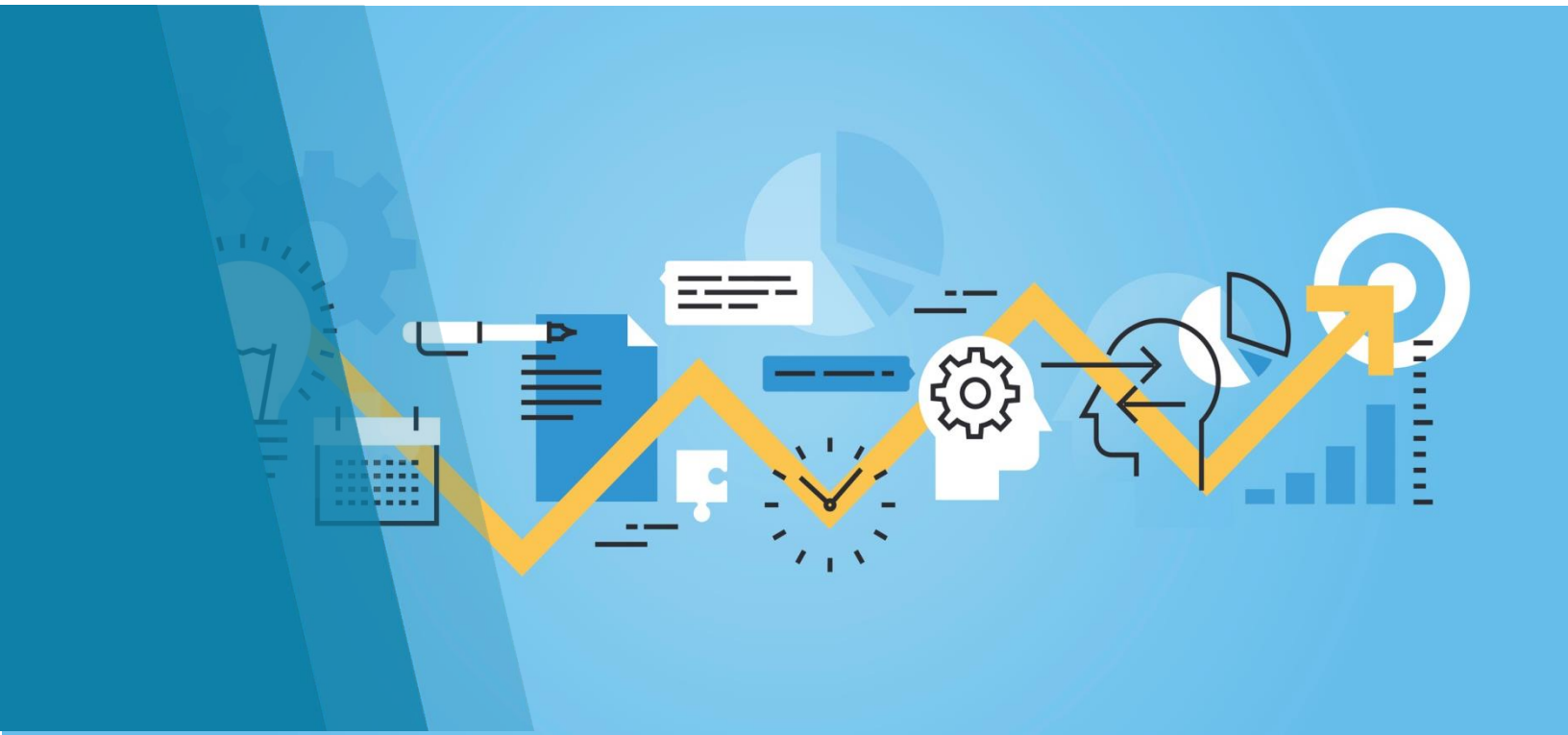


# Planning Health Promotion Programs

## Introductory Workbook



September 2018

## Public Health Ontario

Public Health Ontario is a Crown corporation dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, frontline health workers and researchers to the best scientific intelligence and knowledge from around the world.

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- health promotion, chronic disease and injury prevention
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## Disclaimer

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# Introduction

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The work of public health is diverse, multi-faceted and expansive. Public health programs focus on improving “population health outcomes by reducing preventable disease, injury and death and taking action on health inequities.”<sup>1(p.6)</sup> This work is firmly grounded in a *population health* approach that is “focused on upstream efforts to promote health and prevent diseases to improve the health of populations and the differences in health among and between groups.”<sup>1(p.5)</sup> Planning and delivering public health programs and services requires partnering with diverse sectors both within and outside the health system.<sup>1(p.5)</sup>

This workbook describes a six-step approach for 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

Practitioners will learn what each step is about, why it is important and how to complete it. The workbook incorporates health equity principles and considerations within each of the six planning steps, based on the Health Equity Impact Assessment (HEIA) [decision tool](#)<sup>2</sup> developed by the Ministry of Health and Long Term Care. This HEIA tool is also the primary focus of Public Health Ontario’s (PHO) [Health Equity Impact Assessment Training Course](#).<sup>3</sup>

Worksheets to support the planning tasks within each step are accessible and customizable to suit local context and need. Additional examples, supplementary resources and tips will further assist health promotion practitioners understand and navigate the planning process.



## Companion Tools and Resources

In addition to the resource links and suggestions provided throughout this workbook, PHO has a number of other useful resources to assist you with the planning process:

1. [Health Promotion Foundations Course](#)<sup>4</sup>

This course is a series of nine 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.

2. [Health Equity Impact Assessment Training Course](#)<sup>3</sup>

This five module online course explores key concepts related to equity and the social determinants of health. It examines the HEIA tool in detail and guides you through a five-step process for conducting an HEIA for your own initiative.

3. [Planning Health Promotion Programs Audio Series](#)<sup>5</sup>

This six-part audio presentation series provides a brief overview of the six steps involved in planning evidence informed health promotion programs and complements this workbook. Each presentation is approximately ten minutes long. You might also find the [Program planning at a glance](#)<sup>6</sup> summary publication a helpful reference for stakeholders.

4. [Evaluating Health Promotion Programs Audio Series](#)<sup>7</sup>

This six part audio presentation series describes a ten-step process for evaluating health promotion programs. Each presentation is approximately 10 minutes long and complements the [Evaluating health promotion programs: Introductory workbook](#).<sup>8</sup> The [Evaluation at a glance](#)<sup>9</sup> summary may also be useful as a summary publication.

5. [Focus On: Six Strategic Steps for a Situational Assessment](#)<sup>10</sup>

A short synopsis of the content covered in Step 2 of this workbook. This resource can serve as a summary handout to stakeholders tasked with overseeing the process.

The following books about planning may also be of interest:

- Green LW, Kreuter MW. Health promotion planning: An educational and ecological approach<sup>11</sup>
- McKenzie JF, Neiger BL and Thackeray R. Planning, implementing and evaluating health promotion programs: A primer<sup>12</sup>
- Naidoo J, Wills J. Foundations for health promotion<sup>13</sup>
- Bryson JM. Strategic planning for public and non-profit organizations: A guide to strengthening and sustaining organizational achievement<sup>14</sup>

## What is Planning?

Planning is a process of thinking about and then organizing a set of activities necessary for achieving a desired goal. It involves a series of decisions based on collecting and analyzing a wide range of information and evidence. Often we operate in an environment of limited resources, so planning helps us direct those resources to where they are most needed and will have the most impact.

There are different types of planning such as: strategic and master planning; program and operational planning; financial planning; emergency preparedness planning and planning for evaluation. All planning processes result in similar outcomes; they create 'road maps' that define where you want to go, how to get there, and how long the process will take.

This workbook focuses on health promotion program planning. It also highlights where HEIA steps and questions can be integrated into the planning process to help reduce health inequities and increase positive health outcomes associated with the program plan being developing.

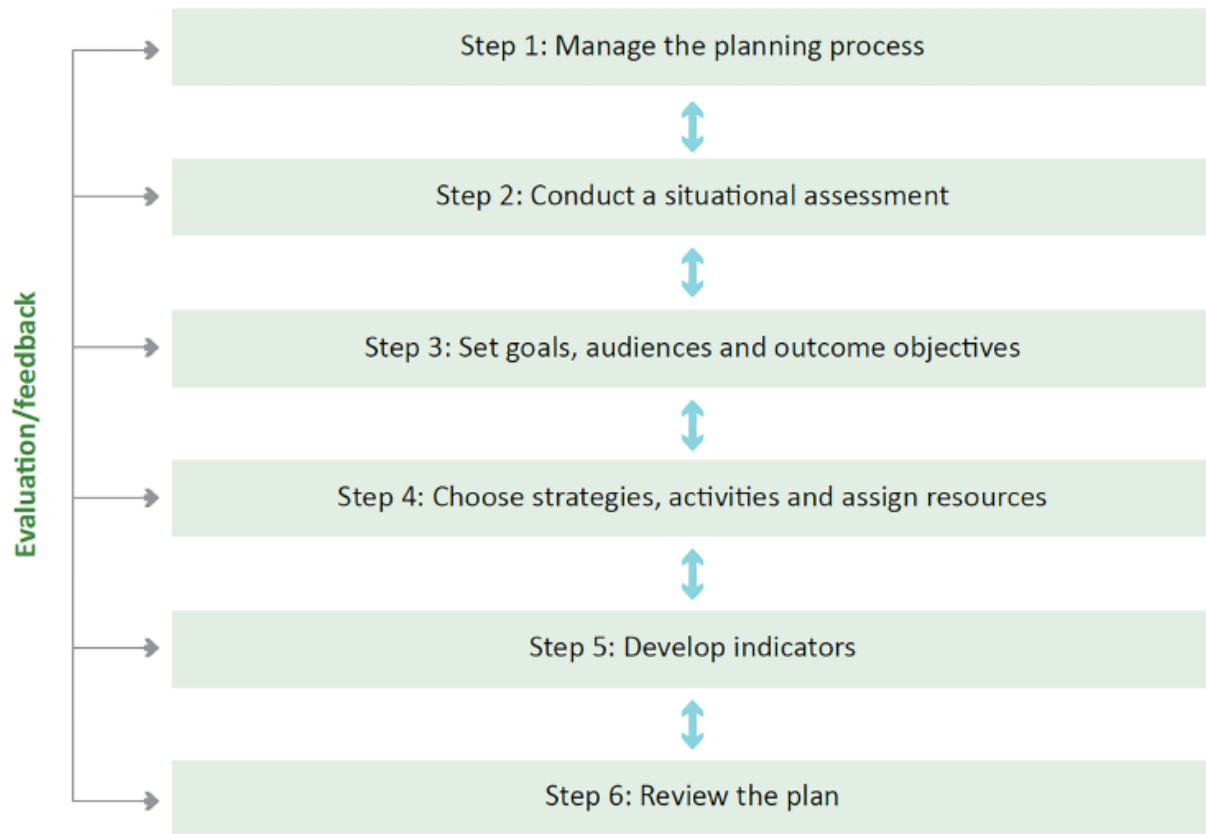
## Six-Step Planning Model

The six-step planning model shown in Figure 1 appears to be six progressive and linear steps; 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.

Watch: [Overview of the Planning Process](#)<sup>5</sup>

Soliciting feedback at each stage of the process enables you to adapt to the context and reality of the environment and accommodate new or changing circumstances. This results in a more robust plan tailored to the unique needs of your target populations and program setting. While developing an evaluation plan is often viewed as a separate planning activity, evaluation issues should be considered within each of the planning steps to avoid losing sight of overall goals and desired outcomes.

**Figure 1: The Six-Step Planning Model**



# Step 1: Manage the Planning Process

Figure 1: The Six-Step Planning Model



## What is Step One About?

**Step 1** focuses on project management essentials; notably establishing a framework to guide the planning process. A good project management plan clearly describes steps and tasks, assigns people to various roles, sets deadlines and milestones and shows resource allocations. This is primarily done through a work plan that specifies the 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<sup>15</sup> or a project charter<sup>16</sup> that outline the roles, responsibilities and decision-making processes can be very useful.

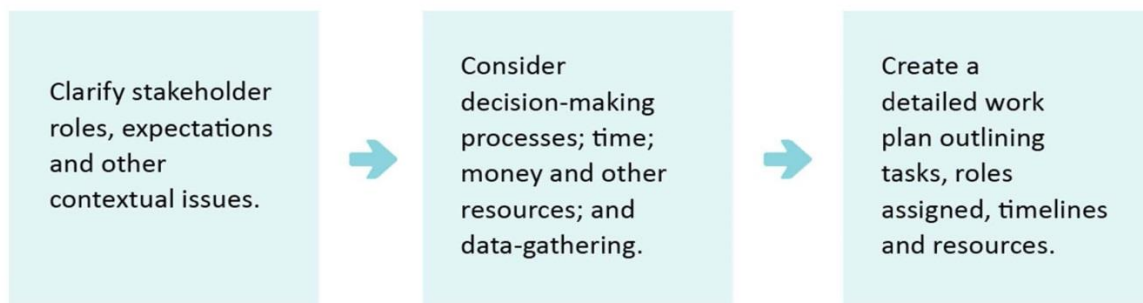
Watch: [Manage the Planning Process](#)<sup>5</sup>

Project management starts at the beginning of the planning process and does not end until the program plan is completed and approved (Figure 2). Through this process, the planner must manage five project management areas:

- contextual issues including stakeholder roles and expectations
- decision-making processes
- time
- resources for planning
- data-gathering and analysis processes

These areas will be discussed in more detail in the following sections.

**Figure 2: The Project Management Process**



It is important to revisit all aspects of project management frequently throughout the planning process to align stakeholder expectations with available resources and a shifting work environment. For example, in the early stages the work plan will be a high-level document, simply identifying broad timelines for each planning step. As your understanding of the project grows, you can become more specific, producing a more detailed and accurate set of project management documents.

