Planning health promotion programs

November 1, 2012 V4.17

Learning objectives
Learning objectives

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

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

What is planning?

WHERE

WHY

? (question mark)

WHO

WHAT

WHEN

HOW

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Planning is a series of decisions, from general strategic decisions (e.g., identifying priorities), to specific operational details (e.g., program implementation), based on the collection and analysis of a wide range of information.

Why plan?

- To get from your starting point to your desired end point.
- To direct resources to where they will have the greatest impact.
- To ensure the development and implementation of effective and appropriate health promotion programming.
### Relationship between planning types: purpose

<table>
<thead>
<tr>
<th>Strategic</th>
<th>Program</th>
<th>Operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission, vision, values, strategic direction</td>
<td>Program goals, objectives, activities</td>
<td>Roles, resources, deadlines for specific activities or deliverables</td>
</tr>
</tbody>
</table>

### Relationship between planning types: scope

<table>
<thead>
<tr>
<th>Strategic</th>
<th>Program</th>
<th>Operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 years</td>
<td>Depends on duration and intensity of intervention</td>
<td>Annual</td>
</tr>
</tbody>
</table>
### Relationship between planning types: time required for completion

<table>
<thead>
<tr>
<th>Strategic</th>
<th>Program</th>
<th>Operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic interaction over several months</td>
<td>Varies on scale of the intervention, but usually under one year, with adjustment made after pilot evaluation</td>
<td>Days—usually done prior to annual fiscal cycle with periodic review (monthly/quarterly throughout year)</td>
</tr>
</tbody>
</table>

### Relationship between planning types: stakeholders

<table>
<thead>
<tr>
<th>Strategic</th>
<th>Program</th>
<th>Operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depends on type of organization, but generally driven by board and executive; considers competitors and allies</td>
<td>Based on situational assessment and engagement, considers audience/clientele needs and participation</td>
<td>Considers internal organization; mix of internal staff, including other team/departments identifies leads and supports as well as external goods/suppliers</td>
</tr>
</tbody>
</table>
Steps to planning

The 6 steps to planning a health promotion program

- **STEP 1**: Manage the planning process
- **STEP 2**: Conduct situational assessment
- **STEP 3**: Set goals, population(s) of interest and outcome objectives
- **STEP 4**: Choose strategies and activities and assign resources
- **STEP 5**: Develop indicators
- **STEP 6**: Review the plan

- **Feedback**
- **Implementation**
- **Evaluation**
Step 1: manage the planning process

Factors to consider:
1. Participation
2. Time
3. Money/resources
4. Data-gathering
5. Decision-making

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

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

Time

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

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

Data-gathering

- What information do you need to make programming decisions?
  - Step 2: situational assessment will focus on this in more detail

- In making the case for your plan, what will decision-makers need to know?

- Look for data on underlying determinants of health issues (income, education, social support, employment and working conditions, etc.)
Data-gathering (continued)

- Look for best practices on your issue
- Use literature syntheses/reviews
- Examine theories underlying priority health issues

Decision-making

- Decisions about timelines and allocation of resources are required throughout the planning process
- It can be a challenge to make timely decisions throughout the planning process
- Consider the political context in which you are planning
- Ultimately you will need to decide whether the conditions are right to proceed with planning
Application to childhood injury prevention

• $80,000 over four years to plan and implement childhood injury prevention

• Stakeholders were identified, mandates and degree of involvement clarified

• Decisions made through coalition, with project coordinator making final decision

• Planning resources assessed

• Work plan developed

Step 2: conduct a situational assessment
Step 2: conduct a situational assessment

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

A snapshot of the present used to plan for the future

Why conduct a situational assessment?

- To learn more about population of interest (i.e., who’s affected by your health issue)
- To anticipate trends and issues that may affect the implementation of your program
- To identify community wants, needs, assets
- To set priorities
- To inform pending decisions regarding your program
6 steps to conducting a situational assessment

1. Identify key questions to be answered through the situational 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

Identify key questions to be answered through the situational assessment

A situational assessment should answer three questions:

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

• Use diverse types of data
  • e.g., survey data, evaluation findings, best practice syntheses/guidelines, community stories, stakeholder mandates, etc.

• Use diverse data-collection methods
  • e.g., stakeholder consultations, surveys, literature reviews, etc.

• Use diverse sources of data
  • e.g., community spokespersons, journals, consultants, professional associations, resource centres, etc.
  • e.g., Canadian Community Health Survey, Rapid Risk Factor Surveillance System, Public Health Agency of Canada best practices portal, Centres for Disease Control and Prevention prevention guide, etc.

Gather the data

• Make sure the people collecting data have the right skills to do it properly

• Keep good records about where the data came from so that you can weight it accordingly and reference it as you move into decision-making

• For example consider:
  • Was the study published in a peer-reviewed journal or an unpublished report?
  • Who analyzed the information – researchers or community members?
Organize, synthesize and summarize the data

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

What is the situation?

