style="list-style-type: none"> • Actions of special interest groups • Media coverage • Public opinion 	Elected officials; the public; special interest groups; media of a town, region, province, country

Table 6 shows examples of objectives at five different levels, divided into five components.

Table 6: Sample objectives at each level¹⁶

LEVEL OF OBJECTIVE	BY HOW MUCH	IN WHO (AUDIENCE)	WHAT YOU WANT TO CHANGE (OUTCOME)	BY WHEN
Individual	To increase by 10% the number of...	...adults between ages 50-80...	...who agree that depression and anxiety are highly treatable disorders that should be discussed with a doctor...	...within 2 years
Interpersonal	To increase by 20%, the percentage of...	...people who provide informal care (unpaid caregivers) to the elderly in Ottawa...	...who agree that mental health problems such as anxiety and depression are often closely linked to physical health complaints...	...in the next 12 months
Organizational	To increase by 10, the number of...	...physician offices in Niagara Region...	...that give all patients a screening tool for depression to take home once a yearwithin the next 18 months
Community	To increase by 5, the number of	...service providers in the Durham Region...	...that participate in collaborative care models for the management of depressive disorders...	...within the next 18 months
Public Policy	To increase by 3 the number of...	...Cabinet members...	...who feel that a national mental health strategy is a priority for Canada...	...in the next 18 months

SHORT, MEDIUM AND LONG-TERM OBJECTIVES

Short-, medium- and long-term objectives create stepping stones – a series of changes needed to bring about sustainable long-term changes.

For instance, you require changes in knowledge to create medium-term changes in health-related behaviours, or support for a healthy public policy among decision-makers. Longer-term objectives often refer to changes in community conditions, including the social, economic, and physical environments.

The steps and efforts needed to achieve the program goal will dictate your timeframes. In general:

- short-term objectives are 2 months to 1 year;
- medium-term objectives are 1-5 years; and
- long-term objectives are over 5 years.

Objectives don't always state how much change you wish to achieve and by when. The choice to set specific change targets and/or timelines depends on your:

- **knowledge of the existing situation in the community (the baseline);**
- **knowledge of what amount of change is possible;**
- **confidence in the ability of intervention to bring about the desired change; and**
- **ability to collect data identifying the degree of change.**

OTHER CHARACTERISTICS OF GOOD OBJECTIVES

Well-crafted program objectives are SMART. That's an easy way to remember these key features:

- **Specific** (clear and precise)
- **Measurable** (amenable to evaluation, information needed to assess objective readily available and accessible)
- **Appropriate** (aligned with mandates and stakeholder expectations, theory and other evidence)
- **Realistic** (reasonable considering the resources and other circumstances)
- **Time-limited**

In addition, good objectives are credible to key stakeholder groups.

Why is step three important?

Setting goals is critical to designing your program, and is also a time when stakeholders become invested and inspired. Identifying audiences is important because knowing who you want to change – which individuals, families, groups, organizations, communities and public policies – suggests different strategies and activities. Concise, well-written objectives help you focus your planning efforts, and clarify next steps for stakeholders, particularly those interested in evaluation or research. Also, objectives are the basis for selecting indicators (step 5), which is critical for the evaluation process.

How do I do step three?

First, ensure that everyone agrees to use the same terms. Table 7 identifies our terms in the left-hand column, and a number of other commonly used terms on the right. Your choice of terms doesn't matter, as long as it is clear and acceptable to stakeholders, and used in a consistent way.

Table 7: Common terms used in planning

OUR TERM	ALTERNATIVES
Goal	Purpose, mission
Outcome objectives	Outcomes, impacts, effects, results
Audience	Population of interest, priority population, target group, community of interest
Indicator	Criteria for success
Activities	Process, implementation, outputs
Process objectives	Implementation objectives
Resources	Budget, assets, inputs

Communicate the results of the situational assessment to everyone who will participate in the process. That will help you to decide on goals, audiences, and outcome objectives, so decisions are evidence-informed. Pay particular attention to information about:

- lessons learned from similar programs and trials;
- what the research literature says about your topic;
- what behaviour change and health promotion theories say about your situation;
- which levels of the environment (public policy, community, organizational, interpersonal or individual) are most influencing your situation;
- community and organization assets and strengths; and
- all determinants of health — behavioural and socio-environmental (e.g., housing conditions, degree of isolation).

The [Online Health Program Planner \(OHPP\)](#) includes a worksheet to help you complete this step and build your program logic model: [3.1: Set goals, audiences, and outcome objectives](#)

SET GOALS

Create a simple statement that captures the broad direction of the program. Examples include:

- “to increase [a positive quality or state of affairs]”; or
- “to decrease [problems]”.

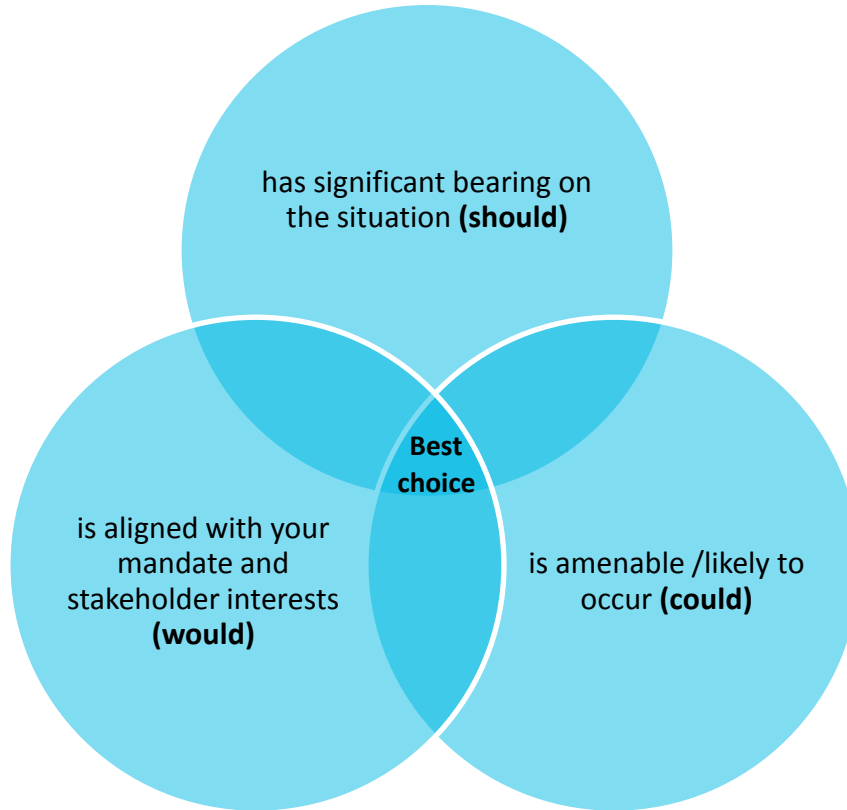
CHOOSE AUDIENCES

Look at your situational assessment data results and identify which individuals, networks, organizations and/or communities:

- must change because they have significant bearing on the situation (something that should be done);
- may change given the resources at hand, e.g., pregnant or breastfeeding women living in high-risk circumstances, children in low-income families (something that could be done); and
- are unlikely to change, as they are aligned with the mandates, expectations and interests of key stakeholders, or aligned with something your organization is expected to do.

Consider using a simple diagram like the one shown in Figure 5 to organize discussion, analysis and recording of the choice of audiences. You’ll find the best audiences in the place where these three circles overlap. We recommend that you consider audiences at five levels (individual, interpersonal, organizational, community, public policy), even if your final objectives do not include all levels.

Figure 5: Factors affecting choice of audiences and strategies



There are countless other methods and tools for decision-making. One example of a good source is the Mind Tools website.²² Whatever process is used, take the opportunity to first generate a number of interesting and broad alternatives (divergent thinking), and then prioritize the choices to a small number of specific alternatives (convergent thinking).