## Why is Step One Important?

It is important to focus on the *process* of developing a health promotion program, not only the results. Consider some common planning problems:

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

These problems can start a detrimental cycle, where poor processes lead to poor decision-making. Poor decisions can result in unintended outcomes that prompt reactive decisions that further undermine the group's planning processes and outcomes.

Informed decisions lead to good project outcomes – this takes time, creativity and a supportive climate for planning. A well-thought out project management plan will determine how you:

- learn more about the planning context, audience needs and potential solutions as you work through steps 1 and 2
- make critical decisions within steps 3 and 4
- choose indicators in step 5
- review and approve the program plan in step 6.

## How Do I Do Step One?

Step 1 is about managing and documenting the planning process and identifying what you currently know at this point in time.

Step 1 utilizes five worksheets to help you complete this step:

[1.1 Describe the planning context](#)

[1.2 Identify stakeholder roles and expectations](#)

[1.3 Outline decision-making processes](#)

[1.4 Assess resources for planning](#)

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

You can also download all the [Step 1 worksheets](#) or the complete [set](#) of workbook worksheets.

## Understand the Context

To be effective, planning must occur within the context of your specific situation. This requires you to be clear about why you are undertaking a planning process at this point in time and to identify any factors that could impact the planning process.

[Worksheet 1.1](#) lists the questions that will help you capture contextual data unique to your current planning process. The questions help explore:

- Reasons you are going through a planning process now.
- What, if anything, has already been decided (e.g., target audiences, issues, health promotion strategies).
- How health equity and social determinants of health considerations might impact your planning process and program.
- Any other circumstances or expectations that direct how you carry out the planning process. For example, internal/external policies, leadership, election cycles, and government initiatives.
- The content that needs to be included in your plan. Perhaps there is a structured template or form from your potential funder or your organization that will guide information needs.
- The amount of time you have for the planning process, including any specific deadlines that must be met.

Taking the time to document what is currently known about your planning context prior to initiating the process enables you to identify information gaps early on. Moreover, this process ensures all internal stakeholders share a common understanding of the situation before you begin to engage external stakeholders in the process.

## Identify Stakeholder Roles and Expectations

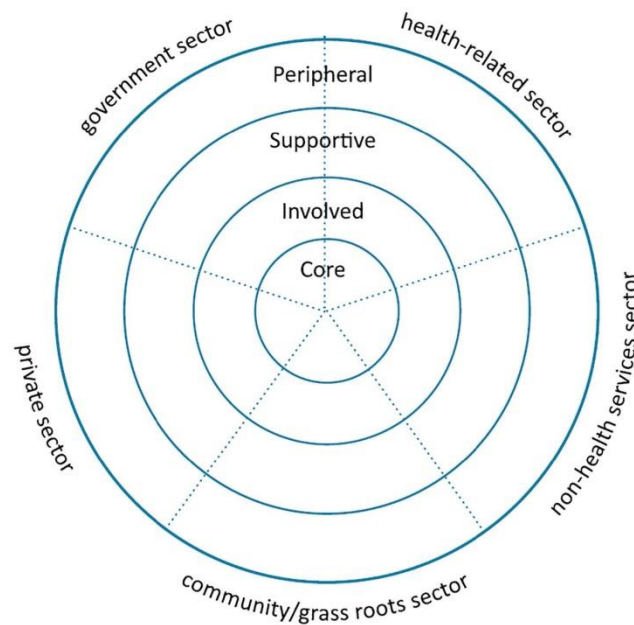
In the planning process, key internal and external stakeholders include the project team and content experts, funders, politicians, community partners and the intended audience/community. Their participation is critical to achieving the best results. Without it, you can end up with stakeholders questioning,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

The Stakeholder Wheel (Figure 3) considers how different stakeholders could and should be involved in the planning process.

- Core – participating on the planning team
- Involved – frequently consulted as part of the planning process
- Supportive – providing some form of assistance
- Peripheral – need to be kept informed at key junctures

This enables you to discuss your expectations and theirs at the outset of the planning process and on an ongoing basis as roles may shift as circumstances change.

**Figure 3: Stakeholder Wheel**



[Worksheet 1.2](#) will help you document your key stakeholders, their roles and level of involvement. Understanding and clarifying these engagement levels will help you develop a realistic work plan and establish clear decision-making and communication processes so you are:

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

## Choose a Decision-Making Process

Every step of the planning process requires decisions. Part of planning is managing the flow of information and options so that decisions are timely and supported by everyone involved.

[Worksheet 1.3](#) will help ensure all stakeholders are clear about how decisions will be made and the difference between a major and a minor decision. Focus discussions on specific elements, including:

- When will decisions be made, by whom and by what process?
- How will priorities be set? Is consensus required and how is the group defining consensus? Or will the group use majority vote or some other method?



- Outline any other decision-making processes that will be used, specific to the context. For example, different processes and steps may be required for subcommittees, specific individuals given their assigned responsibilities or for particular circumstances.
- Be aware of who has to be involved, consulted or informed. Revisit the decision-making process regularly throughout the planning process to ensure it is timely and effective.

## Acknowledge Importance of Data Gathering and Analysis

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. Data-gathering and analysis is a critical step in the planning process and is described in Step 2. Ensure stakeholders are supportive of the need to review available evidence and allocate sufficient time to the process. This publication from PHO, [Focus On: Six Strategic Steps For Situational Assessment](#)<sup>10</sup> provides a good overview of the process and can help guide your initial discussions.

## Assess Resources for Planning

[Worksheet 1.4](#) will help you identify the types of resources that need to be managed throughout your planning process. Items to consider include:

- financial resources – both internal and external funding sources (existing and potential)
- staff time – consider positional expertise and estimate total hours/days
- equipment – computers/computer software, facilitation and project supplies, transportation and technical supplies
- space – office and meeting space
- expertise – internal and external
- in-kind contributions from volunteers and partners (could be from any of the areas noted above)

When completing the worksheet be as specific as possible and review and update regularly.

## Develop the Work Plan for the Planning Process

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. Base your decisions on things such as funding submission deadlines, organizational budget requirements, request deadlines, events or meetings already planned and then map it out in a work plan. Ensure you consider evaluation planning activities and tasks for when the program is operational and build those tasks and timelines into the work plan.

[Worksheet 1.5](#) provides a simple table format to capture work plan tasks and activities. There are numerous software packages that can help you organize your work plan 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
- who will approve the completed work

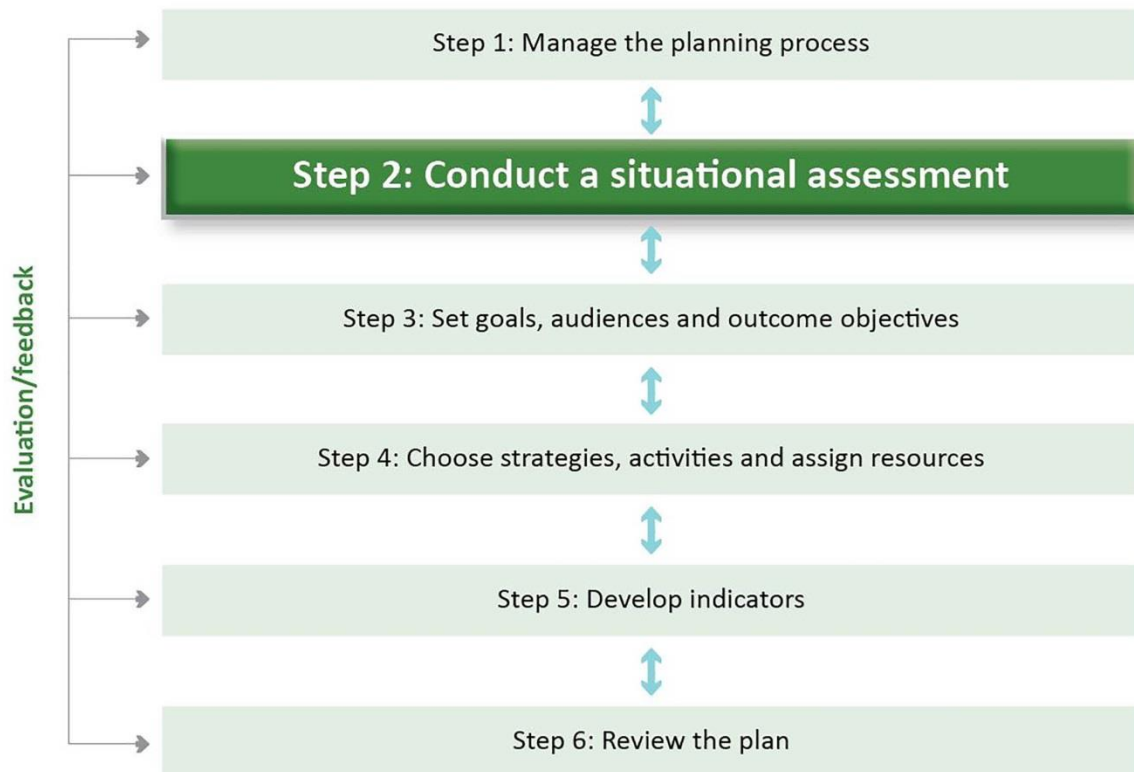
Be as specific as you can. Avoid using months as timelines whenever possible. Try to indicate a specific day, month and year. Define each task so it is clear how it should be completed. Answer the question: “Who will do what by when?” and then consider how each task can be completed and the resources needed to accomplish each one.

## Tips

- Remember, stakeholder roles may shift over time as circumstances change. Be flexible and supportive of partners to keep them engaged in your planning process.
- Consider the political context for your planning process. What factors may influence decision-makers? Think about who needs to be consulted and who needs to approve decisions.
- You may have to compromise in order to meet timelines. Allow for as much time as possible to involve people appropriately and provide a buffer to deal with unanticipated delays and challenges.
- Partnering with other organizations can help make the most efficient use of your resources and better position you to meet stakeholder expectations. Consider partnering with those who are undergoing a similar process, or who have already planned a program relating to your topic or intended audience.
- Universities and colleges are often untapped resources in your community with expertise and a student population eager to gain practical experience in many aspects of program planning and data collection.

## Step 2: Conduct a Situational Assessment

Figure 1: The Six-Step Planning Model



### What is Step Two About?

A situational assessment is like a “snapshot of the present” that is used to plan for the future. It helps you identify and objectively consider the trends and factors that may help or hinder

your potential program. Its purpose is to inform planning decisions about program goals, objectives, audiences, promising strategies and activities (Steps 3-4).

Watch: [Conduct a Situational Assessment](#)<sup>5</sup>

The Population Health Assessment and Surveillance Protocol (2018)<sup>17</sup> in support of the Ontario Public Health Standards (2018)<sup>1</sup> describe a situational assessment as:

“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 promotion context, this also means looking at socio-environmental conditions and the broader determinants of health.”<sup>17(p.18)</sup>

Situational assessments can be broken down into six sub-steps that will be discussed in more detail in this chapter. These are:

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 to key stakeholders and decision-makers
6. Consider how to proceed with planning

This step in the planning process requires a significant time commitment. That said, the time invested to do this step well and thoroughly will pay dividends in subsequent steps as you should have the information needed and increased confidence to make informed decisions.

## Why is Step Two Important?

Good planning decisions require good data. Your situational assessment findings should not only point to possible program options, but also highlight health equity implications; specifically the possible *unintended impacts* those program options might have for your potential audience(s). Unintended impacts are any outcomes (both positive and negative) that were not specifically planned for as part of the program plan.

Situational assessment results will be used to guide all subsequent planning decisions so the information needs to be robust to help you set priorities, particularly around:

- program goals, intended audiences and outcome objectives (Step 3)
- choosing the most promising strategies and activities for your program (Step 4)

As noted in the definition of health promotion principles outlined in the 1986 Ottawa Charter<sup>18</sup>, situational assessment results should also:

- highlight the positive (e.g., 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
- be complete, convincing, credible and compelling

Your situational assessment is the foundation upon which all other decisions will be based. As such, it is important to take the time to do it well.

## How Do I Do Step Two?

A situational assessment does not have to be overly time consuming; however, it does need to gather sufficient data in order to support evidence-informed decision making (EIDM). The National Collaborating Centre for Methods and Tools (NCCMT) highlights four domains that should be considered as part of EIDM<sup>19</sup> in public health (Figure 4).

**Figure 4: A Model for EIDM in Public Health**



Source: National Collaborating Centre for Methods and Tools. A model for evidence-informed decision making in public health [Internet]. Hamilton, ON: National Collaborating Centre for Methods and Tools; 2012 [cited 2017 Dec 19].

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<http://www.nccmt.ca/uploads/media/media/0001/01/4504c27e14836059b8fd3ce3b3eaac2ed2ce6ed6.pdf>.

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How much data you gather and analyze during this step will be based on where stakeholders' expectations and practical considerations intersect. Stakeholders may want to incorporate varying degrees of rigour and evidence into the planning process.<sup>20,21</sup> For example, they may or may not expect original research and may express different preferences for qualitative and quantitative data. Some stakeholders may insist peer-reviewed scientific studies be used. Others will be comfortable with emerging and promising practices, with or without documented evaluation results. Practical

considerations will include the amount of time and budget available, project team expertise and accessibility to credible data.

While it can help to have a general discussion about stakeholder expectations and available resources for data-gathering early on in the planning process, it is generally after you have begun to identify the key questions you wish to answer that stakeholders preferences become more explicit. Taking the time to ensure expectations for data-gathering and analysis are realistic given the data needs and available resources should be done frequently throughout the process to avoid misunderstandings and maintain project support.

Five worksheets are available to help you complete this step.