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

Examples of questions you can ask:

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

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

Example from childhood injury prevention sample plan

Analyze influences on the situation

- At what level of the environment does this factor influence the situation – individual, network, organizational, or societal?
What is making the situation better and what is making it worse?
To what degree? (analyze influences)

**Force Field Analysis (FFA)**

Factors that make the situation BETTER

- Existing media campaign (pro factor)
- Societal (media, political, economic, social, technological environments)
- Organizational environment
- Networks, including friends and family environment
- Individuals

Factors that make the situation WORSE

- Parents
- Single parent (impediment)
- Child gender

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

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

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

Consider how to proceed with planning

- Is your data complete?
- Do you have sufficient resources to make an impact on the situation?
- What are your next steps?
Step 3: set goals, population(s) of interest and objectives

Goals usually:
1. Are encompassing or global
2. Include all aspects of a program
3. Provide overall direction
4. Are general in nature
5. Take a long time to complete
6. Do not have a deadline
7. Are not observed, but inferred because they include words like evaluate, know, improve, and understand
8. Are not measurable
Program goal example – NutriSTEP® program (nutrition screening tool for every preschooler)

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

Terminology varies...

<table>
<thead>
<tr>
<th>Our term</th>
<th>Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
<td>Process objectives, implementation objectives</td>
</tr>
<tr>
<td>Goal</td>
<td>Purpose, mission</td>
</tr>
<tr>
<td>Indicators</td>
<td>Benchmarks, criteria for success, outputs</td>
</tr>
<tr>
<td>Objectives</td>
<td>Outcomes, impacts, effects</td>
</tr>
<tr>
<td>Outcome evaluation</td>
<td>Summative evaluation</td>
</tr>
<tr>
<td>Population of interest</td>
<td>Target group, audience, community</td>
</tr>
<tr>
<td>Resources</td>
<td>Budget, assets, inputs</td>
</tr>
<tr>
<td>Strategies</td>
<td>Components, initiative, intervention</td>
</tr>
</tbody>
</table>
Objectives vary in terms of:

- Process versus outcome
- Time frame
- Open versus closed-ended

Process versus outcome objectives

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

**Outcome objectives**
- Describe what success would be for the program
- Describe effects of the program activities at producing change
Elements of a well-written process objective

- How much
- Output (what product)
- Population of interest (for whom)
- Conditions (when)

Well-written process objective

Create 4 posters inviting teens to participate in an advisory group about sexual health for schools in the region by the end of next year.
Examples of process objectives in four elements

<table>
<thead>
<tr>
<th>How much</th>
<th>Output/ what produced</th>
<th>Population of interest/who</th>
<th>Conditions/ when</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Face-to-face meetings about the importance of school nutrition programs</td>
<td>with school board trustees</td>
<td>by the end of the fiscal year</td>
</tr>
<tr>
<td>Maintain</td>
<td>financial support for the Children’s Nutrition Network</td>
<td>from the provincial government</td>
<td>for five years</td>
</tr>
</tbody>
</table>

Elements of a well-written outcome objective

- How much
- Population of interest (who)
- Outcome (what)
- Conditions (when)
- Well-written outcome objective
Triple the number of teenagers who visited the school sexual health clinic by the end of the calendar year.

Set outcome objectives for four levels:

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

For example:

- Cardiovascular disease
- Exposure to second-hand smoke
- Homelessness
- Crime rates
- Food borne illness
Set outcome objectives for four levels

• To achieve our health outcomes, changes are required at four different levels:
  1. Among individuals
  2. Within social networks
  3. Within organizations
  4. Within societies

• Who must change at this level?
• What is the most important thing that these individuals/groups must change?
• What other types of change are required among these individuals/groups?
## Set outcome objectives for four levels: individual

<table>
<thead>
<tr>
<th>Who must change?</th>
<th>Audience segments with higher risk behaviours.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td>• People who smoke</td>
</tr>
<tr>
<td></td>
<td>• People with lower levels of physical activity</td>
</tr>
<tr>
<td></td>
<td>• People having unprotected sex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What must change?</th>
<th>Personal behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Knowledge</td>
</tr>
<tr>
<td></td>
<td>• Beliefs</td>
</tr>
<tr>
<td></td>
<td>• Attitudes</td>
</tr>
<tr>
<td></td>
<td>• Skills</td>
</tr>
<tr>
<td></td>
<td>• Self-efficacy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What else must change?</th>
<th></th>
</tr>
</thead>
</table>

## Set outcome objectives for four levels: social/network

<table>
<thead>
<tr>
<th>Who must change?</th>
<th>Opinion leaders of networks such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Families</td>
</tr>
<tr>
<td></td>
<td>• Groups of friends</td>
</tr>
<tr>
<td></td>
<td>• Colleagues</td>
</tr>
<tr>
<td></td>
<td>• Team mates</td>
</tr>
<tr>
<td></td>
<td>Members of networks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What must change?</th>
<th>The social environment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What else must change?</th>
<th></th>
</tr>
</thead>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
Set outcome objectives for four levels: organization