We call the audience that we ultimately want to change the “primary” audience; this is shown at the individual level. Other audiences are also important for change because they are a means to reaching your goal; we call these “secondary”.

Programs often begin with the secondary audience, then move to the primary audience. For example, a program may begin by working with physicians (a secondary audience) to enhance their tobacco interventions, with a view to increasing cessation among young women (the primary audience).

WRITE OUTCOME OBJECTIVES

Develop your outcome objectives in a four-step process:

1. Begin with stating the primary or secondary audience (**who**).
2. Carefully consider **what** specific change you would like to see. This choice should be very strategic. Changes selected should be significant, feasible, and within your mandate. Health promotion theories (see Table 8 for some examples) and other data reviewed during your environmental scan can provide insights into which factors significantly have an impact on the situation.
3. Consider **how much** change is attainable. Again, draw on your situational assessment data. Stakeholders, surveys or benchmarks discussed in the literature may provide direction in this area.
4. Finally, set a timeline for reaching the objective (**when**).

Table 8: Health promotion theories⁸

LEVEL OF OBJECTIVE	RELEVANT THEORIES TO CONSIDER
Individual	Stages of Change Health Belief Model
Interpersonal	Social Cognitive Theory
Organization	Organizational Theory
Community	Diffusion of Innovations Theory
Public Policy	Social Change Theory

Determine the likelihood of change by reviewing evaluations of past interventions with the audience. Your mandate, and your organization’s capacity to work on various factors affecting the situation, are also important.

Sometimes it helps to start with a “straw dog”—a sample objective that you can tailored to your situation. Table 9 shows some examples of outcome objectives at each level.

Table 9: Sample outcome objectives at each level¹⁶

LEVEL	SAMPLE OBJECTIVES
Individual	<p>Increase awareness of risk factors, personal susceptibility, solutions, or health problems</p> <p>Increase knowledge (or recall, comprehension, analysis, synthesis) of ideas and/or practices</p> <p>Increase awareness of local services, organizations, etc.</p> <p>Change (increase positive, decrease negative, or maintain) attitudes</p> <p>Increase intention to make and sustain change</p> <p>Increase information-seeking behaviour</p> <p>Increase perceived social support</p> <p>Increase confidence about making behaviour changes (self-efficacy)</p> <p>Change behaviour</p>
Interpersonal	<p>Increase favourable knowledge and attitudes held by members of social networks</p> <p>Increase supportive activity (number of discussions of health issues)</p> <p>Increase number and kinds of health-related interactions within networks</p>
Organizational	<p>Increase the number of gatekeepers, decision-makers and/or other influential people in organization considering policy changes or adopting specific programs</p> <p>Increase the number of gatekeepers, decision-makers, other influential people and/or organizational members (or students, employees, etc.) who feel that the issue is important and change is necessary (building an agenda)</p> <p>Increase the quantity and quality of information regarding the issue and the policy change required</p> <p>Increase organizational confidence and competence in making health-related policy changes</p> <p>Change/implement policy, and/or adopt/change program</p>
Community	<p>Increase collaboration between organizations and groups of individuals</p> <p>Increase social support for positive changes</p> <p>Change social norms and behaviours</p>
Public Policy	<p>Increase the importance communities and society attach to an issue by increasing media coverage</p> <p>Increase societal/public values and norms (attitudes and opinions) that support the policy change you are recommending</p>

LEVEL	SAMPLE OBJECTIVES
	Increase the number of politicians who support the policy change you are recommending
	Change/implement a policy

Tips

STAKEHOLDER ROLES AND EXPECTATIONS

- If community development is important to your program, involve community members; if strengthening partnerships is important, involve community partners. Always involve your staff because their understanding and buy-in is critical when it comes to implementation.
- Ask people to work with you to come up with a meaningful goal. It can be an important learning opportunity for everyone involved.
- Brainstorm collectively, but appoint a designated writer to fine-tune wording of goals and objectives.

DECISION-MAKING PROCESS

- Use the large group to decide on the essence of the goals and objectives. Have a small group or single person approve the final writing.

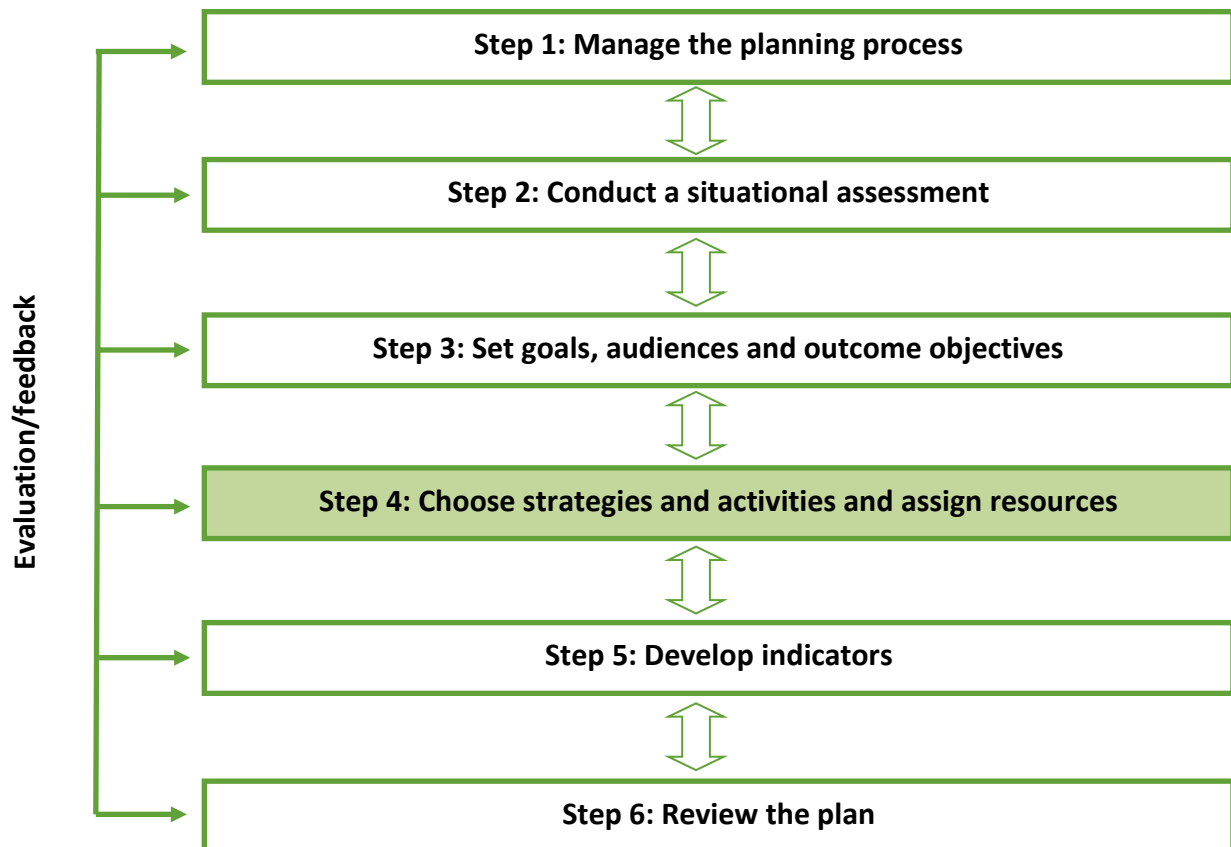
TIME

- Choose goals, audiences and outcome objectives as an important foundation for your program plan. This phase often requires many rewrites. Make sure there is enough time to do it properly, with adequate consultation with stakeholders.
- Avoid using large groups to wordsmith each goal and objective; you can get bogged down. Instead, designate one person to develop the wording after the group/team has drafted the goals.