[2.1 Identifying research questions and data needs](#)

[2.2 Develop a data gathering plan](#)

[2.3 Summarize the situation](#)

[2.4 Track possible strategies, programs and actions](#)

[2.5 Consider how to proceed](#)

You can also download all the [Step 2 worksheets](#) or the complete [set](#) of workbook worksheets.

## Identify Key Questions to Answer Through the Assessment

The first part of conducting a situational assessment is determining what you want to know.

Essentially you are seeking to answer three basic questions:

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

While you can try to answer these questions at a basic level, it is usually more effective to consider what additional questions will reveal a detailed picture for each overarching question. Here are some examples for you to consider within each of the higher level questions:

### WHAT IS THE SITUATION?

- What impact is the current situation having on health and quality of life for various groups of people?

- Which groups of people are at higher risk of health problems and poorer quality of life?
- How do local stakeholders and the public perceive the situation?
- How do local stakeholders and community members describe their needs related to the situation?
- What is currently known about the determinants (causes) of any identified health inequities, particularly as they relate to the situation?
- What solutions do local stakeholders and community members currently favour and why?
- What are the benefits of acting now versus later?

### **WHAT INFLUENCES ARE MAKING THE SITUATION BETTER AND WORSE?**

- What risky or negative health behaviours of various groups are affecting the situation?
- What political, economic, environmental, social and technological trends are influencing the situation?
- What conditions in the social or organizational environment, or at the broader public policy level, are causing or helping to alleviate the situation?
- What internal strengths and weaknesses are present in your organization that may affect the course of action?
- What opportunities and threats in your environment may affect the course of action?
- What unintended impacts, both positive and negative, might your program have on program participants and the broader public?

### **WHAT POSSIBLE ACTIONS CAN YOU TAKE TO DEAL WITH THE SITUATION?**

- What are other similar organizations doing to address this situation?
- What has your organization done in the past?
- What strategies and/or program modifications could you feasibly implement to maximize positive impacts and minimize negative ones?
- What evidence exists to support various courses of action?

Other ways you can identify key questions include:

- Asking your stakeholders what they want and need to know to make decisions about the program.
- Reviewing 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.
- Selecting one or more health promotion, social science or behaviour change theory that apply to your situation (e.g., Stages of Change; Health Belief Model).<sup>22</sup> Then identify the key variables within those theories and create research questions that will help you better understand what influences the behaviours you are interested in changing.

Use [Worksheet 2.1](#) to capture all the potential questions you might want answers to and the rationale for acquiring that data. You might also note the type of data you will need to answer those questions. Once you have identified a broad list of questions, review them carefully with your key stakeholders to determine which ones are absolutely essential to answer and which ones may be ‘nice to know,’ but optional. To use your resources effectively and efficiently, it is best if your questions do not change much over the course of your planning.

## Develop a Data Gathering Plan

A data-gathering plan is a clear and realistic list of specific tasks or action steps necessary for guiding your research. A sound data-gathering plan includes the following components:<sup>23</sup>

1. brief description of the planning context (taken from [Worksheet 1.1](#))
2. high level outline of the data required and the rationale for collecting it, i.e., how it will inform decisions
3. preferred data collection methods and sources
4. how you will organize/manage the data

Similar to a project management plan, your data-gathering plan should ensure the identified tasks have assigned responsibilities (lead and support), a clear deadline, and specify the resources required to complete the task. [Worksheet 2.2](#) can help you document these decisions. Engage the most skilled person or people available to do the work and be as accurate as you can about the necessary time, people and resources needed for a particular task. This is a good opportunity to discuss stakeholder expectations around data gathering and where the data collection and analysis approaches identified in the HEIA literature<sup>2,24,25</sup> may help inform your decision.

The impact assessment literature proposes three different levels of HEIA (Table 1) based on available time and resource requirements. These three views can be applied to situational assessments.



**Table 1: Health Equity Impact Assessment Types<sup>2</sup>**

Type of Assessment	Data Sources	Time Required
Desktop Assessment	Secondary sources Existing data and resources Brief, limited scope	Several days
Rapid Assessment	Combination of primary and secondary data sources More outreach and sourcing of information More detailed than desktop assessment	Several weeks
Comprehensive Assessment	Extensive research including community and sector consultations Primary and secondary data sources Complex data-gathering and analysis	Several months depending on size and complexity of project

Determining which approach best aligns with your planning timelines and data needs can help you appropriately scope and prioritize your activities before you begin to collect data and be on schedule and budget when you proceed to data collection.

Another resource that may help inform the development of your data collection plan is the [Rapid Review Guidebook](#)<sup>26</sup> developed by NCCMT. The guide details each step in the rapid review process, with suggestions on how to make adjustments given resource limitations.

The questions you developed in sub-step one will determine the types of data you need to collect. Remember to consider the four domains in the [EIDM framework](#)<sup>19</sup> (Figure 4) and consider which data sources and data collection methods best suit your planning context.

Table 2 provides some suggestions about how and where you might access information to answer your key questions. These options generally provide a substantial amount of credible data, relative to the investment of time and money. However, when faced with limited time and staff support you will have to prioritize your data needs based on the importance of having the information and the feasibility of obtaining it.

**Table 2: Examples of Data Sources**

If You Want	Type of Data	Data Gathering	Examples of Sources
Information about community needs	Community health status indicators; census data	Literature search/review	Local Board of Health; Community Health Status Reports; Rapid Risk Factor Surveillance System (RRFSS) <sup>27-29</sup> ; Canadian Community Health Survey (CCHS) <sup>28</sup> ; Public Health Agency of Canada (PHAC) infobase <sup>29</sup> , PHO Snapshots <sup>30</sup>
Information about what conditions are causing or helping to alleviate the situation	Political, economic, environmental, social and technological trends and drivers	Focus group; key informant interview; media scan; surveys/polls	Staff from community service organizations that are already working on problem; project team; local public health epidemiologist; members of 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	NCCMT Evidence Search Pyramids <sup>31</sup> ; National Guidelines Clearinghouse <sup>32</sup> ; Turning Research Into Practice
Guidance about the nature and scope of the final program you develop	Review of stakeholder mandates, policies, guidelines	Internal document review	<p>Internal documents from your own, or related organizations such as:</p> <ul style="list-style-type: none"> <li>• strategic plans</li> <li>• budget documents</li> <li>• informal evaluations</li> </ul> <p>Documents summarizing the political agendas and priorities of your funder; grey literature</p>

Finally, your data-gathering plan should also specify how you are going to record and manage the information gathered. One way to do this is to generate an “evidence table.” Create 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). This will enable you to sort the information by different variables. A standard evidence table format can also help you consolidate your information when more than one person is gathering data and make it easier to, if necessary, divide the work of organizing and synthesizing the data when you begin sub-step four.

Thinking this through in advance will make synthesizing and summarizing your findings easier as everyone involved in the data-gathering process will follow a standardized format for capturing the information.

## Gather the Data

Once the data-gathering plan is developed and has been reviewed by your stakeholders, begin data-collection. It is important to note that there are two types of data collection – primary and secondary. Primary data is information that is collected yourself; for example, via surveys, key informant interviews or focus groups. It can also include existing internal data such as demographic data collected in program registration forms or feedback forms.

Secondary data is collected by someone else; for example, by the provincial or federal government, researchers, academic institutions or a partner organization. A literature search is also an example of secondary data collection.

There are a number of existing data sources that can help save time and effort. Another good source of information is often referred to as ‘grey literature.’

Examples of grey literature include: internal planning documents, literature reviews, results from small-scale audience analysis efforts and program evaluation results. These unpublished reports may take some effort to find, but it is often worth it. Grey literature can potentially contain evidence that is just as credible as peer-review literature and may be more closely related to your situation. You can find links to public health grey literature sources [here](#).<sup>35</sup>

As you gather data, use your evidence table to keep accurate records about where it came from. It is also important to track any information gaps related to your situational assessment questions. This will support future program planning efforts and help when opportunities to generate or gather more data arise during planning, implementation or evaluation (e.g., a grant or university partnership opportunity).

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.

Peel Public Health also makes their [Rapid Reviews](#) publicly available on their website.

The NCCMT has created [Health Evidence](#) - a public database of 4,842+ quality-rated systematic reviews evaluating the effectiveness of public health interventions, as well as [Evidence Pyramids](#) for eight major health areas including mental health, injury prevention and healthy behaviours (adults and children).

## Organize, Synthesize and Summarize the Data

At this stage, the challenge is to take the wealth of information collected and make it meaningful so you can extract the overall conclusions and insights that will inform your decisions about goals, objectives and audience. You are striving to highlight the results of your situational assessment that cannot be ignored. The summary should be convincing, compelling, evidence-informed and readable.

Keep it simple by organizing the key findings around the three broad situational assessment questions proposed earlier in this chapter and your specific questions within each. Grouping data by population, intervention and outcomes may also be helpful as it can assist in identifying similarities and differences in results across studies and data sources.<sup>26</sup>

### WHAT IS THE SITUATION?

To summarize the situation, clearly describe:

- the size and growth of the situation
- the burden and impact of the problem
- existing health inequities
- public perception of the problem resonates with their experience
- stakeholder perceptions and concerns
- the potential consequences of acting now versus later

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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.

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[Worksheet 2.3](#) can help consolidate this information in one place. Then you'll need to edit it to one or two short paragraphs or five to six bullet points in order to succinctly 'paint a picture' for stakeholders and other interested parties. Some audiences may require more detail; however, refrain from crafting a lengthy summary. Instead, supplement the summary with additional background documents or appendices.

### WHAT INFLUENCES ARE MAKING THE SITUATION BETTER AND WORSE?

To uncover your key findings related to this question, it can be helpful to further sort and organize your data by situational influences (sometimes called factors). These factors include people, circumstances or environments. It is important to be clear about:

- How different factors are affecting the situation – are they making it better or worse?
- The importance and impact of each factor – to what degree is each one affecting the situation?

- How likely is it that you will be able to effect change on the identified factors, given the available resources?
- Is potential action on the factor in line with your mandate and priorities?

There are many ways to organize situational data. Two methods you may find particularly useful are the Ecological Model<sup>36</sup> and a Force Field Analysis.<sup>37</sup>

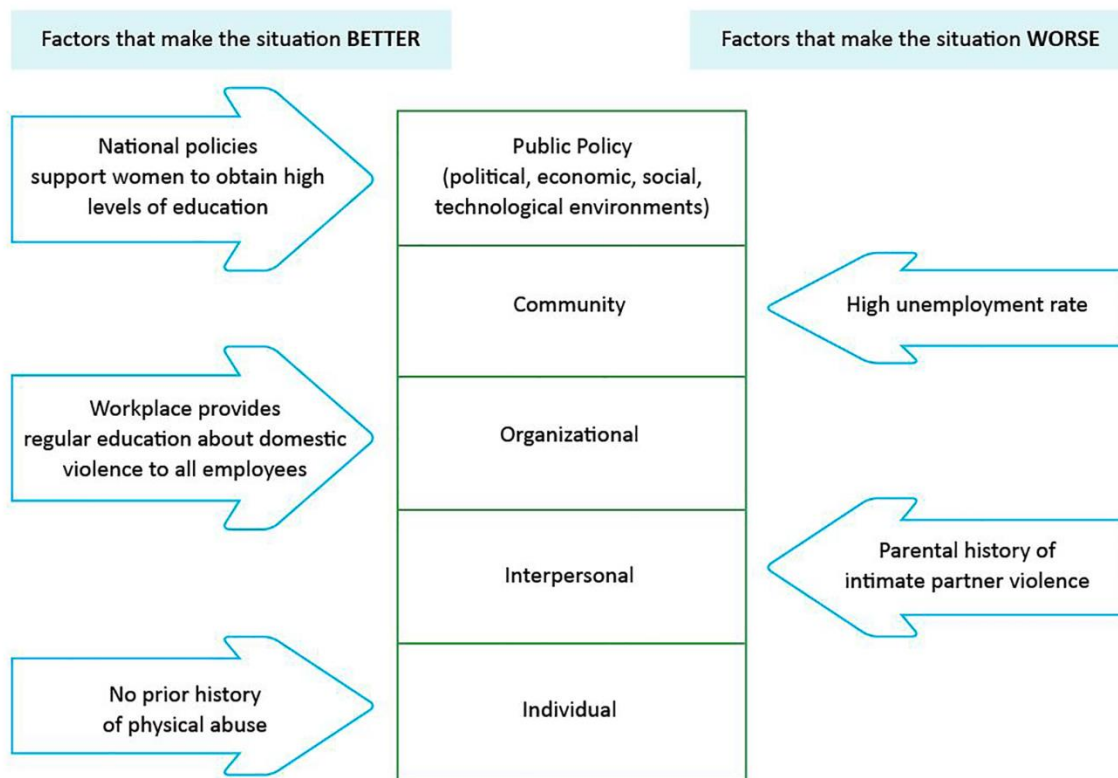
Using the ecological model to organize your findings may highlight the need for a multi-pronged approach that addresses both individual and social contexts along with environmental and policy level changes. Presenting your results using this framework might reveal where there are data gaps that need to be addressed before deciding how best to proceed. For example, your data may primarily focus on individual level interventions, without gathering information about how social networks, organizational environments, communities and public policies influence the situation. You could discover that the most critical factors influencing the situation are outside your mandate area, or unrealistic to address.

A Force Field analysis<sup>37</sup> is another visual way to capture the key facilitators and barriers impacting the situation (Figure 5). You can show the strengths of each factor by making some arrows bigger or heavier. MindTools<sup>38</sup> has developed a fillable [worksheet](#) that can help you organize and display your results in this format.

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.<sup>39,40</sup> Either way, each factor represents a focal point and potential opportunity to act.

Again, try to summarize your findings about situational variables concisely in one or two paragraphs or five to six bullet points. This enables others to quickly grasp the implications of your findings and can be useful in any communication product you develop. Additional detail can always be captured in supporting background documents.

