Planning Health Promotion Programs

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Introduction

Health promotion is the process of enabling people to increase control over and to improve their health,[1] and its determinants.[2] Health promotion aims to address the root causes of poor health and wellbeing including[3] the structural, social, economic and ecological factors that shape the health of individuals, communities and populations.[4] A health promotion program is a combination of educational, organizational, economic and environmental supports for behaviours that promote health.[5] One of many factors that can ensure the success of our health promotion programs is to use a model to guide the planning process.[6] The purpose of this resource is to introduce a six step program planning model. The model was specifically designed for health promoters and public health professionals to develop health promotion programs. This resource also includes a number of resources, from Public Health Ontario (PHO) and a variety of other organizations, to assist you with the steps in the planning model.

Planning Health Promotion Programs

Planning is a process of thinking about and organizing a set of activities designed to achieve a specific goal.[7] Planning involves collecting and analyzing a wide range of information and evidence, making decisions based on that evidence,[7] and in collaboration with partners, defining what will be achieved, how it will be achieved, and how to measure progress.

While there are many different types of planning, such as strategic, program, action, and operational, all planning processes follow similar steps which result in a fully articulated plan. Broadly speaking, a program plan describes:

- The actions or changes that will happen as a result of the program;

- Who will carry out those changes;

- When the actions or changes will take place, and over what time period;

- What resources are needed for these changes to occur;

- How and to whom to communicate about the program.[8]

We have included a program plan template in Appendix A that illustrates how the various program components fit together.
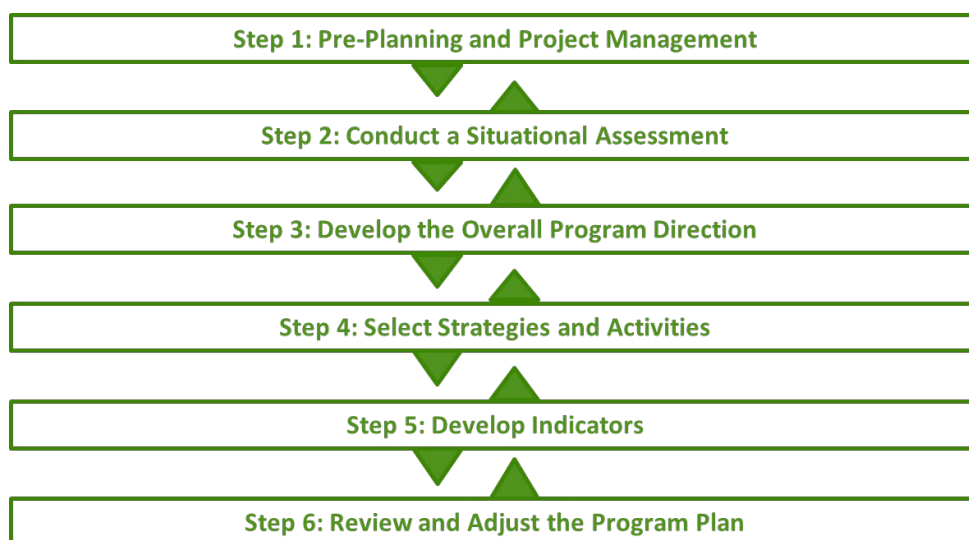
Six Steps for Planning Health Promotion Programs

There are many health promotion program planning models. The six step model presented here is based on a model developed by The Health Communications Unit (THCU),[9] which moved from the University of Toronto and was integrated into Public Health Ontario (PHO) operations in 2011. The model, designed in conjunction with a ten step model for goal-based evaluation,[10] was developed based on THCU's knowledge and experience in supporting Ontario's public health units to plan and evaluate health promotion programs.

The planning model below consists of steps that are common across many planning models and that are aligned with health promotion principles and values. One notable feature of this model is the pre-planning and project management detailed in Step One. This step involves making several decisions that you will refer to throughout the remaining steps.

The model displays the steps as progressive and linear; however, planning is an iterative process. As new information emerges during the planning process, earlier steps may need to be revisited and existing planning documents updated.