DATA GATHERING AND ANALYSIS PROCESS

- Data-gathering does not end with the situational assessment. Now that you have more focus, continue to look for data (within reason, given available resources) that will help inform setting SMART objectives.

Step 4: Choose strategies and activities and assign resources



What is step four about?

Step 4 is the planning phase in which you identify strategies, choose activities, assign resources and write process objectives. In step 2, you tracked findings that suggested directions or conclusions related to your program. In step 3, you determined goals, audiences and outcome objectives. Step 4 is where the previous two steps meet to answer this question: “Which strategies and activities will best advance our goals and objectives within the limits of our resources?”

IDENTIFY STRATEGIES

A strategy is a broad approach to facilitating change. Choose strategies according to the results they are intended to create, or the typical activities they might include.

Many theories or frameworks list related strategies. For instance, the Ottawa Charter for Health Promotion⁷ identifies five types of strategies: 1) build healthy public policy; 2) create supportive environments; 3) strengthen community action; 4) develop personal skills; and 5) reorient health services. A program can include one or more strategies. Each strategy contains one or more activities.



Other terms can be used to describe the five Ottawa Charter strategies and additional strategies. Examples include education, health communication, and self-help. Table 10 shows clusters of strategies. The terms shown are not necessarily identical in meaning, but are often associated with similar activities.

Table 10: Health promotion strategies and associated activities

CLUSTERS OF RELATED STRATEGIES AND TERMS	EXAMPLES OF ASSOCIATED ACTIVITIES
Build healthy public policy; By-law development; Legislation; Regulation; Volunteer and organizational policies; Political action	Efforts to influence policies, operating procedures, by-laws, regulations and legislation can have a direct impact on health. For example: <ul style="list-style-type: none"> • Municipal alcohol policies help minimize alcohol-related injuries. • 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.
Create supportive environments; Healthy environments	The places where people live, work and play can impact behaviour. For example: <ul style="list-style-type: none"> • The design of a community may dictate whether walking is a pleasant experience for residents.

CLUSTERS OF RELATED STRATEGIES AND TERMS	EXAMPLES OF ASSOCIATED ACTIVITIES
<p>Community mobilization; Community development; Foster public participation; Community organization; Coalition building; Strengthen community action</p>	<ul style="list-style-type: none"> • The location of a recreational facility can make it easier or more difficult for children to participate in activities. • A gym in a workplace can make it easier for employees to get daily activity. <p>Communities can 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.</p> <p>Some projects, 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.</p> <p>Organizations that work to help communities mobilize usually act as a catalyst, by:</p> <ul style="list-style-type: none"> • 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.
<p>Develop personal skills; Counseling; Personal empowerment</p>	<p>Working with people – one-to-one or in groups – can help them develop knowledge and skills needed to improve their health, and provide the ongoing support they may need to have more control over their lives.</p>
<p>Strengthen community health services; Re-orient health services</p>	<p>The health sector can move toward health promotion, beyond clinical and curative services. It can also be designed in ways that are sensitive to the needs of different cultures and socioeconomic groups.</p>
<p>Provide information; Education</p>	<p>Fact sheets, brochures, and media can help people become more knowledgeable about health. For example, a copy of <i>Canada's Food Guide</i> combined with a cooking demonstration and recipes, can give people both the information and skills they need to eat better.</p> <p>Education may include seminars and workshops that professionals organize. It may also involve more general programs from a range of health-related and non-governmental organizations – such as literacy classes, life skills workshops and group counselling – that help people develop the skills to understand and act on health information.</p>
<p>Health communication; Social marketing; Risk communication; Communication for social</p>	<p>Campaigns that use traditional marketing tools and techniques - such as advertising campaigns, slogans and logos – may influence attitudes and encourage social change (social marketing).</p> <p>Some campaigns strive to make certain practices socially unacceptable, like drug abuse, social smoking, and texting while</p>

CLUSTERS OF RELATED STRATEGIES AND TERMS	EXAMPLES OF ASSOCIATED ACTIVITIES
change; Entertainment education; Online, interactive health communication; Tailored communication	driving. Others work to make practices <i>more</i> acceptable, such as recycling, using condoms and talking more openly to your sexual partners.
Self-care; Self-help; Mutual support	People directly affected by poverty or illness, or who care passionately about an issue, can develop a sense of their own power, control and influence. That can help them and others improve health.

CHOOSE ACTIVITIES

An activity is a specific product or service (something you do or produce). Activities are done within the context of one or more broad strategies, in order to achieve your outcome objectives. For example, you might distribute pamphlets, posters, and articles as part of an educational strategy. Or you might hold a community forum as part of a community mobilization strategy.

Activities describe the specific ways you'll apply the strategy. Some activities may be part of more than one strategy. For instance, a given event may be primarily an educational strategy, but also an opportunity to gather support for a policy initiative.

RELATIONSHIP BETWEEN PROGRAMS, STRATEGIES, ACTIVITIES AND TASKS

One common point of confusion at this stage in the planning process is the difference between activities and tasks. In this workbook:

- Activities are products or services that you make or provide for a given audience, e.g., an event, a phone-in counseling service, or a self-help group. Another common term for activity is output. Each activity may require multiple tasks.
- Tasks are part of operational work plans that assign people, resources, and deadlines to make activities happen. That includes things like: hiring a designer; buying media time; researching an event venue; or finding out local politician positions on an issue. Tasks are sometimes called action steps. A program contains one or more *strategies*, or broad approaches to facilitating change. For example, building healthy public policy, or creating supportive environments are strategies. Each strategy contains one or more *activities*.

ASSIGN RESOURCES

Resources include money, expertise, time, space and equipment. That can come through funded budgets, donated funds or revenue, and/or goods and services provided in-kind by partners. Allocating resources now will help you create realistic process objectives.

WRITE PROCESS OBJECTIVES

Similar to outcome objectives, good process objectives include four components:

1. **what** you want to do or produce (activity);
2. **who** you are doing or producing it for (audiences);
3. **how much**; and
4. by **when**.

Table 11: Sample process objectives at each level¹⁶

LEVEL OF OBJECTIVE	HOW MUCH	WHAT YOU WANT TO DO OR PRODUCE	FOR WHOM (AUDIENCE)	BY WHEN
Individual	2,000	...educational pamphlets on the most effective treatment options for depression and anxiety sentto adults from 50- 80...	...by next January
Interpersonal	6	...training sessions on how to distinguish between physical health complaints and anxiety/depression...	...to people who provide informal care (unpaid caregivers) to the elderly in Ottawa...	...by next January
Organizational	20	...visits to help implement a depression screening system...	...to physician offices in Niagara Region...	...by next October
Community	1	...social networking platform established to increase collaboration...	...between organizations and groups concerned with the management of depressive disorders in Durham Region...	...by next September

LEVEL OF OBJECTIVE	HOW MUCH	WHAT YOU WANT TO DO OR PRODUCE	FOR WHOM (AUDIENCE)	BY WHEN
Public Policy	1	...breakfast meeting about why a national mental health strategy should be a priority for Canada...for Cabinet members...	...in the next two months

Why is step four important?

This step connects what you want to *do* (strategies and activities) with what you want to *achieve* (goals and outcome objectives).

In step 4, setting clear strategies and activities, assigning resources and writing process objectives provides:

- the foundation for detailed budgets and operational work plans;
- the information to determine indicators (step 5), which is key to making the program evaluable; and
- approximately half of the information for a logic model, which is reviewed in step 6.

Your goals, objectives, strategies, activities and resources should:

- be based on good evidence (collected in step 2, situational assessment);
- be developed using well-founded processes (as described in step 1, project management); and
- make sense together.

If you do not meet the above criteria, you may want to collect more evidence or revisit decisions about the scope of your goal, audiences and outcome objectives.

This section is presented in the order of strategies, activities, resources, and then process objectives. However, this is not a linear process.