**Figure 5: Example of Force-field Analysis for Intimate Partner Violence<sup>39,40</sup>**



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

Your situational assessment likely identified a number of possible actions to address the situation. For example, you may have discovered:

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

Using [Worksheet 2.4](#) (or your own evidence tracking table), note:

- where each potential action came from
- any positive and negative unintended outcomes
- what evidence you have about the effectiveness of this possible action

- any relevant details to guide your choices about strategies and activities for your program (Step 4), e.g., whether the action is practical for your community

There are a number of methods that can help you reflect on and objectively assess the data you have gathered to date. The choice will depend on a number of factors including available time, expertise and the number of initiatives you wish to assess.

One commonly used tool in business contexts is a SWOT analysis (strengths, weaknesses, opportunities, threats). Conducting a SWOT analysis may help you objectively assess how the potential ideas gathered align with the situational factors analyzed in relation to the program being developing. A traditional SWOT analysis first compiles data on the organization's strengths and weaknesses (SW) and the opportunities and threats (OT) in the external environment. It then examines the relationship between the two sets of data to ensure decision-makers are clarifying their assumptions before selecting strategies and tactics. When strengths and weaknesses are mapped against opportunities and threats, different business-oriented responses are suggested for addressing each quadrant (Table 3).

At a program level, the process can be used to assess the opportunities and threats associated with a particular intervention (e.g., behaviour change initiative or policy process) against the strengths and weaknesses of the organization or partnership that wishes to implement the proposed intervention. When strengths and opportunities are well-aligned, decision-makers can be more confident about pursuing (investing in) that activity as compared to initiatives where the data points to a greater number of weaknesses and/or threats to overcome (decide or divest).

To learn more about how to effectively undertake a SWOT analysis, refer to the article by Kearns, *From comparative advantage for damage control: Clarifying strategic issues using SWOT analysis*.<sup>41</sup>

As before, summarize the key findings associated with these SWOT analyses in a short paragraph so stakeholders can quickly grasp the implications for decision-making.

**Table 3: SWOT Analysis with Strategies for Each Quadrant<sup>41</sup>**

	Opportunities	Threat
<b>Strengths</b>	<b>INVEST</b> Clear matches of strengths and opportunities lead to competitive advantage	<b>DEFEND</b> Areas of threat matched by areas of strength indicate a need to mobilize resources
<b>Weaknesses</b>	<b>DECIDE</b> Areas of opportunity matched by areas of weakness require a judgement call – invest or divest	<b>MITIGATE</b> Areas of threat matched by areas of weakness indicate need for damage control

## 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
- communication vehicles or the formats used to deliver messages<sup>42</sup>

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.

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.<sup>43</sup> Each document length will appeal to different audiences.

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



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Find additional PHO resources related to health communications [here](#)

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## 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 given your available resources and external context.

Using [Worksheet 2.5](#) consider:

- Are there 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?

The answers to these questions should determine if you are ready to move on to Step 3 (set goals, audiences and outcomes) or need to pause the planning process to revisit your key situational questions and project scope. In some instances, the decision may be to discontinue the planning process altogether if the data indicate there is no reasonable chance for effecting change at any level.

Engage key stakeholders in this discussion and build consensus around next steps. Be sure to communicate the results of the situational assessment and the final decision to everyone who has been involved in the process.

## Tips

- Do not underestimate how long it will take to conduct a comprehensive situational assessment. If time is limited, consider using a desktop or rapid review process.
- 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 (e.g., universities, epidemiologists, community research organizations).
- Simplify the process by collecting readily available information and existing evidence.
- Whenever feasible, use a mix of quantitative and qualitative methods to collect data.
- Focus on strengths, capacities and resources — not just deficits and problems.

- Incorporate health equity principles and the determinants of health in your assessment, rather than viewing health as just the absence of disease.
- Prepare a clear focus and agenda for any stakeholder meetings to examine the data.
- Talk to people to understand the true meaning behind the numbers.
- As the final product may be useful to many people in the community, use it as an opportunity to seek additional funding or sponsorship.

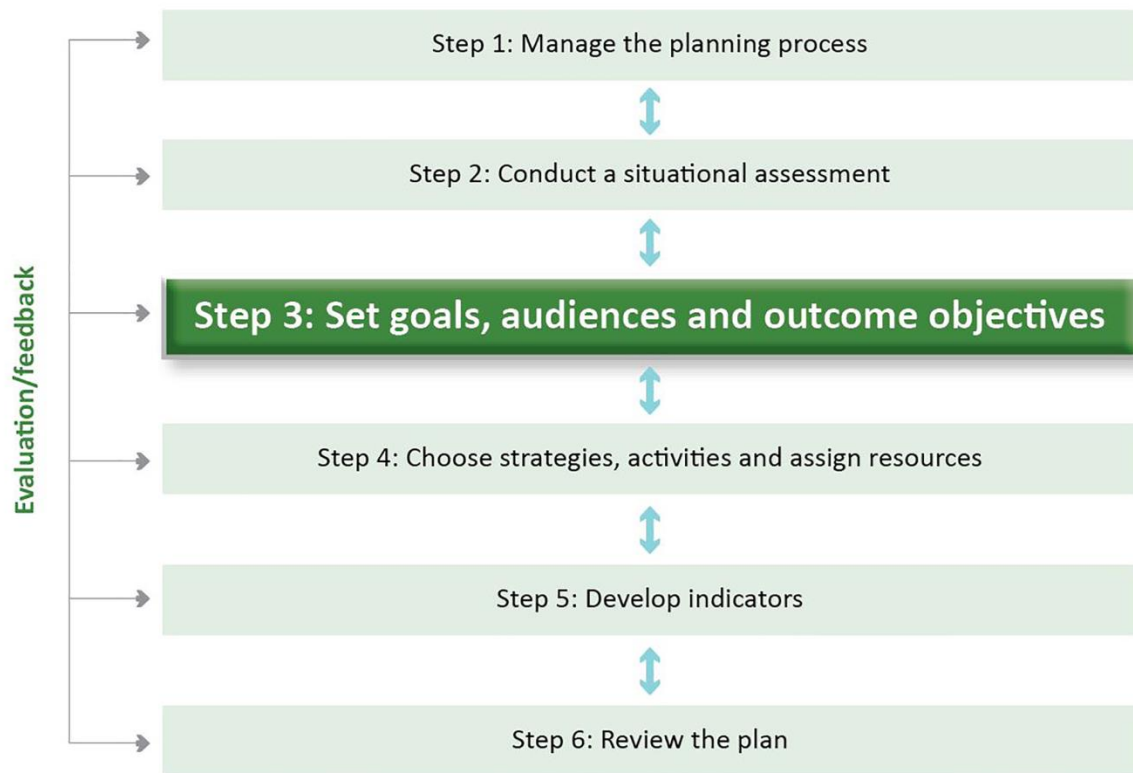
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To learn more about conducting a situational assessment check out PHO's [Focus On: Six Strategic Steps for Situational Assessment](#)<sup>10</sup>

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## Step 3: Set Goals, Audiences and Outcome Objectives

Figure 1: The Six-Step Planning Model



### What is Step Three About?

During the situational assessment process in Step 2, you kept track of findings that suggested directions related to choosing goals, audiences

and objectives. In Step 3, you will now apply that information to determine an overall program direction. Doing so before selecting program strategies and activities (Step 4) is important. You need to identify what you want to accomplish for whom, before you can determine which strategies and activities will best advance those goals and objectives within the limits of your resources.

Watch: [Set goals, audiences and outcome objectives](#)<sup>5</sup>

That said, be prepared to reconsider and modify the goals and objectives as the program takes shape. The most important thing is that the program goals, objectives, strategies, activities and resources support one another and make sense for the audience. For instance, what happens if available resources

cannot adequately support the activities needed to achieve identified outcomes? You may have to revisit decisions about the scope of the goal, the number of audiences you are interested in and your outcome objectives to align with your current organizational capacity.

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

## Why is Step Three Important?

Setting goals is critical to designing your program. It is also a time when stakeholders become invested and inspired. Identifying audiences is important because knowing who you want to influence (are you targeting individuals, families, groups, organizations, communities or public policies?) will inform your choice of strategies and activities so they address the unique needs of your audiences.

Concise, well-written objectives will help focus 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. Finally, decisions made in this step can help populate a logic model that visually summarizes your program. Logic models are a useful communication tool for both internal and external stakeholders.

## How Do I Do Step Three?

Before you initiate discussions about potential goals, audiences and objectives, review the decision-making processes you established in Step 1 and consider what tools you may use to facilitate decision-making discussions. There are numerous methods and tools for decision-making: the [Mind Tools website](#)<sup>44</sup> is one source that describes various decision-making tools and processes. 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).

Next ensure that everyone understands and agrees to use the same terms and definitions. It is not uncommon for stakeholders to use the same terms, but with a different understanding of what they mean and how they are applied in planning and evaluation contexts.

Table 4 identifies planning terms and definitions along with commonly used alternative terms. Take the time to review it with your stakeholders and decide if you will adopt the terms and definitions provided or develop your own glossary to guide your work. This will ensure planning terms are used and understood in a consistent way throughout the planning process, which reduces confusion, simplifies planning discussions and ultimately results in coherent, well-organized programs.

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This worksheet will help you complete this step and build your program logic model: [3.1 Set goals, audiences, and outcome objectives](#).

**Table 4: Planning Terms, Definitions and Examples**

Term	Common Alternatives	Definition/Description	Examples
Activity	Initiative, intervention, task	A specific product or service (something you do or produce).	Brochures, fact sheets, workshops, clinics
Audience	Population, target group, community of interest	<p>The intended beneficiary of a program; who you hope to engage.</p> <p>Primary = direct recipients (who you hope to change)</p> <p>Secondary = indirect recipients (people who influence the primary audience).</p>	<p>Primary = women of child bearing age who smoke</p> <p>Secondary = physicians</p>
Goal	Results, outcome, impact, purpose, vision	<p>A statement that reflects the broadest level of results to be achieved.<sup>1</sup></p> <p>A population level condition of well-being stated in plain language.<sup>45</sup></p>	<p>To prevent or reduce the burden of food-borne illnesses.</p> <p>To improve the availability of local, fresh fruits and vegetables in neighbourhoods throughout the region.</p>
Indicator	Outputs, targets, measurements	Specific, observable and measurable characteristics or changes that represent achievement of the goal or objective. <sup>46,47</sup> Indicators can be outcome or process focused.	
Outcome Indicator	Outcome measurement	Measures progress toward outcome objectives and documents the intended change you want to see in the target audience, in a quantifiable form (number of, per cent). <sup>46</sup>	<p>Per cent of participants reporting increase physical activity.</p> <p>Per cent of physicians who use screening tool for depression.</p>

Term	Common Alternatives	Definition/Description	Examples
Process Indicator	Outputs, output measurement	Measures progress toward process outcomes and documents what is produced as a result of your activities, often in a quantifiable form (number of, per cent). <sup>46</sup> Can also capture qualitative data.	Quantitative indicators: number of newsletters produced and distributed; number of program participants; number of unique visits to website/webpages.  Qualitative indicators: comments about what users liked and did not like about the fact sheets; list of topics discussed during a workshop.
Objective	Result, impact, outcome	A brief statement specifying the desired impact or effect of a health promotion program over a defined period of time (i.e., how much of what should happen to whom by when). <sup>48</sup> SMART-ly written (specific, measureable, achievable, relevant, time-bound).	
Outcome Objectives	Program objectives	Specify the intended effect of the program in the target population or end result of a program. They focus on what your target population(s) will know or will be able to do as a result of your program/activity. <sup>49</sup>	To increase by 10, the number of physician offices in Niagara Region that give all patients an annual take-home screening tool for depression by December 31, 2019.  Triple the number of long-term care facilities who use a universal falls prevention program by May 31, 2020.

Term	Common Alternatives	Definition/Description	Examples
Process Objectives	Program objectives, implementation objectives	Describe program activity and implementation elements, i.e., what is done during program delivery. <sup>46</sup> Process objectives, by their nature, are usually short-term.	To distribute 2,000 educational pamphlets on smoking cessation strategies to Durham Region physicians by March 31, 2019.  To develop six, 90-minute workshops on effective parenting strategies for first-time parents by September 30, 2019.
Short-Term Objectives	Result, impact, outcome, goal	Are one to 12 months in duration. They describe the initial expected changes in your target population(s) after implementing certain activities or interventions (e.g., changes in knowledge, skills, and attitudes). <sup>49</sup>	Municipal councils in Niagara have an increased knowledge of the benefits of developing and implementing a municipal alcohol policy.  Alcohol servers have increased knowledge of their legal obligations pertaining to responsible alcohol sales and providing a safe environment for all participants attending municipal events and festivals.
Medium-Term Objectives	Result, impact, outcome, goal	Span 13 months to five years. These objectives describe interim results that provide a sense of progress toward reaching the long-term objectives (e.g., changes in behaviour, norms and policy). <sup>49</sup>	All 12 municipalities in the Niagara Region have developed and adopted a municipal alcohol policy.  Alcohol servers

Term	Common Alternatives	Definition/Description	Examples
			consistently implement strategies that support responsible alcohol consumption as outlined in the municipal alcohol policy.
Long-Term Objectives	Result, impact, outcome, goal	Require five plus years to accomplish. Long-term objectives are achieved only after the program has been in place for some time (e.g., changes in mortality, morbidity, quality of life). <sup>49</sup>	Incidents related to over-intoxication at municipal events and facilities are isolated and well-managed occurrences.  Social norms encourage and support moderate, responsible alcohol consumption for those who choose to drink.
Plan	Work plan, operational plan, strategic plan, tactical plan	A document that clearly describes the goals, objectives, resources, activities, stakeholders and timelines needed to execute an identified program or strategy.	
Program	Strategy, intervention, initiative	A well-organized series of activities designed to facilitate change in a clearly defined target group. <sup>48</sup>	Smoking cessation program for high school students. School travel planning pilot project with public school board. HPV vaccination program for grade eight girls.