Figure 1: Six Step Process for Planning Health Promotion Programs

Step 1: Pre-Planning and Project Management

Step 2: Conduct a Situational Assessment

Step 3: Develop the Overall Program Direction

Step 4: Select Strategies and Activities

Step 5: Develop Indicators

Step 6: Review and Adjust the Program Plan

Step 1: Pre-planning and Project Management

Purpose: To determine how to manage elements of the planning process, including partner engagement, timelines, resources, methods for data-gathering and decision making.

This step focuses on the project management essentials that will guide the planning process outlined in step two through step six. The decisions made in this step will ensure that the program plan will be completed on time, within the given resources, and involve the partners that need to be involved. In this step:

- Clarify who will be involved in the planning process, why, when, and in what way.[7] Consider who will be impacted by the program and who will have an impact on the program, such as: internal staff, external partners, community organizations, community members and the audience for the program. For simplicity, this resource will refer to all the previously mentioned individuals and groups as "partners".

- Identify contextual issues that may impact the planning process and the program itself,[7] such as internal/external processes and policies, the broader socio-economic and political environments, equity considerations and social determinants of health.

- Identify the data that will be needed to inform the planning process, including how and from where it will be collected.[7]

- Determine how decisions will be made, by whom,[7] and the role of power and privilege in decision-making.

- Identify timelines, money and other required resources for the planning process.[7]

Resources for this step (see Resources section for a complete list):

- Wheel of Engagement: This tool from the Tamarack Institute helps to identify who to engage and to what degree.

- Context and content experts: This paper from the Tamarack Institute explores how to increase the authenticity of community engagement and meaningfully engage both content and context experts. Content experts are described as professionals and staff in an organization or service providers and leaders with formal power, while context experts are described as people with lived experience of the situation.

Step 2: Conduct a Situational Assessment

Purpose: To learn more about the situation that the program aims to address.

A situational assessment is like a snapshot of the present that is used to plan for the future.[11] It helps to identify and objectively consider the trends and factors that may help or hinder the program, including health equity implications and potential unintended impacts that program could have.[11] The results of the situational assessment will guide all subsequent planning decisions.

Conducting a situational assessment involves identifying what the situation is and who is most impacted; what is making the situation better and what is making it worse; and potential actions to address the situation. Situational assessments should meaningfully engage the intended audience(s), highlight assets (not just identify deficits and "problems") and look broadly and deeply at health issues and their underlying determinants.[11] Good planning decisions require good data, and situational assessments rely on many types and sources of data and data collection methods.[12] Consider:

- Data types such as community health status indicators, stories/testimonials, evaluation findings, and best practice guidelines.

- Data sources such as community and partner organizations, researchers, governments, the private sector and polling companies.

- Data collection sources and methods such as surveys, interviews and focus groups, literature reviews, document reviews and evaluation findings.[11]

Resources for this step (see Resources section for a complete list):

- Focus On: Six strategic steps for situational assessment: This resource summarizes when, why and how to conduct a situational assessment.

Step 3: Develop the Overall Program Direction

Purpose: To articulate the overall direction for the program by identifying program goals, the intended audience, outcomes and outcome objectives.

In this step, you will begin to shape the program and craft the elements of the program plan. Involve the partners identified in step one and use the results of the situational assessment (step two) to set the overall direction for the program. Begin by defining the following elements of the program:

- ***Goal:*** a statement that reflects the broadest level of results to be achieved by the program.[13] The goal clarifies what is important about the program and includes the program's intended audience.[14]

- ***Audience***: the specific group that the program intends to reach.[14] Identifying the audience should be rooted in the results of the situational assessment (step two), which articulates the communities, individuals, networks, organizations, and partners most impacted by the situation that the program intends to improve.[12]

- ***Outcomes:*** measure the results of the program. [15] Outcomes can be short-term, intermediate and long-term.[16]

- ***Outcome objectives:*** describe the long-term accomplishments of a program.[17] Objectives should be SMART-C; that is, Specific, Measurable, Actionable, Realistic, Time-specific, and Challenging.[8] Well-written objectives describe the audience, the outcome, what will be measured, and when.[6]

These planning terms (and many more) can be found in the Glossary in Appendix B.