For example, you may choose to begin by brainstorming strategies *or* activities. Although resources are not officially assigned until activities are chosen, available resources in fact inform those choices. Also, once you begin work on your process objectives, you may realize that your resource allocations are insufficient, causing you to revisit your activity and resource decisions.

The process of reflecting back and forth between all the parts of step 4 is continuous.

How do I do step four?

IDENTIFY STRATEGIES

Begin by compiling possible health promotion strategies. One way is to create a list for each of the outcome objectives developed in step 3. Another option is to list activities for each of the outcome objectives, then cluster the activities into strategies.

The [Health Promotion Foundations course, Module 3: Models of Health & Health Promotion²](#) includes a wealth of content that may inform your choice of strategies.

Either way, generate your strategy options by focusing on this question: What do you need to do to reach your goal and outcome objectives in a way that is consistent with your health promotion values?

Use the results of your situational assessment to help identify the most effective strategies for your situation. Some examples of strategies are shown in Table 12. These are based on strategies from the Ottawa Charter⁷ and from a classic article by Epp, called Achieving Health for All: A Framework for Health Promotion.²³ To help you make proper links, each strategy cluster is shown with sample and possible outcomes.

Table 12: Sample strategies, with related activities and outcomes

CLUSTERS OF RELATED STRATEGIES	SAMPLE ACTIVITIES—THINGS YOU DO OR PRODUCE FOR AN AUDIENCE	EXAMPLES OF OUTCOMES—OBSERVABLE CHANGES IN AUDIENCE/ENVIRONMENT
1. Build healthy public policy; By-law development; Legislations; Regulation; Volunteer and organizational policies; Political action	<ul style="list-style-type: none"> • Awareness campaign • Community letter-writing • Deputation to council, board, etc. 	<ul style="list-style-type: none"> • New policies, procedures, by-laws, regulations, legislation
2. Create supportive environments; Healthy environments	<ul style="list-style-type: none"> • Support groups • Organizational flex time arrangement • Provide free childcare to allow adults workout time • Improved school parks 	<ul style="list-style-type: none"> • Increase in perceived support dealing with an illness, situation, addiction, etc. • Changes in organizational procedures • Structural changes in the environment (green space, sidewalks, parks, trees, healthy food choices)

CLUSTERS OF RELATED STRATEGIES	SAMPLE ACTIVITIES—THINGS YOU DO OR PRODUCE FOR AN AUDIENCE	EXAMPLES OF OUTCOMES—OBSERVABLE CHANGES IN AUDIENCE/ENVIRONMENT
3. Community mobilization; Community development; Foster public participation; Community organization; Coalition building; Strengthen community action	<ul style="list-style-type: none"> • Create local action group • Train local leaders • Neighbourhood anti-drug forum • Block parents • Community economic development projects • Corporate contribution initiatives (donations of volunteers, money or other resources) 	<ul style="list-style-type: none"> • Increase ability, capacity or confidence of individuals and groups to affect community change, policies, etc.
4. Develop personal skills; Counselling; Personal empowerment	<ul style="list-style-type: none"> • Parenting skill workshops that include role modeling discipline techniques • Cooking demonstrations • Personal fitness program development and training • Telephone smoking cessation counselling 	<ul style="list-style-type: none"> • Increase confidence in ability to perform a behaviour • Increase in number of attempts to change a behaviour
5. Strengthen community health services; Re-orient health services	<ul style="list-style-type: none"> • Promote use of healthy lifestyle screening tools during annual physical exams • Change physician billing rules so lifestyle counselling is billable • Develop/fund multidisciplinary medical team (nurses, nurse-practitioners, dietitians, etc.) who have more time to work on prevention and health behaviour issue 	<ul style="list-style-type: none"> • Increase patient accessibility to a broad spectrum of clinical and prevention services • Changes in patient lifestyle behaviours • Improve linkages between physical health care and social services in community (children’s aid, etc.)
6. Provide information; Education	<ul style="list-style-type: none"> • Materials that help people become more knowledgeable about health including fact sheets, brochures, newspaper and magazine articles, television 	<ul style="list-style-type: none"> • Increase understanding of health information • Increase motivation • Increase knowledge about where to get more information

CLUSTERS OF RELATED STRATEGIES	SAMPLE ACTIVITIES—THINGS YOU DO OR PRODUCE FOR AN AUDIENCE	EXAMPLES OF OUTCOMES—OBSERVABLE CHANGES IN AUDIENCE/ENVIRONMENT
	programs, etc. <ul style="list-style-type: none"> • Events, demonstrations, workshops, classes, groups 	
7. Health communication; Social marketing; Risk communication; Communication for social change; Entertainment education; Online interactive health communication	<ul style="list-style-type: none"> • Text message campaign about smoking cessation services for teens • Online health assessment and tailored advice tool • Contest to develop your own web video about health conditions on your community 	<ul style="list-style-type: none"> • Increase knowledge and awareness • Change attitudes • Modify behaviours • Increase number of discussions about a topic
8. Self-care; Self-help; Mutual support	<ul style="list-style-type: none"> • Create an online community for sharing concerns, questions, etc. about a specific topic • Train community peer support workers on an issue (cooking, prevention, etc.) 	<ul style="list-style-type: none"> • Increase sense of one’s own power to affect health or life circumstances • Increase in perceived social support in dealing with an illness or circumstance

After generating a list of potential strategies, use specific criteria to prioritize the options. For example, consider whether the strategy:

- has significant bearing or potential to have an impact on the situation (should be done);
- is amenable/likely to occur given your available resources, expertise, etc. (could be done); and
- is aligned with your mandate and stakeholder interests (what your organization is expected to do).

Look back at Figure 5 for a visual representation of these factors.

Other planning frameworks identify criteria to help you decide on the most appropriate strategies, e.g., Ontario’s Public Health Standards (which speak to need, impact, capacity and partnerships).

CHOOSE ACTIVITIES

If you are planning for an existing program, review the activities you currently offer. Decide whether to continue, stop or adapt the activities by considering:

- What you know, from the available evidence (from step 2), about the expected or actual effectiveness of this activity for meeting your outcome objectives.
- What you know about the appropriateness of this activity for your intended audiences (from step 2).
- What you know about the financial and human resources required to implement this activity properly.
- What resources you have to implement this activity, and how that compares to what resources are required.

You may choose to include other criteria for decision-making, such as potential for impact, alignment with your mandate, political support, etc.

Once you have reviewed existing activities, brainstorm potential new ones for each strategy. Prioritize the new suggestions, based on the above criteria.

WRITE PROCESS OBJECTIVES

Write one or more process objectives for each of your activities. Recall that good process objectives include four components:

1. **what** you want to do or produce (activity/output);
2. **who** you are doing or producing it for (audience);
3. **how much** (number and type of products or services); and
4. by **when**.

The number of products and services you can realistically deliver is closely tied to your available resources. If necessary, reduce that number or increase the required budget to cover the desired level.

The [Online Health Program Planner \(OHPP\)](#) includes four worksheets to help you complete this step:

[4.1: Choose strategies and brainstorm activities](#)

[4.2: Assess and choose activities](#)

[4.3: Assign resources and outcome objectives](#)

[4.4: Develop process objectives](#)

Completing these worksheets will also help you build your program logic model.

ASSIGN RESOURCES

It is essential to match chosen activities with sufficient and available resources. Look at your overall budget and other resources as outlined in step 1 to do the following steps.

1. Allocate what is available to specific activities.
2. Examine the gaps between what is needed and what you have.
3. Explore ways of obtaining the required resources from other organizations, alternative funding sources, etc.
4. Consider which activities you will keep and which parts will be on hold until new resources are found (in the next fiscal cycle, for example).