Term	Common Alternatives	Definition/Description	Examples
Strategy	Tactic, program, initiative, intervention	A broad approach or plan that helps achieve the identified change. The means through which changes are made.	Health communication, health education, self-help/mutual aid, organizational change, community development and mobilization, advocacy, policy development and inter-sectoral collaboration
Task	Action, action steps, activity, assignment	A small, specific, action step that contributes to the accomplishment of an activity.	Order 2,000 fact sheets; schedule information meeting with school board officials; develop survey questions; research nutrition guidelines for toddlers two to five years of age.
Resources	Budget, assets, inputs, supplies, means	Quantifiable investments that support program implementation.	Financial (money) Human (staff expertise, time) Material (space, supplies)

Once you are clear on terminology, review the results of the situational assessment with the core planning team and other stakeholders committed to the planning process. 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
- social determinants of health—behavioural and socio-environmental (e.g., personal health practices, housing conditions, social support networks, education and literacy)

This ensures your decisions about goals, audiences and outcome objectives are evidence-informed and defensible. Let's review each of these sub-steps in more depth.

## Set Goals

A goal is a broad statement that provides overall direction for all aspects of a program over a long period.<sup>1</sup> 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*.

Consider the following examples of public health goals, as outlined in the Standards for Public Health Programs and Services:<sup>1</sup>

- to improve growth and development for infants, children and adolescents
- to reduce disease and death related to vaccine preventable diseases
- to increase the use of current and emerging evidence to support effective public health practices

Now consider how you might craft a simple statement that captures the broad direction of the program you are planning. What is the big picture outcome you are striving for? Complete one or more of the following phrases:

- to increase...[a healthy behavior, situation, knowledge]
- to decrease/reduce...[unhealthy behaviours, situations, problems]

Draft several goal statements and discuss them with stakeholders to determine which ones resonate and inspire them to support the program. Your goals will serve as an anchor and framework for program planning. They need to provide a set of clear end points, around which you can organize many strategies or activities. This is particularly important in situations where external parties may have conflicting goals or when you need innovation or a new approach. As planning progresses and the situation evolves, your strategies and activities may change, but well-stated goals remain relatively constant.

## Choose Audiences

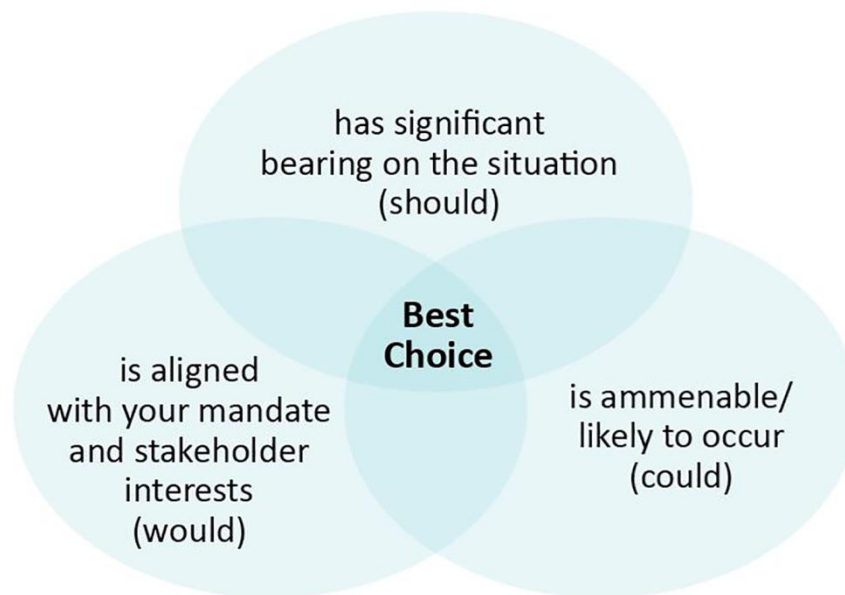
Once you have identified your program goal(s), you must determine which specific audiences your program will serve. Review your situational assessment data results and identify which individuals, networks, organizations and/or communities:

- Have significant bearing on the situation (something *should* be done) e.g., workplace or municipal policies, high poverty neighbourhoods, distracted drivers.
- May change or are open to change with appropriate resource support (something *could* be done), e.g., caterers in school cafeterias, individuals trying to quit smoking, parents interested in being more physically active with their children.
- Are aligned with your mandate and the expectations and interests of your key stakeholders (something *would* be done) e.g., pregnant or breastfeeding women living in high-risk circumstances, children in low-income families.

Consider using a simple diagram like the one shown in Figure 6 to organize the discussion and analysis of the choice of audiences. You will find the best audiences in the place where these three circles overlap; however, contextual evidence may direct you to focus on any one of the three areas of opportunity.

Once you have identified a list of potential audiences, it will be easier to choose your primary and secondary audiences. The primary audience, often mentioned in the goal, is the group whose health you are most concerned with and whose knowledge, behaviours and attitudes you wish to change.

**Figure 6: Factors Affecting Choice of Audiences and Strategies**



Other audiences are important for change because they are a means to reaching your goal; these are known as “secondary” audiences. Secondary audiences influence the primary audience through:

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

Programs sometimes focus initially on a secondary audience before moving to the primary audience. For example, a program may begin by working with physicians (a secondary audience) to enhance their tobacco reduction interventions, with a view to increasing cessation among young women (the primary audience). A plan with multiple strategies may have a number of secondary audiences.

## Writing Outcome Objectives

An outcome objective is a brief statement specifying the desired changes produced by a health promotion program. Depending on the accepted terms used by your organization, changes may also be called results, impacts or effects.

Objectives differ from goals in a number of ways, as shown in Table 5.

**Table 5: Goals versus Objectives**

Characteristics	Goal	Outcome Objective
Scope	General	Specific
Time	Not time-limited	Time-limited, relative to goals
Purpose	Set general direction (e.g., “to increase, improve, decrease or reduce...”)	Identify how much of what, should happen to whom and by when
Measurability	Need not be easily measurable	Measurable
Number	1-2 per program	Often multiple objectives for each goal and at each level of change
Link	Links back to strategic directions or population level goals (e.g., OPHS <sup>1</sup> )	Links back to goals

Writing clear and measurable objectives goes beyond the mechanics of crafting the outcome statement, although this is extremely important. It also requires consideration of the desired level of change (e.g., ecological model of health promotion<sup>36</sup>) and the time horizon for accomplishing the objective. Let’s review each of these features in more detail.

## Writing Mechanics

Well written outcome objectives generally include four components:

1. **Who** you want to change (the audience)
2. **What** you want to change in the audience (desired outcome)
3. By **how** much
4. By **when**

Be strategic when thinking about these four components:

- Have you considered both primary and secondary audiences? What level of change are you targeting (individual, interpersonal, organizational, community, public policy)?
- Are the identified outcomes significant, feasible and within your mandate? Health promotion theories (Table 6) and other data reviewed during the environmental scan can provide insights into which factors significantly have an impact on the situation. Your organization's capacity to work on these factors is also important.
- How much change is attainable? Review your situational assessment data along with evaluations of past interventions with the identified audience(s). Stakeholders, surveys or benchmarks discussed in the literature may provide direction in this area.
- What is a realistic timeframe for achieving the objective given available resources and your situational context?

Well-crafted program objectives also have five SMART characteristics. They should be:

- **Specific** (clear and precise)
- **Measurable** (amenable to evaluation, information needed to assess objective readily available and accessible)
- **Appropriate** (aligned with mandates and stakeholder expectations, needs of audience, theory and other evidence)
- **Realistic** (reasonable considering available resources and other circumstances)
- **Time-limited** (have a specific deadline for completion)

## Levels of Change

In addition to mastering the mechanics of writing strong outcome objectives, health promotion practitioners should consider which level(s) of change they are seeking to influence. The ecological framework<sup>36</sup> illustrates the complex interactions between people, groups and their environment using five levels of engagement: individual, interpersonal, organizational, community and public policy. The next four tables illustrate how the levels of change in the ecological framework can inform the development of outcome objectives.

Table 6 highlights relevant health promotion theories that correspond to each level of change and describes characteristics of objectives associated with each level of change.

**Table 6: Characteristics of Objectives by Ecological Levels of Change**

Level of Objective	Type of Outcome, Result, Impact or Effect	Contributing Factors	Relevant Audiences	Relevant Theories to Consider
Individual	Maintain a personal behaviour change	<p>An individual's:</p> <ul style="list-style-type: none"> <li>• knowledge</li> <li>• beliefs</li> <li>• attitudes</li> <li>• skills</li> <li>• self-efficacy</li> </ul>	<p>Segments most in need.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• men</li> <li>• children</li> <li>• lower-income groups</li> <li>• people who smoke</li> <li>• people who are homeless</li> </ul>	<p>Stages of Change</p> <p>Health Belief Model</p>
Interpersonal	Social networks influence behaviour change	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"> <li>• families</li> <li>• groups of friends</li> <li>• colleagues</li> <li>• teammates</li> </ul>	Social Cognitive Theory
Organizational	Develop policies	<p>Views about costs and benefits of policy change</p> <p>Confidence and competence in developing effective health promoting policies</p>	<p>Decision-makers (primary) or employees, unions, customers (secondary) of organizations, such as:</p> <ul style="list-style-type: none"> <li>• schools</li> <li>• worksites</li> <li>• places of worship</li> <li>• primary health care settings</li> </ul>	Organizational Theory
Community	Change the social environment	Interactions between organizations and smaller social networks (i.e.,	<p>Opinion leaders of communities such as:</p> <ul style="list-style-type: none"> <li>• geographical communities</li> </ul>	Diffusion of Innovations Theory

Level of Objective	Type of Outcome, Result, Impact or Effect	Contributing Factors	Relevant Audiences	Relevant Theories to Consider
		families) Community organization and coordination of services	<ul style="list-style-type: none"> <li>shared interest communities (e.g., artists' community)</li> <li>Collective identity (e.g., African American community)</li> </ul>	
Public Policy	Develop formal laws	Actions of special interest groups <ul style="list-style-type: none"> <li>media coverage</li> <li>public opinion</li> </ul>	<ul style="list-style-type: none"> <li>elected officials</li> <li>the public</li> <li>special interest groups media of a town, region, province, country</li> </ul>	Social Change Theory



Table 7 identifies general objectives at each level that could be customized to local context. Note that these objectives are not written using the SMART format, which will make it harder to assess progress and determine when they have been achieved. Whenever possible, revise these general objectives using situational assessment data to identify appropriate and realistic targets.

**Table 7: General Objectives for Each Level**

Ecological Level	Sample Objectives
Individual	<p>Increase awareness of: risk factors, personal susceptibility, solutions, health problems, local services or resources</p> <p>Increase knowledge (or recall, comprehension, analysis, synthesis) of ideas and/or practices</p> <p>Change attitudes (increase positive, decrease negative, or maintain)</p> <p>Increase intention to make and sustain change</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) 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>

Ecological Level	Sample Objectives
	Change social norms and behaviours
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> <p>Increase the number of politicians who support the policy change you are recommending</p> <p>Change/implement a policy</p>

Table 8 provides sample objectives using the who, what, how much and when criteria for writing strong objectives.

**Table 8: Sample Objectives at Each Level**

Level of Objective	By How Much	In Whom (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 two years
Interpersonal	To increase by 20%,	...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

Level of Objective	By How Much	In Whom (Audience)	What You Want to Change (Outcome)	By When
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 year...	...within the next 18 months
Community	To increase by five, 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 three the number of...	...Cabinet members...	...who feel that a national mental health strategy is a priority for Canada...	...within the next 18 months

## Time Horizon: Short, Medium and Long-Term Objectives

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

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 describe 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 span several months to one year
- medium-term objectives range from one to five years
- long-term objectives usually extend beyond five years

Short-term objectives are often easier to quantify and more effective when a specific completion date is identified. The choice to set specific change targets and timelines will depend on a number of factors.