<table>
<thead>
<tr>
<th>Who must change?</th>
<th>Decision-makers in organizations such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Schools</td>
</tr>
<tr>
<td></td>
<td>• Worksites</td>
</tr>
<tr>
<td></td>
<td>• Places of worship</td>
</tr>
<tr>
<td></td>
<td>• Primary health care settings</td>
</tr>
<tr>
<td></td>
<td>Anyone else who plays a role in adopting and implementing the practices, procedures and conditions of the organization (e.g., employees, unions, managers)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What must change?</th>
<th>Organizational practices, policies and procedures (e.g., access to exercise facilities, access to healthy food choices, flexibility in work hours to deal with family illness).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What else must change?</th>
<th>Views about costs and benefits of change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Confidence and competence in developing effective health promoting policies, practices, procedures</td>
</tr>
</tbody>
</table>

Set outcome objectives for four levels: society

<table>
<thead>
<tr>
<th>Who must change?</th>
<th>Decision-makers for towns, cities, regions, provinces, countries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anyone else who plays a role in adopting and implementing the practices, procedures and conditions of the society (e.g., citizen special interest groups, civil servants)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What must change?</th>
<th>Societal practices, policies and procedures (e.g., access to healthy food at a reasonable price, access to housing, safe neighbourhoods, etc.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What else must change?</th>
<th>Views about costs and benefits of change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Confidence and competence in developing effective health promoting policies, practices, procedures</td>
</tr>
</tbody>
</table>
### Examples of outcome objectives in four elements

<table>
<thead>
<tr>
<th>How much</th>
<th>Population of interest/who</th>
<th>Outcome/what</th>
<th>Conditions/when</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Double the number of schools in the region</td>
<td>with a functioning school nutrition program</td>
<td>in one year</td>
<td>Organizational</td>
<td></td>
</tr>
<tr>
<td>Increase by 25% the number of children in the region</td>
<td>who eat breakfast before school</td>
<td>in two years</td>
<td>Individual</td>
<td></td>
</tr>
</tbody>
</table>

### Objective game

<table>
<thead>
<tr>
<th>Level</th>
<th>Bottom line target for change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Maintaining a personal behaviour change</td>
</tr>
<tr>
<td>Social/Network</td>
<td>Change the social environment</td>
</tr>
<tr>
<td>Organization</td>
<td>A change in practices, procedures, or policies that contribute to positive health outcomes</td>
</tr>
<tr>
<td>Society</td>
<td>A change in societal practices, policies or procedures</td>
</tr>
</tbody>
</table>
Characteristics of good objectives

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

Open versus closed-ended objectives

- An open-ended objective does not specify the amount of change or timeframe.

- Increase the number of children and youth involved in the development, implementation and evaluation of student nutrition programs
Open versus closed-ended objectives

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

Short, medium and long-term objectives

- Short-term usually means up to one year.
- Medium-term usually means over one year to five years.
- Long-term generally means five or more years.
Step 4: choose strategies and activities and assign resources

**Strategies**

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

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

Step 5: develop indicators

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

  - **Indicators usually answer the questions:**

    - “How will you know the strategy has been implemented?”
    - Or
    - “How will you know the objective has been achieved?”
Examples of indicators

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

Indicator
% of hospitals with baby-friendly designation

Step 6: review the plan

• Complete?
• Logical?
• Attractive?
Welcome to OHPP 2.0

More planning tools than ever

The OHPP is a collection of health planning tools. Our original six program planning steps remain. They can help you make evidence-based planning decisions.

The new Online Business Case Creator (OBCC) tool will guide you through a three-step process to analyze your project and help you make your best recommendations about whether a project should move forward.

The new Project Management Tools (PMT) include worksheets to help you iron out the implementation details of your project.

Includes:

- Program planning worksheets
- Online business case creator
- Project management tools
- Resource database
- Sample plan library
- And more!

Sing up or create an account now!
Features:

• Create an account - enter and save your data
• Brings your data forward
• Help and content support on the spot
• Menus
• Formatted outputs, e.g., logic model
• Integration with partners, e.g., Canadian Best Practices Portal
• Beginner or advanced level worksheets
• Flexible – can fill out some or all of the worksheets

Sample Plan Library

✓ Library of sample program plans based on the Ontario Public Health Standards and Guidelines documents
✓ View or import into your OHPP account to modify as desired!
✓ Use our sample plans as starting points for your own plans
Summary of what we’ve covered

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

PHO planning resources

• Introduction to health promotion planning workbook (French and English)²
• Logic models workbook³
• At a glance: six steps to planning health promotion programs⁴
• Health Promotion 101⁵
• Online Health Program Planner tutorials⁶
• Are you ready for strategic planning?⁷
• Priority setting checklist⁸
Public Health Ontario wishes to acknowledge and thank THCU staff and many partners who contributed to an earlier version of this document.

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

References


3. The Health Communication Unit, Centre for Health Promotion, University of Toronto. Logic models workbook. Toronto, ON: University of Toronto; 2001.

References (continued)