In step 4, it is common to realize that you need more data about potential strategies and activities to help you prioritize. This is a normal part of the ongoing 5-point project management process described in step 1. You may need extra time to research and rank good/better/best practices, as well as review previous discussions about decision-making, as you come to agreement on what level of evidence you are willing to accept about a strategy or activity. Some sources of effectiveness evidence include:

Ministry of Health and Long Term Care. MHPS Guidance Documents. Available from:
<http://www.mhp.gov.on.ca/en/healthy-communities/public-health/guidance-documents.asp>²⁴

Ministry of Health and Long Term Care. Literature search statements for the Ontario Public Health Standards. Available from:
http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ops/litss.html#fstandard²⁰

Health Evidence. Available from: <http://theevidence.org/>¹³

Quebec Population Health Research Network (QPHRN). Available from:
<http://www.santepop.qc.ca/en/index.html>²⁵

National Collaborating Centre for Methods and Tools. Public Health +. Available from:
http://www.nccmt.ca/tools/public_health_plus-eng.html²⁶

National Collaborating Centre for Healthy Public Policies (NCCHPP). Available from:
<http://www.ncchpp.ca/en/>²⁷

Public Health Agency of Canada. The Canadian best practices portal (CBPP) intervention database. Available from: <http://cbpp-pcpe.phac-aspc.gc.ca/intervention/search-eng.html>²⁸

Institute national de santé publique du Québec (INSPQ). Bilingual publications about synthesizing evidence. Available from: <http://www.inspq.qc.ca/english/Default.aspx?pageid=223>²⁹

Tips

STAKEHOLDER ROLES AND EXPECTATIONS

- Involve those who are going to implement the program and other stakeholders in the community. This step can go quickly if only a few people are involved, but whenever possible allocate the time to involve others.

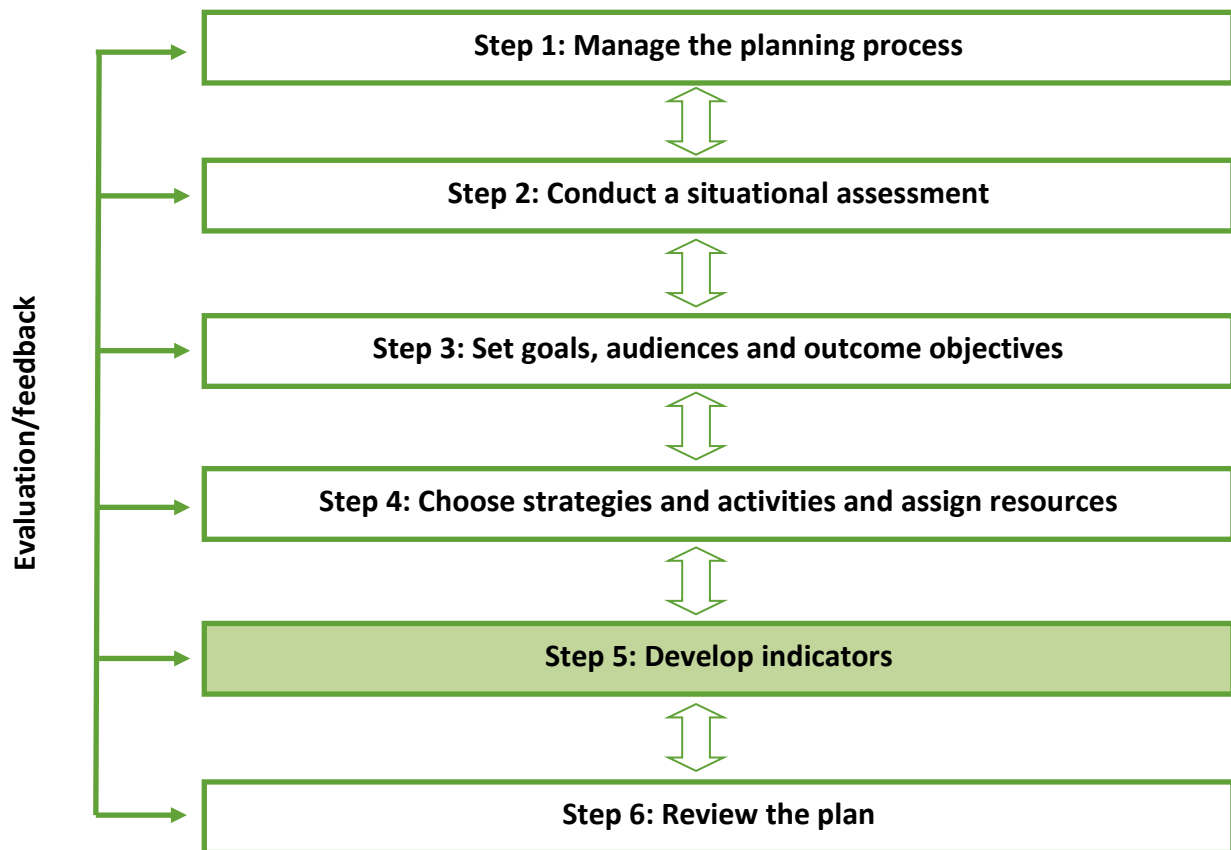
DECISION-MAKING PROCESSES

- As you look at your program at different times, ideas will change out of necessity and out of inspiration. Keep good documentation and be open to changing your plan.
- Ensure your decision-making process provides guidance for ongoing reflection and possible decision changes.

DATA GATHERING AND ANALYSIS PROCESS

- Drawing on the literature from your situational assessment in step 2 is important in step 4. So it may be appropriate to work with a small group of partner organizations or staff. Each can review different parts of the literature, or cover an area of expertise (e.g., nutritionists, communications specialists, educators, community developers).
- From a health promotion viewpoint, look for assets, strengths and resources you can build on, and include strategies addressing the socio-environmental determinants of health.
- Consider pre-testing materials or pilot-testing ideas on a small scale before mounting a broader strategy.

Step 5: Develop indicators



What is step five about?

Step 5 is about choosing indicators that assess the extent to which you've met your process and outcome objectives. Indicators help you decide whether your program is effective and successful. They help answer:

- How will you know the strategy has been implemented?
- How will you know if you've achieved the objective?
- How will you measure progress toward your desired outcome?
- How will you know what is different after your program?

A program also needs indicators to be measurable – that means reliable, valid, and accessible. It is important to identify: what you will measure, where the data are available and any limitations on accessibility (e.g., frequency of information collection).

There is more to evaluation than establishing indicators. An evaluation plan also considers how data is gathered, how often, and from whom.

OUTCOME INDICATORS

Outcome indicators measure progress toward your outcome objectives. Each objective should have one or more clearly defined indicator of success. Indicators can also provide a measure of progress for more than one objective.

Indicators can be short-, medium- or long-term, consistent with the objectives they measure.

For health promotion programs, you can state the objectives in positive terms even if the outcome indicator is stated in negative terms. For example, the objective may be to promote moderate and safe drinking. One indicator may be a reduction in the number of motor vehicle accidents involving impaired driving.

Table 13 shows some indicators for the outcome objectives that were given as examples in step 3. The table notes where the data are available and limitations of availability, to guide discussion.

