Priority Setting Process Checklist (PSPC)

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At various points in The Health Communiction Unit's (THCU) six-step program planning model (1, 2) priorities must be set. These decisions may relate to which risk factors to address, which audiences to focus on, which settings to work in and which approaches/strategies to implement.

THCU six-step Health Promotion Planning framework

1. Project Management
2. Situational Assessment
3. Set Goals, Audiences and Outcomes
4. Choose Strategies and Activities and Assign Resources
5. Develop Indicators
6. Review the Plan

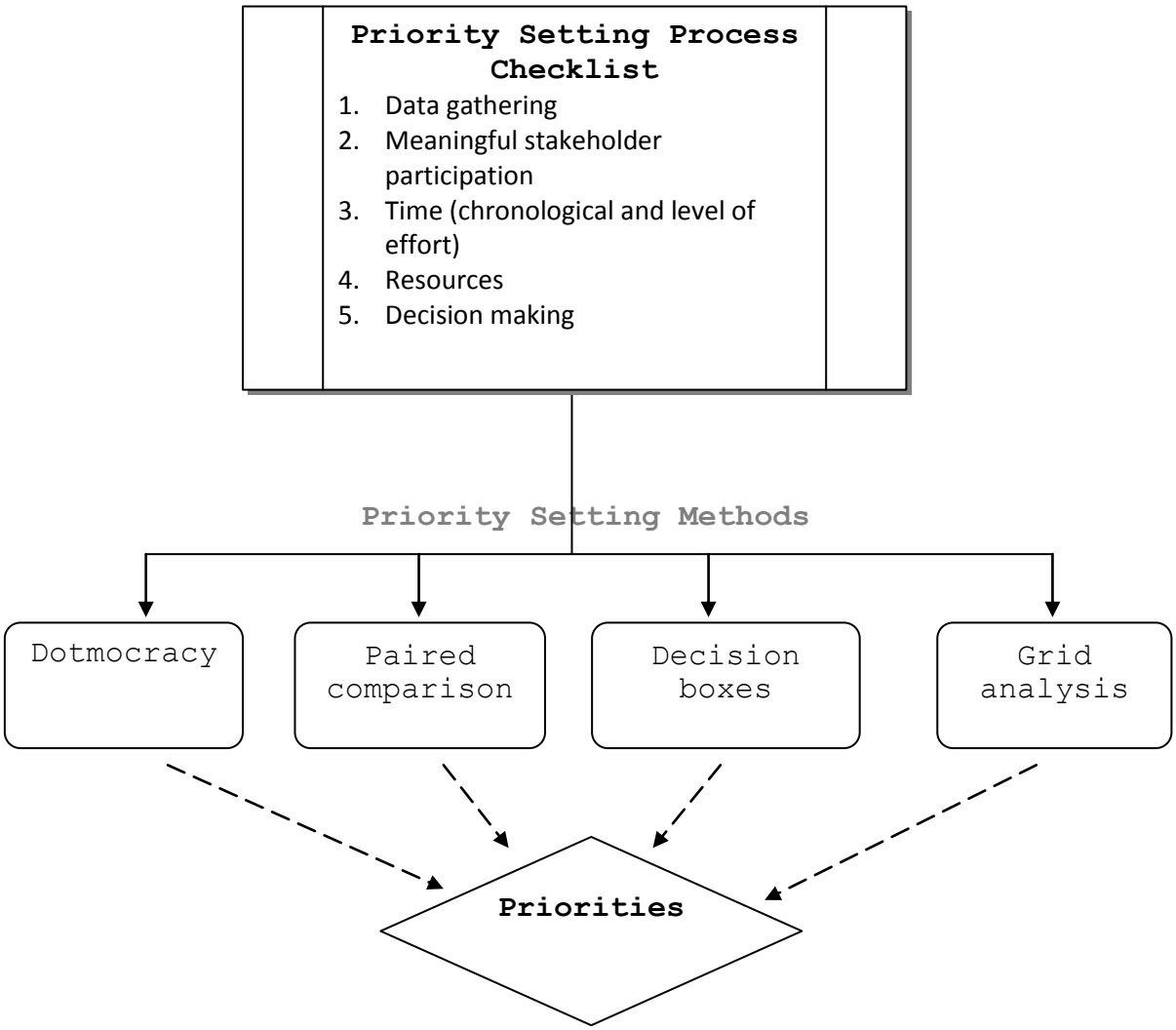
THCU has two resources related to setting priorities. They include *Setting Priorities: Strategic Techniques for Groups – Slides and link to audio* (3) and *Priority-setting: Four methods for getting to what's important* (4).