Begin to create a program plan by documenting what you have decided in this step. There are many varieties and types of program plan templates. An example of a program plan template can be found in Appendix A.

Step 4: Select Strategies and Activities

Purpose: To select the strategies and activities that will contribute to the program's goals, the outputs and process objectives that will measure success, and the resources required for the program.

In this step, select:

- ***Strategies:*** the approaches used to plan or facilitate change and accomplish the program's goal.[8] Commonly implemented health promotion strategies include the five action areas of the Ottawa Charter: building healthy public policy; creating supportive environments; strengthening community action; developing personal skills; and reorienting health services[1]. Additional strategies such as health communication, education, social marketing, self-care and mutual aid,[9] are also used in health promotion.

- ***Activities:*** the proposed events or actions undertaken by the program to produce the desired outcomes.[16]

- ***Outputs***: the immediate and measurable results of the program's activities.[16] Outputs quantify activities using numeric values or percentages.[12]

- ***Process objectives:*** describe the intended reach of the program, audience recruitment and retention, perceptions of program quality, acceptability, and fidelity of implementation.[17]

Document these program elements in the program plan that you began in Step 3.

Step 5: Develop Indicators

Purpose: To develop indicators that will assess the extent to which program objectives have been met.

In this step, select the outcome and process indicators that will determine whether the program is effective and achieving the objectives identified in steps three and four.

Indicators are specific, observable and measurable characteristics or changes that demonstrate the achievement of objectives.[18] The type of indicators varies according to what precisely is being measured. *Process indicators* measure the concrete tasks that the program accomplished. *Outcome indicators* measure if the program is achieving the desired change. Indicators should be important, obtainable, reliable and valid.[18]

Document the selected indicators in the program plan that you started in Steps 3 and 4.

Step 6: Review the Program Plan

Purpose: To review the program plan to ensure that the program will achieve its goals, have partner buy-in, and can be realistically implemented.

Reviewing the program plan that you created in steps three to five will ensure that your program plan is complete, clear and current. A *complete* plan lists the action steps necessary to meet your program's goals. A *clear* plan details who will do what, by when. A *current* plan reflects the current work, landscape and opportunities.[8] Involving partners in this step will help to affirm their support for the program.[7]

Another way to review a program is to create a logic model, using the elements documented in your program plan. A logic model is a graphic depiction of the relationship between all of the components of the program that have been developed throughout the program planning process including the program goals, objectives, populations, strategies, activities and indicators.[12] As the name implies, a logic model provides a way to verify the logic of the program, such as:

- Will the selected strategies effectively contribute to meeting the program's goals and objectives?

- Will the selected activities advance the selected strategies? Are the activities appropriate for the program audience? Are there sufficient resources to implement the activities?

- Do the short-term objectives contribute to long-term objectives?

- Will the selected indicators demonstrate that the objectives have been achieved?[12]

In addition to providing a way to verify the program plan, a logic model can provide a one-page visual summary of a program, which can be a useful communication tool.[12]

A logic model can be as broad or as specific as needed, and may have a design specific to its purpose and audience.[12] For example, a logic model can build understanding and clarity of the program, identify resources or the sequencing of activities that should be implemented, or provide a basis for evaluation.[16] Generally, logic models commonly contain the program's goal, inputs, activities, audience, outputs, and outcomes.[12] Logic models can also include a description of the situation, assumptions, external factors that might impact the program, and strategies.[12]

Resources for this step (see Resources section for a complete list):Focus On: Logic model- a planning and evaluation tool: This document provides an overview of the components of a logic model, examples of logic model designs, and describes the use of logic models in program planning and evaluation.

Conclusion

This resource provides a summary of a six step planning model, which can be used to plan health promotion programs. This particular model includes a project management step in which you will identify who should be involved in planning and in what way, the data that will be needed, timelines and resources required, and how decisions will be made. The remaining steps in the planning model will generate the elements for your program plan (Appendix A) and logic model, and ensure that your program can be evaluated. Once you are ready to begin to evaluate the program, the Ten Step Model for Goals-Based Evaluation will guide you in this process. It was designed to complement this planning model. Using these two models together will guide you as you develop, plan, implement and evaluate your health promotion program.