Objectives do not 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:

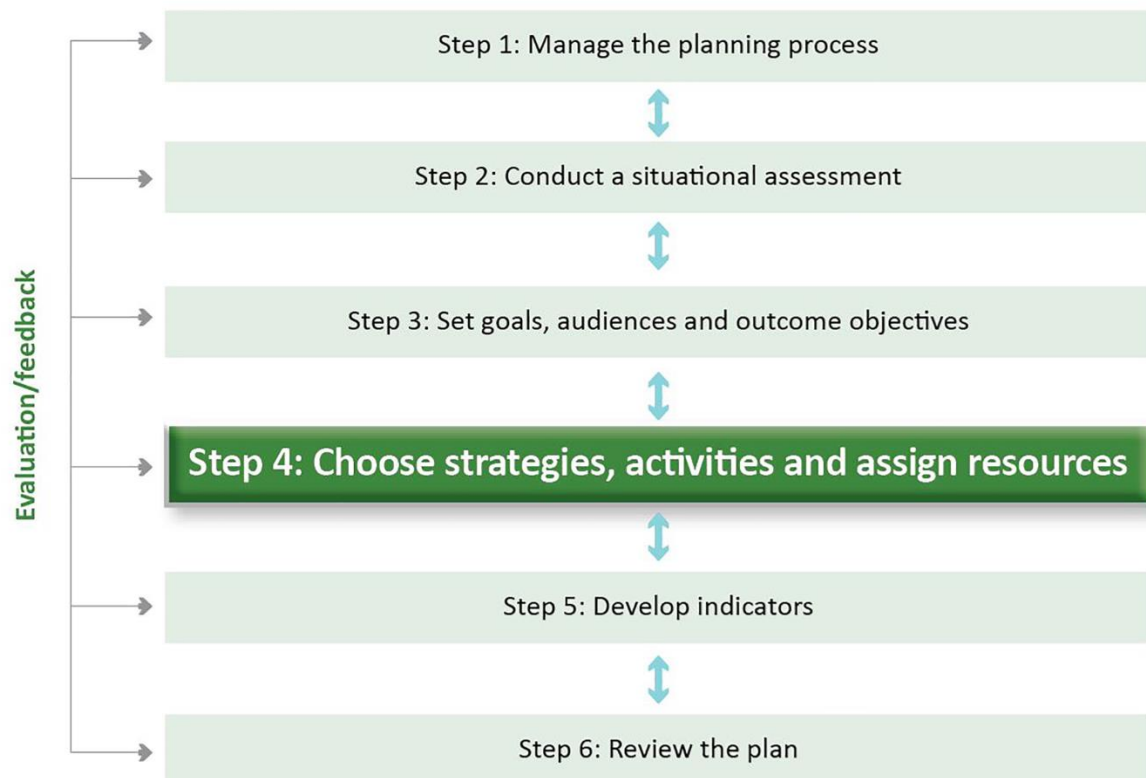
- knowledge of the existing situation in the community (the baseline)
- knowledge of what amount of change is possible
- confidence in the ability of the intervention to bring about the desired change
- ability to collect data identifying the degree of change

## Tips

- Ask people to work with you to come up with a meaningful goal. It can be an important learning opportunity for everyone involved.
- 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.
- Brainstorm first, using the situational assessment data to guide your thinking. Then review each idea to determine if they are broad enough to become a goal statement or more suited to becoming an outcome objective.
- Brainstorm collectively, but appoint a designated writer to draft the goals and objectives statements.
- Solicit feedback on the draft goals and objectives from key stakeholders, but avoid using large groups to fine tune the wording. Instead, the designated writer should revise the draft statements to incorporate any agreed upon changes. Be sure to provide a rationale for any feedback that is not incorporated into the final statements.
- Data-gathering does not end with the situational assessment. Now that you have more focus, continue to look for data (given available resources) that will help refine your SMART objectives.

# Step 4: Choose Strategies, Activities and Assign Resources

Figure 1: The Six-Step Planning Model



## What is Step Four About?

**Step 4** is where you answer the question: “Which strategies and activities will best advance our goals and

Watch: [Choose Strategies, Activities and Assign Resources](#)<sup>5</sup>

objectives within the limits of our resources?” In Step 2, you pinpointed findings that suggested directions or conclusions related to your program. In Step 3, you determined goals, audiences and outcome objectives. Step 4 focuses on selecting the strategies and activities that will accomplish the identified goals and objectives and assigning the resources required to execute them effectively. Process objectives are developed to guide implementation activities.

## 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).

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
- approximately half of the information for a logic model, which is reviewed in Step 6

Your goals, objectives, strategies, activities and resources should be aligned and based on good evidence (collected in Step 2, situational assessment). If not, you may want to collect more evidence or revisit decisions about the scope of your goal, audiences and outcome objectives.

## How Do I Do Step Four?

There are multiple ways to accomplish Step 4 and it often requires some back and forth reflection. As in previous steps, it can help to first brainstorm (divergent thinking) and then sort your ideas based on their fit with the definitions of strategy, activity, tasks and process objectives (convergent thinking).

For example, you may choose to begin by brainstorming strategies or activities. Although resources are not officially assigned until activities are chosen, available resources often inform the selection of activities and strategies. Also, once you begin work on your process objectives, you may realize resource allocations are insufficient, causing you to revisit strategy and activity decisions.

There are 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.

You can also download all the [Step 4 worksheets](#) or the full [set](#) of workbook worksheets.

## Relationships between Strategies, Programs, Activities and Tasks

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

- 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**, which require the completion of multiple **tasks**.
- **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. This includes things like: hiring a designer; buying media time; researching an event venue; or researching local politician positions on an issue. Tasks are sometimes called action steps and are concrete enough to schedule in your calendar.

How does this look in practice? An organization may decide to offer a **Smoking Cessation Program**. They focus on two **strategies**: developing personal skills and education/awareness. Within each strategy they identify a number of activities needed to execute the strategy and achieve their identified goals. These **activities** could include things like providing counselling services (phone; in person), a quit and win contest, resources on cessation strategies and a social media campaign. Last, the tasks associated with the activities would be things like creating the specific fact/tip sheets, distributing these materials to physicians and walk-in clinics, developing content for the counselling sessions, securing prizes and contest sponsors and so on.

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The [Health Promotion Foundations Course Module 3](#)<sup>4</sup> includes a wealth of content that can inform your choice of strategies.

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## Identify Strategies

As explained above, a strategy is a broad approach to facilitating change. Many theories or frameworks list relevant strategies. For instance, the Ottawa Charter for Health Promotion<sup>18</sup> identifies three strategies and five action areas that form a comprehensive approach to health promotion. The three strategies noted in the charter are *enabling, mediating and advocacy*, which are then utilized to:

1. build healthy public policy
2. create supportive environments
3. strengthen community action

4. develop personal skills
5. reorient health services

Sometimes strategies are defined according to the primary target audience (e.g., a youth strategy, a workplace strategy) or the targeted health condition (e.g., a physical activity strategy, a climate change strategy). Health promotion strategies frequently identified in the literature also include: health communication, health education, self-help/mutual aid, organizational change, community development and mobilization, advocacy, policy development and inter-sectoral collaboration.

Some examples of strategies and their associated activities are shown in Table 9. These are based on a seminal article by Epp, called *Achieving Health for All: A Framework for Health Promotion*<sup>51</sup> and the health promotion framework outlined in the Ottawa Charter.<sup>18</sup> To help you identify proper links, each strategy cluster is shown with a sample and possible outcomes.

**Table 9: 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
Build healthy public policy By-law development Legislation Regulation Volunteer and organizational policies Political action	Awareness campaign Community letter-writing Deputation to council, board Develop municipal and organizational policy guidelines	New policies, procedures, by-laws, regulations, legislation are adopted
Create supportive environments Healthy environments	Support groups Organizational flex time arrangement Provide free childcare to allow adults workout time Improved school parks Design guidelines for multi-use trails, bike lanes, signage	Increase in perceived support dealing with an illness, situation, addiction 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
Community mobilization Community development Foster public participation Community organization Coalition building Strengthen community action	Create local action group Train local leaders Neighbourhood anti-drug forum Community economic development projects Corporate contribution initiatives (donations of volunteers, money or other resources)	Increase ability, capacity or confidence of individuals and groups to affect community change, policies
Develop personal skills Counselling Personal empowerment	Parenting skill workshops that include role modeling discipline techniques Personal fitness program development and training Telephone smoking cessation counselling	Increase confidence in ability to perform a behaviour Increase in number of attempts to change a behaviour
Strengthen community health services Re-orient health services	Promote use of healthy lifestyle screening tools during annual physical exams Develop and/or fund a multidisciplinary medical team (nurses, nurse-practitioners, dietitians) who work on prevention/health behaviour issues Change physician billing rules so lifestyle counselling is billable	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 (e.g., children's aid)

Clusters of Related Strategies	Sample Activities—Things You Do or Produce for an Audience	Examples of Outcomes—Observable Changes in Audience/Environment
Provide information Education	Materials that help people become more knowledgeable about health including fact sheets, brochures, newspaper and magazine articles, television programs  Events, demonstrations, workshops, classes, groups	Increase understanding of health information  Increase motivation  Increase knowledge about where to get more information
Health communication Social marketing Risk communication Communication for social change Entertainment education Online interactive health communication	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	Increase knowledge and awareness  Change attitudes  Modify behaviours  Increase number of discussions about a topic
Self-care Self-help Mutual support	Create an online community for sharing concerns, questions about a specific topic  Train community peer support workers on an issue (e.g., cooking, prevention)	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

Use the results of your situational assessment to help identify the most effective strategies for your situation. Review them to see if they align with the outcome objectives you developed in Step 3. Alternately, if you have brainstormed a list of possible activities to achieve your outcome objectives, see if you can cluster them into an identified strategy. Either way, generate strategy options by focusing on this question: What do you need to do to reach your goals and outcome objectives in a way that is consistent with the evidence gathered in your situational assessment, and aligns with your organization's mandate and health promotion values? [Worksheet 4.1](#) may help you organize this information.

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 (could be done)
- is aligned with your mandate and stakeholder interests (what your organization is expected to do)

Refer back to Figure 6 for a visual representation of these factors.

Other planning frameworks may also identify criteria to help you decide on the most appropriate strategies. For example, Ontario's Public Health Standards<sup>1</sup> emphasize need, impact, capacity and partnerships. HEIA steps emphasize the importance of assessing any unintended outcomes (both positive and negative) that your strategies and activities might produce. Consider how you might mitigate any negative outcomes and assess whether these tactics are feasible given your available resources. If not, you will need to decide whether to proceed or select an alternate strategy.

Being clear about your choices and the rationale behind them will help when communicating your decisions to key stakeholders and the public.

## Choose Activities

An activity is a specific product or service (something you do or produce) done within the context of one or more broad strategies, in order to achieve your outcome objectives. 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.

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 (gathered in 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 (also from Step 2).
- What modifications could you feasibly implement to maximize the positive impacts and minimize any negative impacts associated with this activity?
- 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.

[Worksheet 4.2](#) can help you document this information. You may choose to include other criteria for decision-making such as potential for impact, alignment with your mandate, and political support. Once

you have reviewed the existing activities, brainstorm potential new ones for each strategy. Refer back to Table 9 for possible examples. Then prioritize the new suggestions using the above criteria.

## Assign Resources

At this point, it is important to ensure you have sufficient and available resources to implement your chosen activities. Allocating resources now will help you create realistic process objectives and ensure activities are sequenced strategically.

Resources include money, expertise, time, space and equipment and can be obtained through funded budgets, donated funds or revenue, and/or goods and services provided in-kind by partners.

Review your overall budget and the other resources identified in Step 1 to:

1. Allocate what is currently available to specific, high impact activities.
2. Assess the gaps between what is needed and what you have.
3. Consider which activities can proceed and which ones will be on hold until new resources are secured (e.g., in the next fiscal cycle).
4. Explore ways of obtaining the required resources from other organizations and alternative funding sources, then develop an action plan for acquiring the support you need.

[Worksheet 4.3](#) will help you document your decisions. Do not despair if you do not have all the resources needed to implement your strategies. Be creative and ask yourself and your stakeholders, “How else might we accomplish this objective?” and “Who else can we partner with to make this happen?”

## Write Process Objectives

Process objectives describe program activity and implementation elements, that is, what is done during program delivery.<sup>46</sup> The number of products and services you can realistically deliver is closely tied to your available resources.

Similar to outcome objectives, 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)
4. By **when** (specific date)

For each activity that has sufficient resources allocated to it, write one or more process objectives using the formula stated above. [Worksheet 4.4](#) guides you through the process. First identify each component of a good process objective, then draft the written objective statement.

Table 10 provides sample process objectives for each level in the ecological model that may give you ideas for your activities.

**Table 10: Sample Process Objectives at Each Level**

Level of Objective	How Much	What Do 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 sent	to adults 50-80 years old	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
Public Policy	1	breakfast meeting about why a national mental health strategy should be a priority for Canada...	for Cabinet members	by June 30

## Tips

- Drawing on the literature from your situational assessment in Step 2 is important in Step 4. It can be helpful to work with a small group of partner organizations or staff who can each review different parts of the literature based on their area of expertise (e.g., nutritionists, communications specialists, educators, community developers).
- Identify assets, strengths and resources you can build on and include strategies addressing the socio-environmental determinants of health.
- Use post-it notes or index cards to capture individual ideas about strategies and activities to make sorting and grouping them easier.
- Always brainstorm first, then work to refine your ideas into meaningful descriptions and objectives.
- Consider pre-testing materials or pilot-testing ideas on a small scale before mounting a broader strategy.
- As you look at the program at different times, ideas will change out of necessity and inspiration. Keep reliable documentation outlining the rationale for key decisions and be open to changing your plan based on new information.
- Ensure the decision-making process provides guidance and opportunities for ongoing reflection and discussion about how best to move forward, even to the point of reversing a previously made decision when data suggest a change is warranted.