These resources explain how to use four priority-setting methods: dotmocracy, paired comparisons, decision boxes, and grid analysis.

The Priority Setting Process Checklist (PSPC) described here, is a tool to prepare you for using one of these four methods.

The PSPC is organized around the five elements of project management identified in Step one of THCU's *Health promotion program planning workbook*: data gathering; meaningful participation by stakeholders; resources; time; and decision-making. (1, 2)

The PSPC can be used as you prepare for a priority-setting process, or as a reflection tool, after you have completed a priority-setting process.



The PSPC was built upon information from several different priority-setting process resources, including Sibbald et al's *Priority setting: What constitutes success* (5) and the U.S. Agency for Healthcare Quality and Research's *Will it work here: A decisionmaker's guide to adopting innovations.* (6)

A Word About Evidence-Informed Decision-Making (EIDM)

At THCU, we recognize the importance and value of using both evidence and theory to make strong decisions throughout program planning. Thus you will find items in the *Data Gathering* section of our checklist - related to collecting evidence and reviewing theory.

If you are new to EIDM please consult one or more existing EIDM resources. For example, the Ontario Public Health Association's *Towards Evidence-Informed Practice Program (TEIP) Evidence tool* (8) and the National Collaborating Centre for Methods and Tools' *Evidence-informed public Health model* (9). References for and links to these tools are provided at the end of this document.

> ***Evidence-informed decision-making*** *is the purposeful and systematic use of the best available evidence to inform the assessment of various options and related decision making in practice, program development, and policy making. This process involves searching for, accessing, assessing the relevance and quality of evidence; interpreting this evidence and identifying associated implications for practice, program and policy decisions; adapting this evidence in light of the local context; implementing this evidence; and evaluating its impact.(7)*

> *A* ***theory*** *is systematically organized knowledge applicable in a relatively wide variety of circumstances devised to analyze, predict or otherwise explain the nature or behaviour of a specified set of phenomena that could be used as the basis for action.* (10)

If you would like more information about the most common theoretical models, we recommend THCU's resource, *Changing behaviours: A practical framework* (11) as well as *Health promotion 101: Module four- Theories*. (12)

Priority Setting Process Checklist

1. Data Collection	Definitely yes	Some what	Definitely not	Don't know	Notes/ areas for improvement
Evidence					
Do we have explicit criteria for acceptable evidence when setting priorities?					
Do we have a variety of types of evidence, collected using a variety of methods, from various sources, that will help us set priorities?					
Theory					
Have we identified theoretical models (at multiple ecological levels) that can help us set priorities?					
Have we identified and addressed gaps in data quality or quantity that could affect the priority-setting process?					
Do we have a comprehensive, creative, compelling list of options to consider?					
2. Stakeholder Participation					
Do we understand how well each of our options complements (or doesn't), the stated values of our organization/collaboration?					
Do we understand how well each of our options complements (or doesn't), the mandate of our organization/collaboration?					
Do we understand how well each of our options					

	Definitely yes	Some what	Definitely not	Don't know	Notes/ areas for improvement
complements (or doesn't) the goals, priority populations and desired outcomes of our organization/collaboration?					
Have we completed a thorough process to identify stakeholders who should be involved?					
Have we adequately engaged each of our stakeholders?					
Do our stakeholders understand the steps involved (thereby helping to ensure increased acceptance and support)?					
Do our stakeholders understand the resources that will be required?					
3. Resources					
Is the process an efficient use of stakeholder's time and budget?					
4. Time					
Have we done a good job of scheduling so that stakeholders can fully participate in the process?					
Have we allocated the right amount of staff/volunteer time to properly complete the priority-setting process?					
5. Decision Making					
Have we clearly identified, documented and shared, the roles and authority associated with the process?					
Do our stakeholders agree about the benefits of the priority-setting process we have chosen?					
Is there a strong likelihood stakeholders will accept and be satisfied with the priorities selected using this process?					

	Definitely yes	Some what	Definitely not	Don't know	Notes/ areas for improvement
Will this process result in improved priority-setting processes for our organization/collaboration?					