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Appendix A: Health Promotion Program Plan with Definitions

Program Name:	
Goal:	A statement that reflects the broadest level of results to be achieved by the program.[1] The goal clarifies what is important about the program and includes the program's intended audience.[2] Generally speaking, goals use action words such as reduce, eliminate, improve, or increase.[2]
Audience:	The specific group that the program intends to reach.[2] There can be multiple audiences for a single program: the primary audience is the main population which the program intends to reach, while a secondary (or even tertiary) audience can be impacted or influenced by the program, but are not direct recipients of it.[3]

Objective 1: The specific and measurable steps that must be carried out in order to attain the program's goal.[2] Well-written objectives generally include four components: audience + outcome + measure + time.[4]

Activity	Task	Input	Output	Outcome	Indicator	Timeframe
The proposed events or actions that will take place as part of the program.[5]	Depending on the nature of your activities, you may need to specify tasks: the more detailed and specific actions required in order to implement the activity.[5]	The quantifiable resources, or "ingredients" invested in the program.[5] These resources can include budget, assets, staffing, governance, volunteers, materials, operating supplies, and facilities.[5]	The immediate and measurable result of the activities within a program.[5] Outputs quantify activities by providing numeric values or percentages.[5]	A measurable positive or negative change to the audience of a program,[6] that will occur as a result of the program.[7] Outcomes measure the achievement of the program's goal, and therefore are ambitious and often long-term.[6] It may be useful therefore to develop short-term outcomes which can be measure in weeks or months, and intermediate outcomes, which can be measured in months or years.[5]	A variable that measures the extent to which the program's objectives have been met. The type of indicators varies according to what precisely is being measured. **Process indicators** demonstrate the concrete tasks that the program accomplished. **Outcome indicators** demonstrate if the program is achieving the desired change. Indicators should be important, obtainable, reliable, and valid.[8]	Timeframe for completion of the activity or task.

Appendix B: Glossary of Planning and Evaluation Terms

Activity: The proposed event or action that will take place as part of the program.[16]

Audience: The specific group that the program intends to reach.[12] There can be multiple audiences for a single program: the primary audience is the main population which the program intends to reach, while secondary (or even tertiary) audiences can be impacted or influenced by the program, but are not direct recipients of it.[12]

Goal: A statement that reflects the broadest level of results to be achieved by the program.[13] The goal clarifies what is important about the program and includes the program's intended audience.[14] Generally, goals use action words such as reduce, eliminate, improve or increase.[14]

Indicator: A variable that measures the extent to which the program's objectives have been met. The type of indicator varies according to what is being measured. *Process indicators* demonstrate the achievement of concrete tasks that the program has accomplished. *Outcome indicators* demonstrate the achievement of the program's desired change.

Input: The resources needed to implement a program. Examples include funding, staffing and program materials.[16]

Logic Model: A logic model is a visual representation of the logic that underpins the public health program. It shows the relationship between the program's resources (inputs), the program's activities (outputs), and the program's results (outcomes).[12]

Objectives: The specific and measurable steps that must be carried out in order to attain the program's goal. *Process objectives* identify the changes or tasks which are needed in order to implement the program.[14] *Outcome objectives* identify the long-term accomplishments of a program.[14]

Outcome: A measurable positive or negative change to the audience of a program,[15] that will occur as a result of the program.[19] In other words, an outcome captures the effects of a program.[19] Outcomes measure the achievement of the program's goal, and therefore are ambitious and often long-term.[15] It may be useful therefore to develop short-term outcomes which can be measure in weeks or months, and intermediate outcomes, which can be measured in months or years.[16]

Output: The product or result of the program's activities.[16] Outputs quantify activities by providing numeric values or percentages.[12]

Process evaluation: Documents information gathered throughout the implementation phase of the program. Process evaluations describe and assess the reach of the program, audience recruitment and retention, perceptions of program quality, acceptability and fidelity of implementation.[17]

Strategy: The approach used to plan or facilitate change and accomplish the program's goal.[8]

Resources

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