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 five-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 evidence include:

Health Evidence. Available from: <http://healthevidence.org/><sup>34</sup>

Quebec Population Health Research Network (QPHRN). Available from: <http://www.santepop.qc.ca/en/><sup>52</sup>

National Collaborating Centre for Methods and Tools. Public Health +. Available from: [http://www.nccmt.ca/tools/public\\_health\\_plus-eng.html](http://www.nccmt.ca/tools/public_health_plus-eng.html)<sup>53</sup>

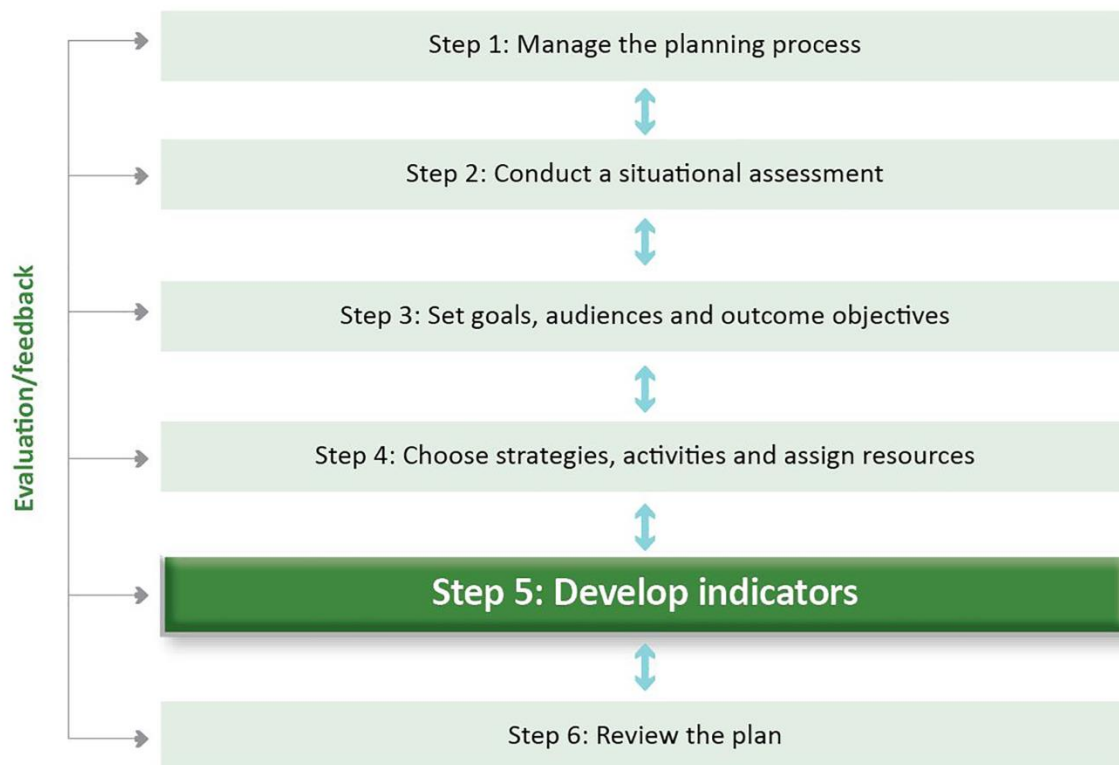
National Collaborating Centre for Healthy Public Policies (NCCHPP). Available from: <http://www.ncchpp.ca/en/><sup>54</sup>

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><sup>55</sup>

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><sup>56</sup>

# Step 5: Develop Indicators

Figure 1: The Six-Step Planning Model



## What is Step Five About?

**Step 5** is about choosing outcome and process indicators that help determine whether a program is effective and successful. Indicators are specific, observable and measurable characteristics or changes that represent achievement of outcome and process objectives.<sup>46</sup>

Watch: [Develop Indicators](#)<sup>5</sup>

Outcome indicators identify the intended change you want to see in the target audience, in a quantifiable form (number of, per cent).<sup>46</sup> Process indicators measure elements of program delivery and identify what is produced as a result of your activities, often in a quantifiable form (number of, per cent).<sup>46</sup>

Indicators may be quantitative or qualitative. 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).



They can be short, medium or long-term; consistent with the objectives they measure. They should all be reliable, valid and accessible. It is important to identify not only what you will measure, but also where the data can be found and any limitations on accessing that data.

## Why is Step Five Important?

Establishing indicators is a critical step towards ensuring your program can be evaluated. They help answer:

- How will you know the strategy has been implemented?
- How will you know if you have achieved the objective?
- How will you measure progress toward your desired outcome?
- How will you know what is different after your program?
- How will you ensure your strategies have the intended effect?

Step 5 is also important because it signifies a real commitment to obtaining results and measuring achievement.

## How Do I Do Step Five?

Each outcome and process objective you have developed should have at least one indicator that will reveal the extent to which the objective has been met. Table 11 lists some indicators for the outcome objectives that were given as examples in Step 3, while Table 12 lists examples of indicators (quantitative and qualitative) for the process objectives used as examples in Step 4. The tables note where the data are available and any limitations of availability, to guide discussion.

The two worksheets associated with this step (5.1 and 5.2) will help you develop a working list of indicators and their attributes so you can make an informed decision about which ones will be most indicative of your success. Begin by reviewing existing sources of indicators.

There are two worksheets to help you complete this step:

[5.1: Develop outcome indicators](#)

[5.2: Develop process indicators](#)

You can also download all the [Step 5 worksheets](#) or the complete [set](#) of workbook worksheets.

## Review Existing Sources of Indicators

Your situational assessment results (Step 2) likely contain some potential indicators relative to your program concepts. You can also get ideas from sources such as:

- the mandate of your regulating agency (e.g., per cent 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., per cent in community rating the service as excellent)
- benchmarks established through research (e.g., expected smoking rate decreases)

List the relevant indicators on the appropriate worksheets and then proceed to the next sub-step, checking reliability and validity.

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

[Canadian Institute for Health Information \(CIHI\) and Statistics Canada. Health indicators](#)<sup>57</sup>

[Health Canada. Health indicators](#)<sup>58</sup>

[Association of Public Health Epidemiologists in Ontario \(APHEO\). Core indicators for public health](#)<sup>59</sup>

## Check Reliability and Validity

For each indicator, consider:

- Is it reliable? Reliability is the extent to which the indicator will give a consistent, accurate measurement over time.
- Is it valid? Validity is the extent to which the indicator measures what you set out to measure. For example, asking recipients whether they liked a pamphlet may or may not mean the pamphlet is useful or effective.

Keep in mind that an established measure that other credible individuals and organizations have used may be more reliable and valid than something you develop on your own. Utilize repositories like the ones identified in the textbox to help you identify reliable and valid indicators.

## Check Accessibility

Accessibility refers to the ease with which you can access indicator data in a timely manner. For all indicators, consider:

- 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 to cover any direct costs, e.g., fees or licenses?
- Do you have the expertise to analyze or otherwise manage the data provided?

Once you have documented the answers to these questions, you are ready to make your final selection.

**Table 11: Sample Outcome Indicators and Data Availability**

Outcome Objective	Indicators	Data Availability	Limitations on Data Availability
To increase by 10%, within two 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	<p>Percentage of people who agree that depression and anxiety are highly treatable disorders</p> <p>Percentage of people who can identify two possible treatments for depression/anxiety</p> <p>Number of doctor/patient discussions about depression and anxiety disorders</p>	Canadian Community Health Survey – Annual Component, Statistics Canada	<p>Collected annually</p> <p>Limited sample from our region, so harder to generalize</p> <p>Not readily available; may require institutional access and/or formalized application</p>
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	Percentage of informal caregivers to the elderly who can list three physical health complaints that depression/anxiety may cause	National Initiative for the Care of the Elderly	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	Number of physician offices that give all patients a screening tool for depression	No known source; will have to collect this ourselves	Physicians are difficult to reach
To increase by five, within 18 months, the number of community partners in Durham Region that participate in collaborative care	Number of organizations and groups engaged in a collaborative effort to manage depressive disorders	No known source; will have to collect this ourselves	<p>Types of community organizations providing services may vary greatly between regions</p> <p>There is no exhaustive list of all organizations</p>

Outcome Objective	Indicators	Data Availability	Limitations on Data Availability
models for the management of depressive disorders			that provide these services
To increase by three, in the next 18 months, the number of Members of Parliament who feel that a national mental health strategy is a priority for Canada	<p>Number of MPs who can name one statistic that indicates a need for a national mental health strategy</p> <p>Number of mentions in the national news media about lack of mental health services in Canada</p>	Canadian Institutes of Health Research (CIHR) 15-minute survey of knowledge and attitudes toward health research funding	<p>A process is underway where survey administrators are prioritizing survey questions; this one may not make the survey</p> <p>The survey happens three months after our program finishes, so the effects may have faded</p> <p>The service has a fee</p>

**Table 12: 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	Number of pamphlets sent Percentage (when asked) who remember receiving the pamphlet Percentage (when asked) who remember reading the pamphlet	Recipient comments about what they did and did not like about the pamphlet
Six 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	Number of attendees at each session	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	Number of visits completed Number of offices that declined visit	Visitor notes about what barriers physicians or their staff mentioned in relation to implementing the screening system
One social networking platform established by next September, to increase collaboration between organizations and groups that offer services to manage depressive disorders	Number of members Number of unique visits to webpage(s) Time spent on webpage(s)	List of organizations and groups that joined the social networking platform  List of conversation topics on the webpage(s)
One breakfast meeting for Cabinet Members in the next two months to present why a national mental health strategy should be a priority	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	List of which Cabinet Members attended  Session transcripts showing questions/comments from Cabinet Members

## Prioritize and Disseminate

Rank and choose your indicators based on which ones are the most reliable, valid and accessible. Ensure staff and key stakeholders are aware of and understand the indicators that will be used to assess program effectiveness.

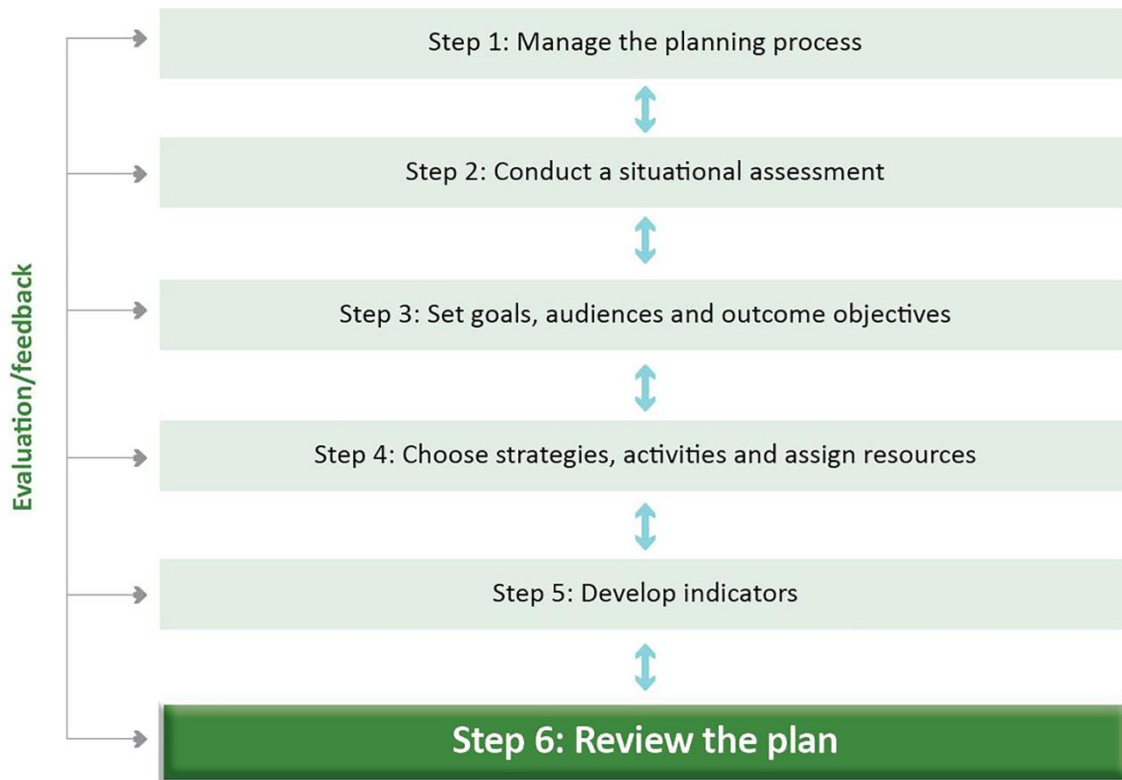
Indicators may or may not be included in your program logic model. This depends on the intended audience and the layout of the logic model. If the users are evaluation-oriented, for instance, it may be a good idea to include indicators. If your audience is not evaluation-oriented, leaving indicators out can make the logic model easier to understand. As you implement your program and collect data, be sure to schedule time to review the indicators periodically to ensure continued relevance for your information needs.

## Tips

- Identify indicators from credible sources that have been assessed to be valid, reliable and accessible.
- Ask partners and staff how they will know if the program has been successful in achieving goals and objectives.
- Look for indicators of self-efficacy, community strength and determinants of health that align with your overriding health promotion theory or perspective.
- Be selective with the number of indicators you choose to monitor. Choose the ones that best provide timely, relevant feedback.
- Ensure staff and key stakeholders are aware of and understand the indicators that will be used to assess program effectiveness.

## Step 6: Review the Plan

Figure 1: The Six-Step Planning Model



### What is Step Six About?

**Step 6** is the last step in the planning process. At this point, you review and possibly adjust your plan, to ensure that you can realistically implement the program and have sufficient stakeholder buy-in. This involves assessing:

- completeness of the plan
- feasibility and alignment of the plan
- assembling a logic model (or other program plan outline)

Watch: [Review the Plan](#)<sup>5</sup>



## Why is Step Six Important?

This final check helps to ensure the program plan is complete, feasible and evaluable before entering the implementation phase. It enables you to identify possible errors or omissions and gather the necessary information to update your plan and affirm stakeholder support. Step 6 also serves to inform more in-depth planning for a comprehensive program evaluation.

## How Do I Do Step Six?

There are numerous ways to review program components and succinctly summarize the program. The checklist provided ([Worksheet 6.1](#)) can be used throughout the planning process to ensure you have been thorough and thoughtful. It is also useful as a final review to ensure completeness, alignment with the situational assessment results and adherence to a population health approach.

These two worksheets will help you review your plan for completeness, alignment with the situational assessment results and adherence to a population health approach.

[Worksheet 6.1: Checklist to review the plan](#)

[Worksheet 6.2: Basic logic model](#)

You can also download all the [Step 6 worksheets](#) or the complete [set](#) of workbook sheets.

## Assess the Plan for Completeness

Consider the following questions to ensure your plan is complete:

### STEP 3

- Does the program include broad goals?
- Have you identified audiences, including individuals, social networks, organizations, communities and/or governments?
- Are your outcome objectives written in SMART (specific, measurable, appropriate, realistic, and time-limited) format?

### STEP 4

- Have you identified a few major strategies to advance the objectives and reflect your overall health promotion theory?
- Do the activities fall within clearly defined strategies?

- Are the process objectives written in SMART format?
- Have you identified the resources (people, funds, materials) required to implement the program?