Table 13: Example outcome indicators and data availability

OUTCOME OBJECTIVE	INDICATORS	DATA AVAILABILITY	LIMITATIONS ON DATA AVAILABILITY
To increase by 10%, within 2 years, the number of adults between 50- 80 who agree that depression and anxiety are highly treatable disorders, which they should discuss with a doctor	<ul style="list-style-type: none"> Percentage of people who agree that depression and anxiety are highly treatable disorders Percentage of people who can identify two possible treatments for depression/anxiety Number of doctor/patient discussions about depression and anxiety disorders 	<ul style="list-style-type: none"> Canadian Community Health Survey, Mental Health and Well-Being component, Statistics Canada Regional Psychiatry Program Annual Survey 	<ul style="list-style-type: none"> Collected every 5 years Limited sample from our region, so harder to generalize A free public access file is available for download, but this omits some data due to privacy reasons

OUTCOME OBJECTIVE	INDICATORS	DATA AVAILABILITY	LIMITATIONS ON DATA AVAILABILITY
To increase by 20%, in the next 12 months, the percentage of people providing informal care to the elderly in Ottawa who agree that mental health problems are often closely linked to physical health complaints	<ul style="list-style-type: none"> Percentage of informal caregivers to the elderly who can list three physical health complaints that depression/anxiety may cause 	<ul style="list-style-type: none"> National Initiative for the Care of the Elderly 	<ul style="list-style-type: none"> Research study ends before the program is complete, so results could potentially be inaccurate (underestimated)
To increase by 10, within 18 months, the number of physician offices in Niagara Region that give all patients an annual take-home screening tool for depression	<ul style="list-style-type: none"> Number of physician offices that give all patients a screening tool for depression 	<ul style="list-style-type: none"> No known source; will have to collect this ourselves 	<ul style="list-style-type: none"> Physicians are difficult to reach
To increase by 5, within 18 months, the number of community partners in Durham Region that participate in collaborative care models for the management of depressive disorders	<ul style="list-style-type: none"> Number of organizations and groups engaged in a collaborative effort to manage depressive disorders 	<ul style="list-style-type: none"> No known source; will have to collect this ourselves 	<ul style="list-style-type: none"> Types of community organizations providing services may vary greatly between regions There is no exhaustive list of all organizations that provide these services

OUTCOME OBJECTIVE	INDICATORS	DATA AVAILABILITY	LIMITATIONS ON DATA AVAILABILITY
To increase by 3, in the next 18 months, the number of Members of Parliament who feel that a national mental health strategy is a priority for Canada	<ul style="list-style-type: none"> Number of MPs who can name one statistic that indicates a need for a national mental health strategy Number of mentions in the national news media about lack of mental health services in Canada 	<ul style="list-style-type: none"> Canadian Institutes of Health Research (CIHR) 15-minute survey of knowledge and attitudes toward health research funding 	<ul style="list-style-type: none"> A process is underway where survey administrators are prioritizing survey questions; this one may not make the survey The survey happens three months after our program finishes, so the effects may have faded The service has a fee

PROCESS INDICATORS

Process indicators measure both the quantitative and qualitative aspects of program delivery:

- Quantitative measures focus on numbers (e.g., number of girls registered in fitness programs).
- Qualitative indicators use words (e.g., what participants liked, barriers or facilitators to change, lessons learned in working with this audience).

Table 14 shows examples of indicators (quantitative and qualitative) for the process objectives used as examples in step 4.

Table 14: Example quantitative and qualitative process indicators

PROCESS OBJECTIVE	EXAMPLES OF QUANTITATIVE INDICATORS	EXAMPLES OF QUALITATIVE INDICATORS
2,000 educational pamphlets on the most effective treatment options for depression and anxiety, sent to adults aged 50-80 by next January	<ul style="list-style-type: none"> • Number of pamphlets sent • Percentage (when asked) who remember receiving the pamphlet • Percentage (when asked) who remember reading the pamphlet 	<ul style="list-style-type: none"> • Recipient comments about what they did and didn't like about the pamphlet
6 training sessions, conducted by next January on how to distinguish between physical health complaints and anxiety/depression to people who provide informal care (unpaid caregivers) to the elderly in Ottawa	<ul style="list-style-type: none"> • Number of attendees at each session 	<ul style="list-style-type: none"> • Facilitator list of topics discussed during each session • Participant ideas about how to improve the sessions
20 visits to physician offices in Niagara Region, by next October, to help implement a depression screening system	<ul style="list-style-type: none"> • Number of visits completed • Number of offices that declined visit 	<ul style="list-style-type: none"> • Visitor notes about what barriers physicians or their staff mentioned in relation to implementing the screening system
1 social networking platform established by next September, to increase collaboration between organizations and groups that offer services to manage depressive disorders	<ul style="list-style-type: none"> • Number of members • Number of unique visits to webpage(s) • Time spent on webpage(s) 	<ul style="list-style-type: none"> • List of organizations and groups that joined the social networking platform • List of conversation topics on the webpage(s)
1 breakfast meeting for Cabinet Members in the next two months to present why a national mental health strategy should be a priority	<ul style="list-style-type: none"> • Cost of the meeting, including planning time, clean-up and follow-up • Number of attendees and invitations declined • Percentage of attendees who stayed for the entire session. 	<ul style="list-style-type: none"> • List of which Cabinet Members attended • Session transcripts showing questions/comments from Cabinet Members

Why is step five important?

Establishing indicators is a critical step towards ensuring your program can be evaluated. Step 5 is also important because it indicates a real commitment to achieving results and measuring achievement.

How do I do step five?

Each objective, both process and outcome, should have at least one indicator. Indicators may be quantitative or qualitative. They should all be reliable, valid and accessible. Thus it is important to identify not only what you will measure, but also where the data are available and any limitations on accessibility.

DEVELOP A WORKING LIST OF INDICATORS

For each process and outcome objective, draft one or more indicators that will assess the extent to which you've met the objective.

REVIEW EXISTING SOURCES OF INDICATORS

You could get ideas from sources such as:

- the mandate of your regulating agency (e.g., % of children immunized by 2020);
- population health status measures your organization uses (e.g., expected rates of mortality or morbidity);
- standards set out by governments or professional organizations;
- values/opinions expressed in previous evaluations (e.g., % in community rating the service as excellent); and
- benchmarks established through research (e.g., expected smoking rate decreases).

The [Online Health Program Planner \(OHPP\)](#) includes two worksheets to help you complete this step:

[5.1: Develop outcome indicators](#)

[5.2: Develop process indicators](#)

Clearinghouses and other repositories for indicators can help with this step. Some examples:

Canadian Institute for Health Information (CIHI) and Statistics Canada. Health indicators. http://www.cihi.ca/CIHI-ext-portal/pdf/internet/DEFINITIONS_062011_EN³⁰

Health Canada. Health indicators. <http://www.hc-sc.gc.ca/hcs-sss/indicat/index-eng.php>³¹

Association of Public Health Epidemiologists in Ontario. Core indicators for public health. <http://www.apheo.ca/index.php?pid=48>³²

CHECK RELIABILITY AND VALIDITY

For each indicator, consider:

- Is it reliable? Reliability is the extent to which the indicator will give consistent, accurate measurement over time. An established measure that other credible individuals and organizations have used may be more reliable than something you develop on your own.
- Is it valid? Validity is the extent to which the indicator measures what you set out to measure. For example, you might ask recipients whether they liked a pamphlet. A response of “yes” may or may not mean the pamphlet is useful or effective.

CHECK ACCESSIBILITY

For all indicators, ask:

- What is an appropriate timeframe for observing a result?
- Is the measure available at that time?
- Are the sources of data required to assess this result accessible?
- Are the providers of the measure reliable, responsive, and timely?
- Do you have the resources for any direct costs, e.g. fees or licenses?
- Do you have the expertise to analyze or otherwise manage the data provided?

PRIORITIZE

Rank and choose your indicators based on which are the most reliable, valid and accessible.