References

1) The Health Communication Unit. Planning health promotion programs revised edition (draft) English. Toronto: The Dalla Lana School of Public Health, University of Toronto; 2010 Jun. Available from: **http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=1279&translateto=english**

2) The Health Communication Unit and Nataional Collaborating Centre for Methods and Tools. Online health program planner. Available from: **www.thcu.ca/ohpp**

3) The Health Communication Unit. Setting priorities: Strategic techniques for groups (Slideshow and link to audio). Toronto: The Dalla Lana School of Public Health, University of Toronto; 2009 Oct. Available from: **http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=1237&translateto=English**

4) van Boxmeer N, Thesenvitz J. N. Priority-Setting: Four methods for getting to what's important. Ontario Health Promotion Email Bulletin [Internet]. 2010 Mar 5 [cited 2011 Sep 15]. Availalable from **http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=1285&translateto=english**

5) Sibbald SL, Singer PA, Upshur R, Martin DK. Priority setting: what constitutes success? A conceptual framework for successful priority setting. BMC Health Services Research [serial on the Internet]. 2009 Mar [cited 2011 Sep 16]; 9:43. Available from **http://www.biomedcentral.com/1472-6963/9/43**

6) Brach C (AHRQ), Lenfestey N (RTI International), Roussel A (RTI International), Amoozegar J (RTI International), Sorenson A (RTI International). Will it work here? A decisionmaker's guide to adopting innovations. Rockville, (MD): The Agency for Healthcare Research and Quality (US); 2008 Sep. Publication No. 08-0051. 111p. Available from: **http://www.innovations.ahrq.gov/guide/guideTOC.aspx**

7) Health-Evidence.ca [homepage on the Internet]. Hamilton: Health evidence.ca; c2001-2011 [cited 2011 Sep 16]. About Us (pop-up glossary entry). Available from **http://health-evidence.ca/html/AboutProjectHistory**

8) Towards Evidence Informed Practice (TEIP). The TEIP program evidence tool. Toronto, Ontario Public Health Association. 2009 (Updated 2010 Jun). 50 p. Available from **http://teip.hhrc.net/tools/evidence_tool.cfm**

9) Ciliska D, Thomas H, Buffet C. An introduction to evidence-informed public health and A compendium of critical appraisal tools for public health practice. Hamilton (ON): National Collaborating Centre for Methods and Tools; 2008 Feb (updated 2010 Nov). 27 p. Available from **http://www.nccmt.ca/pubs/IntroEIPH_compendiumENG_web.pdf**

10) Van Ryn M, Heaney CA. What's the use of theory? Health Education & Behaviour. 1992 Oct; 19 (3): 315-330. Abstract available from **http://heb.sagepub.com/content/19/3/315.abstract**

11) Hershfield L, Chirrey S, Thesenvitz J, Chandran, U. Changing behaviours: A practical framework. Toronto (ON): The Health Communication Unit at the Dalla Lana School of Public Health, University of Toronto; 2000 Oct (updated 2004 Jun). 10 p. Available from **http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=58&translateto=english**

12) Hershfield L, Hyndman B. HP 101: Health promotion online course, Module 4. Toronto (ON): Ontario Health Promotion Resource System; 2004 Jun. Available from **http://www.ohprs.ca/hp101/mod4/module4main.htm**

Additional Resources

Priority-Setting

Joint DHB and Ministry of Health Working Group on Prioritisation. The best use of resources: An approach to prioritisation. Wellington: New Zealand; 2005. 19p. Available from: **http://www.moh.govt.nz/moh.nsf/pagesmh/4177?Open**

This guide provides for a common approach to the prioritisation of health and disability services for funders of health and disability programs in New Zealand.

Evidence-Informed Decision-Making

The Health Communication Unit. Evidence to support planning decisions. Toronto: Ontario; 2010. Available at: **http://www.thcu.ca/infoandresources/planning_resources_soe.cfm?ownership=ALL**

A list of sources of evidence, generated from THCU's resource database.

Public Health Agency of Canada. Canadian best practices portal. Ottawa: Ontario. Available at **http://cbpp-pcpe.phac-aspc.gc.ca**

This online tool with a database of recommended practices is designed to improve policy and program decision-making through access to the best available evidence on chronic disease prevention and health promotion practices.

Public Health Agency of Canada. Evidence-informed decision making: Guide to learning and training opportunities. Ottawa: Ontario. Available at: **http://www.phac-aspc.gc.ca/cd-mc/publications/eidm-pdfp-eng.php**

Department of Human Services, Public Health Division. An evidence-based planning framework for nutrition, physical activity and healthy weight. Melbourne, Victoria, Australia. 1997. 68 p. Available from: **http://www.health.vic.gov.au/healthpromotion/downloads/ebpf_nutrition.pdf**

The aim of this material is to provide the basis of a comprehensive purchasing framework for healthy nutrition, physical activity and healthy weight interventions for Victorian community health services.

Theory

The Health Communication Unit. Summaries of social science theories. Toronto, Ontario; 1992. Available from: **http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=51&translateto=english**

This tipsheet summarizes eight of the most common social science theories and provides information on how to use them.

For further information:

Refer to **www.thcu.ca**, or call 647-260-7471

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