## STEP 5

- Does your plan have at least one indicator for each objective?
- Are the indicators reliable, valid and accessible?

## 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?

## Check Plan Alignment Against 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?

## Assemble Your Plan

There are also many different formats for compiling program plans. Organizations and funding agencies often have a specific template for documenting program information. No matter the format, if you have completed Steps 1-5 of this planning process, you have all the information you need to complete those templates. As noted in Step 3, some organizations use different terms for program plan elements so you may need to adapt your language to suit the template being used.

One widely used format in public health contexts that may be useful for you is the 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.

The content in the following worksheets will help you populate your logic model:

[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](#)

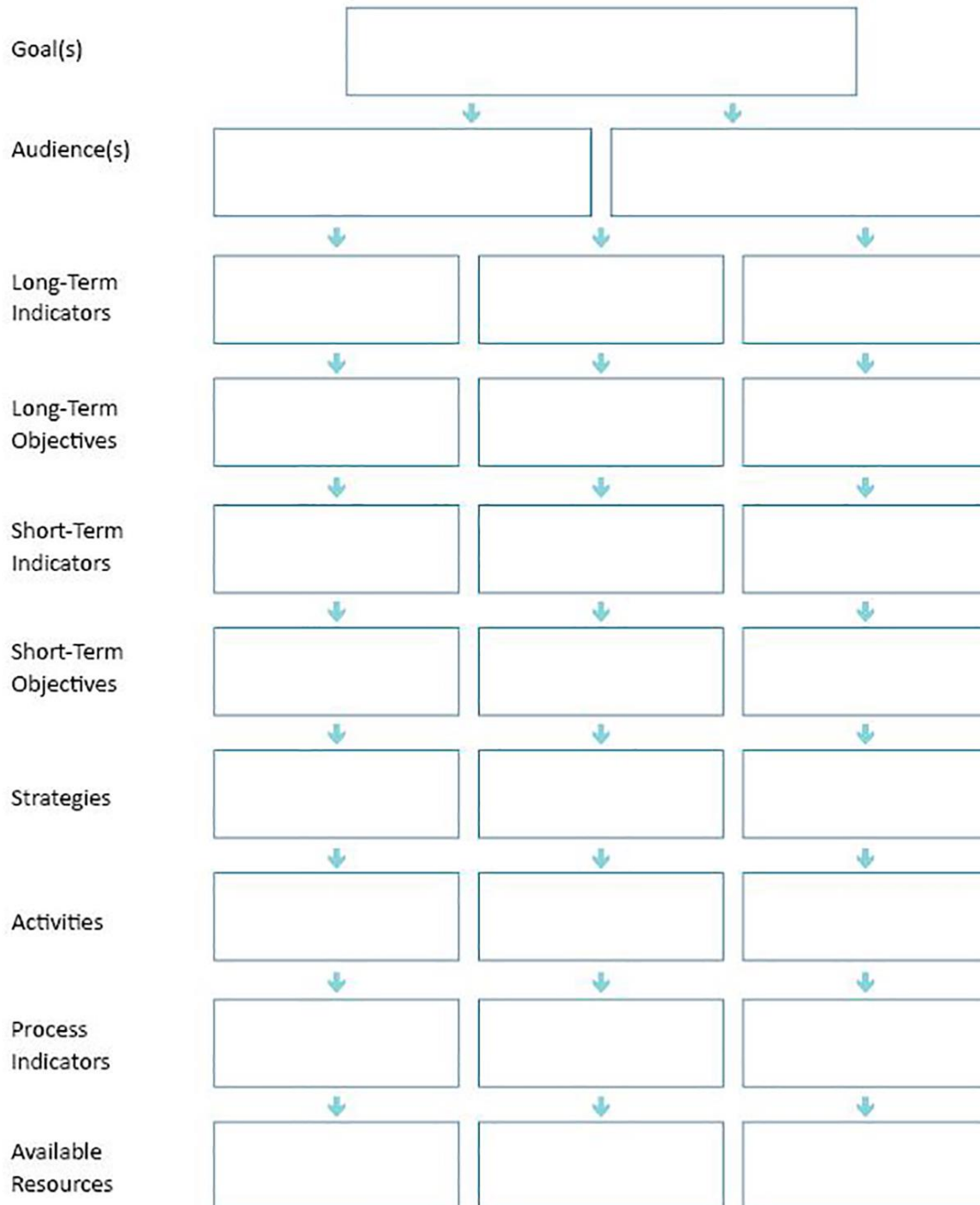
[4.4: Develop process objectives](#)

Logic models come in many shapes and sizes (Figures 7 and 8). Some are more detailed while others provide a high level overview of your program. Choose the format that best suits the information needs of the audience. [Worksheet 6.2](#) is a simple logic model template that you can adapt for your specific context.

A basic logic model would focus solely on your identified goals, audiences, and outcome objectives (short, medium and long-term). Other logic model formats might incorporate the selected strategies, activities, resources, process objectives and outcome and process indicators.

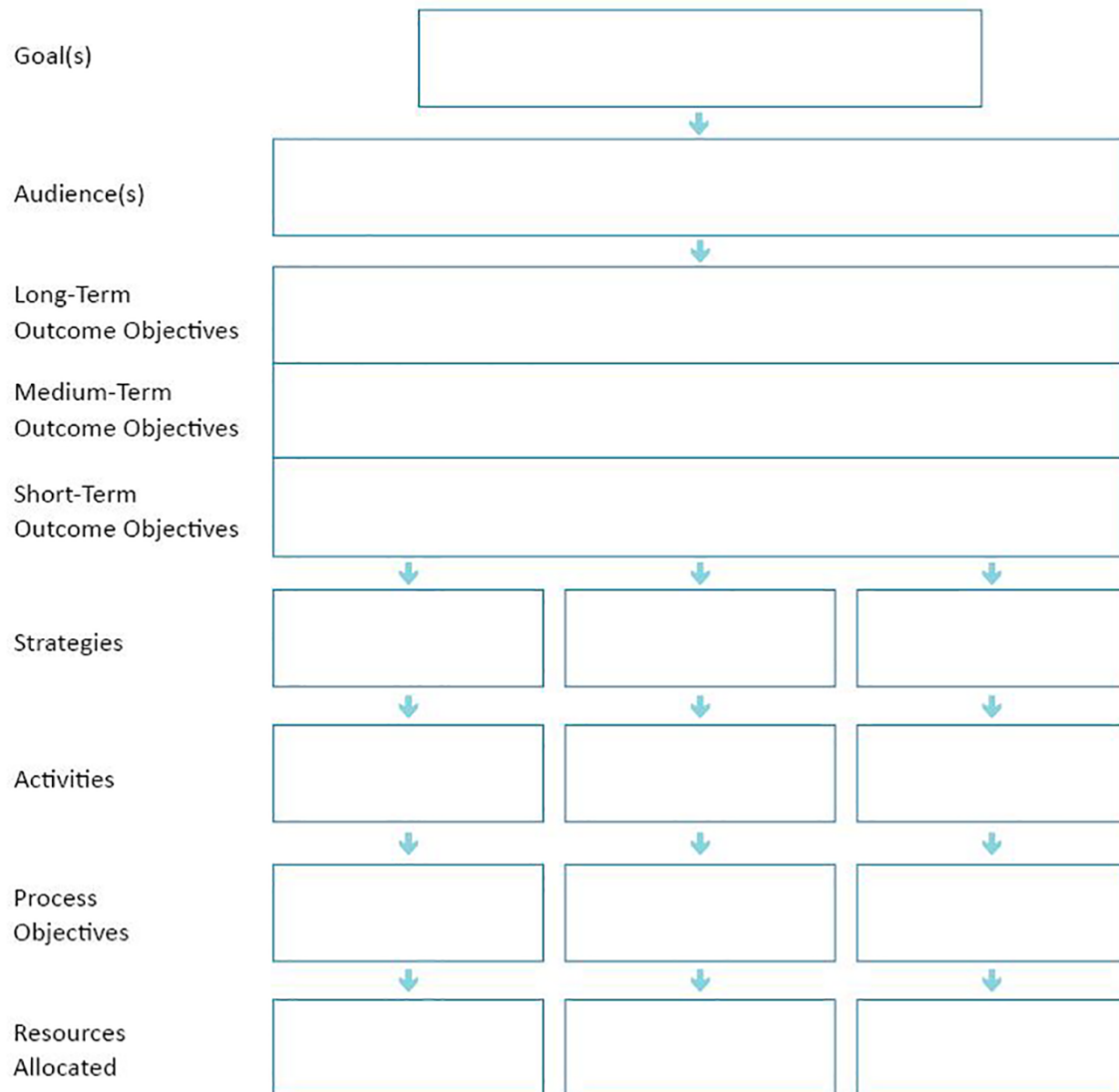
The order in which these elements are presented and the exact display can vary. For instance, some logic models separate short-, medium- and long-term objectives and indicators. Others omit indicators and resources. And some depict the direct one-to-one relationships between elements, as shown in Figure 7.

**Figure 7: Generic Program Logic Model A**



The above sample results in a logic model with many small boxes. As a result, others prefer to use wider boxes that span many columns, in order to show all objectives or indicators together (Figure 8).

**Figure 8: Generic Program Logic Model B**



Note that the logic model in Figure 8 does not include indicators, but does distinguish between 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 and resource requirements.

Additional PHO Resources on Logic Models:

[Focus On - Logic Model - A Planning and Evaluation Tool](#)<sup>60</sup>

[Q and A Summary - Logic Models - From Theory to Practice](#)<sup>61</sup>

## Review Program Plan Format

Your logic model or other final program plan format, must include the information stakeholders (specifically decision-makers) need to provide feedback and support. It should present that information in a clear and compelling manner. Consider the following questions when reviewing the plan format:

- Is it user-friendly? Does it contain the appropriate level of detail?
- Is it easy to follow the arrows and understand the flow/logic?
- Is it presented in an order that is useful to you and your stakeholders?

## Consider How to Proceed

After completing the review and making any final adjustments, it is time to seek approval for the plan. Approve your plan according to the agreed-upon decision-making process. Seek stakeholder buy-in to develop the full evaluation plan before program implementation begins. Then use formative and 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](#)<sup>8</sup>

[Focus On: Evaluability assessment – a step model](#)<sup>62</sup>

Wholey JS, Hatry HP, Newcomer KE. Handbook of practical program evaluation<sup>63</sup>

Saunders RP, Evans MH, Joshi P. Developing a process-evaluation plan for assessing health promotion program implementation: a how-to guide<sup>64</sup>

[Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion, Developing an effective evaluation plan](#)<sup>65</sup>

[W.K. Kellogg Foundation. W.K. Kellogg Foundation evaluation handbook](#)<sup>66</sup>

## Tips

- 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.
- Choose a program summary format (logic model or other template) that suits the users' information needs and program knowledge. The format should be clear and compelling.
- If you decide to create a logic model, it often helps to have the various components on sticky notes. You can then move, change and remove items easily, while having a clutter-free working version in view.

# Conclusion

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Public health practitioners are mandated to improve population health outcomes for Ontarians through the delivery of evidence-informed public health programs and services. The modernized Ontario Public Health Standards<sup>1</sup> emphasize the need to ensure those at greater risk of poor health outcomes are adequately considered during the program planning process. As such, principles of HEIA<sup>2,3</sup> were incorporated into the six-step planning process outlined in this workbook.

This workbook described each step in the program planning process and explained why it was important. Practical suggestions for how to accomplish each step were offered and numerous worksheets were provided to help practitioners capture relevant information at each stage in the process-information essential for facilitating EIDM.

- In **Step 1**, you developed a plan to facilitate the planning process. You identified key stakeholders and how to engage them throughout the process. You outlined decision-making processes and created a high level work plan grounded in good data-gathering and analysis, within the constraints of available time, budget and other resources.
- **Step 2** guided you through the process of conducting a situational assessment designed to help answer two over-arching questions: “Should we proceed?” and “If so, how?” Health equity issues and impacts were introduced and explored this step.
- In **Steps 3-5**, you covered core program planning decisions related to setting goals, selecting populations of interest and developing outcome objectives (Step 3); selecting strategies and activities (Step 4); and developing indicators (Step 5). Mitigation strategies to address health inequities were considered in Steps 3-4 while you determined methods for monitoring any identified mitigation strategies in Step 5.
- In **Step 6**, you undertook a final review of the proposed program to confirm that it is both feasible and evaluable. You also selected a format for the program plan that aligned with the information needs of your stakeholders and began to outline a more in-depth program evaluation plan.

It is important to remember that while the six-step planning model outlined in this workbook appears to be consecutive and linear, planning is a dynamic and iterative process. It is a series of decisions based on collecting and analyzing a wide range of information and evidence. When new information emerges during the planning process, earlier steps may need to be revisited, decisions modified and existing planning documents updated. These are not set-backs; they represent progress. Through this process, you are clarifying and refining components of the program that will ultimately improve its effectiveness for the intended audience(s).



That said, at some point you must make the decision to end the planning process and move to implementation. To do this:

- Complete the steps in the planning process to the best of your ability given your available time and resources.
- Consult with stakeholders regularly throughout the process.
- Ensure the program plan is consistent with the key findings of the situational assessment and that there is strong alignment between your goals, objectives, strategies and activities.
- Clearly describe how you will measure success, share your plan with those who have a stake in its success and schedule a launch date.

Finally, take the time to celebrate the end of your planning process and the start of program implementation. You and your stakeholders have worked hard to reach this point. Acknowledge efforts and thank those who have helped reach this milestone.

The next phases of program implementation and evaluation will eventually generate feedback that will affirm your chosen approach or trigger a more focused planning/adaptation phase. In this way, planning is a journey, not a destination. This workbook contains numerous tools and resources to assist you on this journey. Use the ones that best support your current planning needs. Strive for continuous improvement over perfection and you will strike the right balance between planning and execution.

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