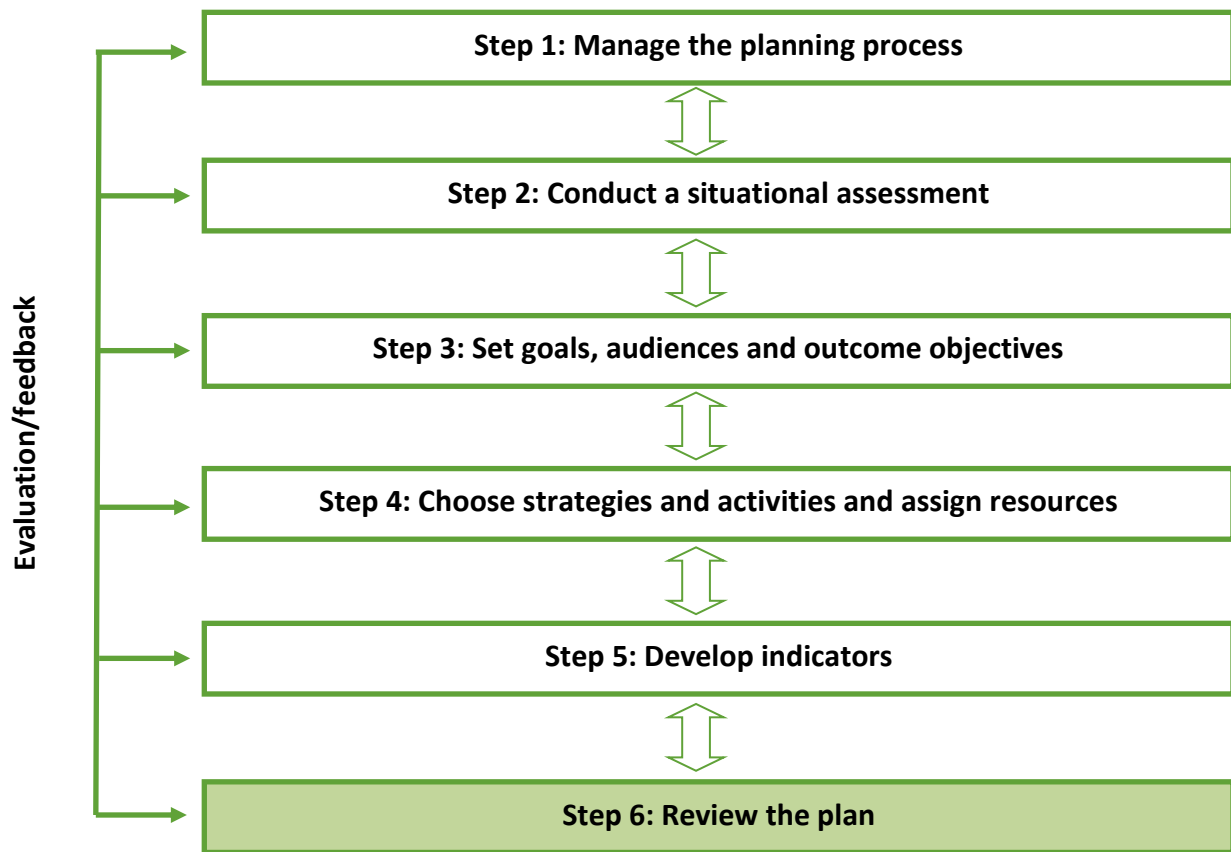
REVIEW

Review indicators periodically to ensure continued relevance for your information needs.

Tips

- Involve partners and staff in identifying how to know if they have been successful in achieving goals and objectives.
- Look for indicators of empowerment, community strength and determinants of health that align with your overriding health promotion theory or perspective.
- Indicators may or may not be included in your program logic model. This depends on the user and layout of the logic model. If the users are evaluation-oriented, for instance, it may be a good idea to include indicators. If your audience is not evaluation-oriented, leaving indicators out can make the logic model easier to understand.

Step 6: Review the plan



What is step six about?

Step 6 is about reviewing your plan to ensure it is:

- complete;
- logical; and
- aligned with the results of your situational assessment.

One of the best ways to do this is with a logic model. A logic model is a graphic depiction of the relationship between all parts of a program. In addition to helping with the program review process, it can be a useful tool for communicating with stakeholders.

Why is step six important?

Once the entire plan is in place and presented in an overview, such as a logic model, you can do a more comprehensive review. This will look at whether the plan is complete, logical and aligned with the situational assessment (step 2). Because of errors or omissions, you may need to revisit one or more planning steps, and update your associated worksheet entries. Step 6 is also an important step in planning for a comprehensive evaluation.

How do I do step six?

ASSEMBLE A LOGIC MODEL

Logic models come in many shapes and sizes. Decide on the overall design of your logic model, then build it.

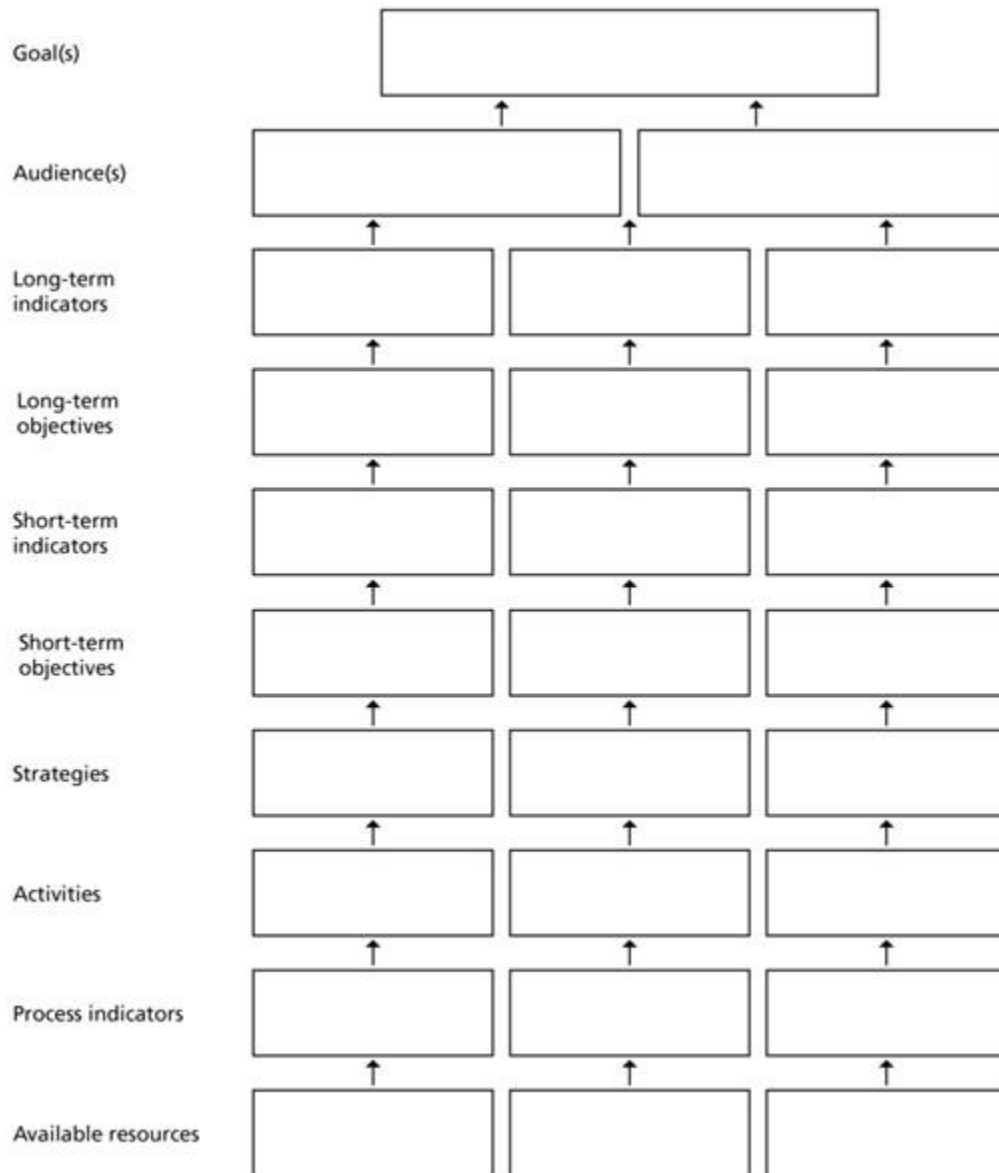
There are many possible logic model formats. In general, a logic model should include your decisions made in steps 3 and 4 regarding your:

- goals;
- audiences;
- outcome objectives;
- strategies;
- activities;
- resources;
- process objectives; and
- outcome and process indicators.

As previously noted, some organizations use different terms that mean the same as the above list of program plan elements.

The order in which these elements are presented and the exact display can vary. For instance, some logic models separate short-, medium- and long-term objectives and indicators. Others omit indicators and resources. And some depict the direct one-to-one relationships between elements, as shown in Figure 8.

Figure 8: Generic program logic model A

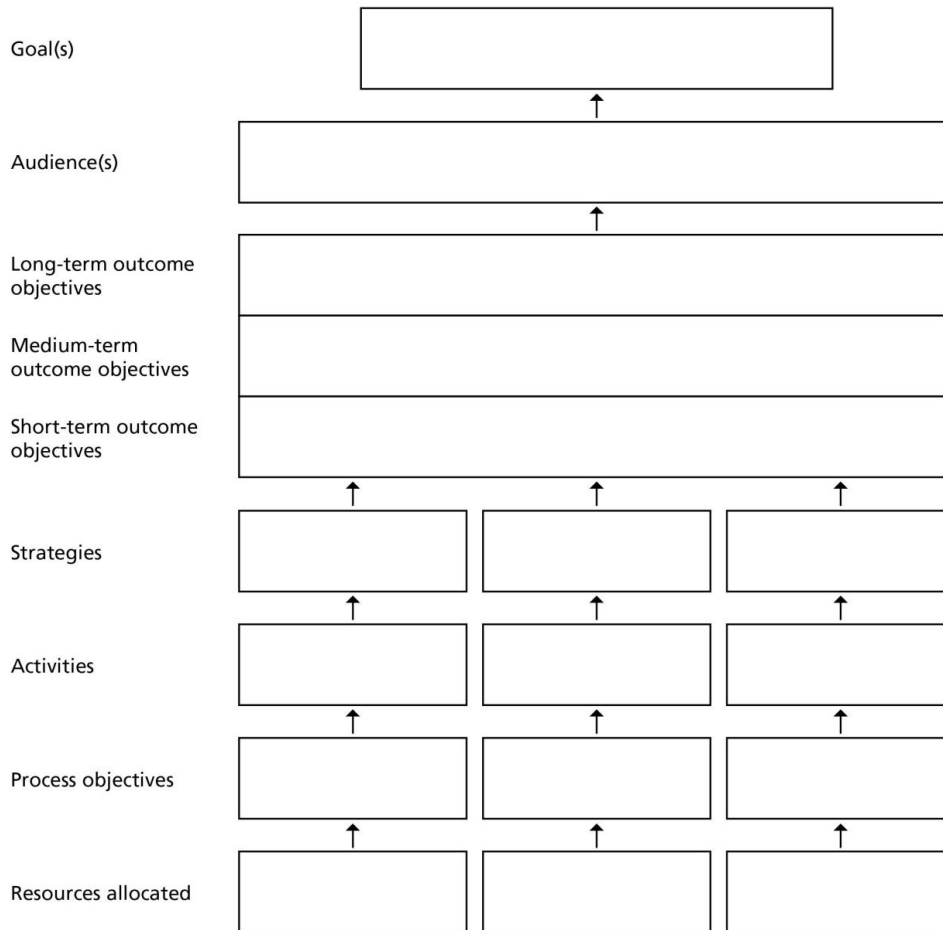


This can result in a logic model with many small boxes. So some people prefer to use wider boxes that span many columns, in order to show all objectives or indicators together. See Figure 9 for an example.

Note that this logic model in Figure 9 does not include indicators, but does separate short-, medium- and long-term outcome objectives. A design like this is often accompanied by a more detailed planning document that shows the exact relationship between each objective and its associated strategies, activities, etc.

Regardless of whether you decide to use a logic model, step 6 is the last in the planning process. At this point, you review and possibly adjust your plan, creating something that you can realistically implement with your stakeholders' buy-in.

Figure 9: Generic program logic model B



ASSESS THE PLAN FOR COMPLETENESS

Ensure that the information in your plan includes everything you need to implement it. Your logic model, or other final program plan format, must also include the information stakeholders (specifically decision-makers) need, to provide feedback and support.

Consider the following questions to ensure your plan is complete:

- Does the program include broad goals (step 3)?
- Have you identified audiences, including individuals, social networks, organizations, communities and/or governments (step 3)?
- Are your outcome objectives SMART (specific, measurable, appropriate, realistic, and time-limited (step 3))?
- Have you identified a few major strategies to advance the objectives, and reflect your overall health promotion theory (step 4)?
- Do the activities fall within clearly defined strategies (step 4)?
- Are the process objectives SMART (step 4)?
- Have you identified the resources (people, funds, materials) required (step 4)?
- Does your plan have at least one indicator for each objective (step 5)?
- Are the indicators reliable, valid and accessible (step 5)?

ASSESS THE PLAN FOR LOGIC

Consider the following questions to assess your plan for logic:

- Will the short-term objectives contribute to the long-term objectives?
- Will the strategies effectively contribute to the goals and objectives?
- Have you chosen the best activities to advance the strategy?
- Are the activities appropriate to the audiences?
- Are the resources adequate to implement the activities?

The [Online Health Program Planner \(OHPP\)](#) can help you create a logic model in MS Word. To do that, complete the following worksheets:

[3.1: Set goals, audiences, and outcome objectives](#)

[4.1: Choose strategies and brainstorm activities](#)

[4.2: Assess and choose activities](#)

[4.3: Assign resources and outcome objectives](#)

[4.4: Develop process objectives](#)

Some OHPP worksheets help you review your plan for completeness, logic, and alignment with the situational assessment:

[6.1: Review your plan](#)

[6.2: Review your plan using a population health approach lens](#)

CHECK THE ALIGNMENT OF YOUR PLAN WITH YOUR SITUATIONAL ASSESSMENT

Go back to step 2, the situational assessment. Review the fit of the plan with your data-gathering and decision-making at that time.

Is the plan consistent with the key findings of the situational assessment? In particular, does your program plan consider the major influences on your situation (the second key question in your situational assessment analysis)? This check should also review any new data that arose during the planning process. Finally, will stakeholders be satisfied with the proposed program plan?

REVIEW PLAN PRESENTATION

Ensure the logic model (or other plan format) presents the information in a clear and compelling manner. Consider the following questions:

- Is it user-friendly?
- Is it easy to follow the arrows and/or flow of logic?
- Is there enough white space?
- Is it presented in an order that is useful for you and your stakeholders?

CONSIDER HOW TO PROCEED

After doing all the checks noted above, revise accordingly if needed. Approve your plan according to your agreed-upon decision-making process. Then develop your full evaluation plan before implementation begins. When implementing your plan, use formative and/or process evaluations to make any required changes.

Find out more about developing an evaluation plan here:

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evaluating health promotion programs: introductory workbook.³³

Wholey JS, Hatry HP, Newcomer KE. Handbook of practical program evaluation.³⁴

Saunders RP, Evans MH, Joshi P. Developing a process-evaluation plan for assessing health promotion program implementation: a how-to guide.³⁵

Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Developing an effective evaluation plan. Available from: <http://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf>³⁶

W.K. Kellogg Foundation. W.K. Kellogg Foundation evaluation handbook. Available from:
<http://www.wkkf.org/resource-directory/resource/2010/w-k-kellogg-foundation-evaluation-handbook>³⁷

Tips

- When creating logic models, it often helps to have the various components on sticky notes. You can remove, change and move items easily, while having a working version in view.
- Involve those who are going to implement the program and other stakeholders in the review of the plan as they may have important insights into what you may have missed.

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