PUBH 390 Readings 2nd Edition

Program Planning/ Implementation

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Chapter 1: Needs Assessment, Part 1

Vocabulary List

- **Coalition:** A coalition is made up of groups and individuals who work together to achieve a goal. A coalition can be a powerful force for positive change in a community.
- **Health Disparities:** Health disparities refer to preventable differences in health conditions and health status among groups.
- **Health Education:** Health education is one health promotion method. Health education presents information to target populations on particular health topics and provides tools to build capacity and support behavior change.
- **Health Equity:** Health equity is achieved when everyone can attain their full health potential and no one is prevented because of their social position.
- **Health Promotion:** Health promotion aims to empower communities to improve their health outcomes not just through focusing on individual behaviors, but also through addressing social and environmental forces. Health promotion accomplishes this through building healthy public policies, creating supportive environments, and strengthening community action and individual skills.
- **Needs Assessment:** A process for identifying top health needs within a defined target population and community.
- **Primary Data Collection:** First hand data gathered by a public health researcher.
- **Secondary Data Collection:** Already existing data gathered and analyzed by a previous researcher.
- **Setting:** Anywhere people actively use and shape the environment. It is also where people create or solve problems relating to health by planning, implementing and evaluating health promotion programs. Examples of settings include schools, work sites, hospitals, cities, and even prisons.
- **Social Determinants of Health:** Social determinants of health are the conditions of daily life and the environment that affect the health and well-being of different groups. They can either support or limit the health of a community or population.
- **Stakeholders:** Stakeholders include all who are affected or have an interest or a “stake” in a program.

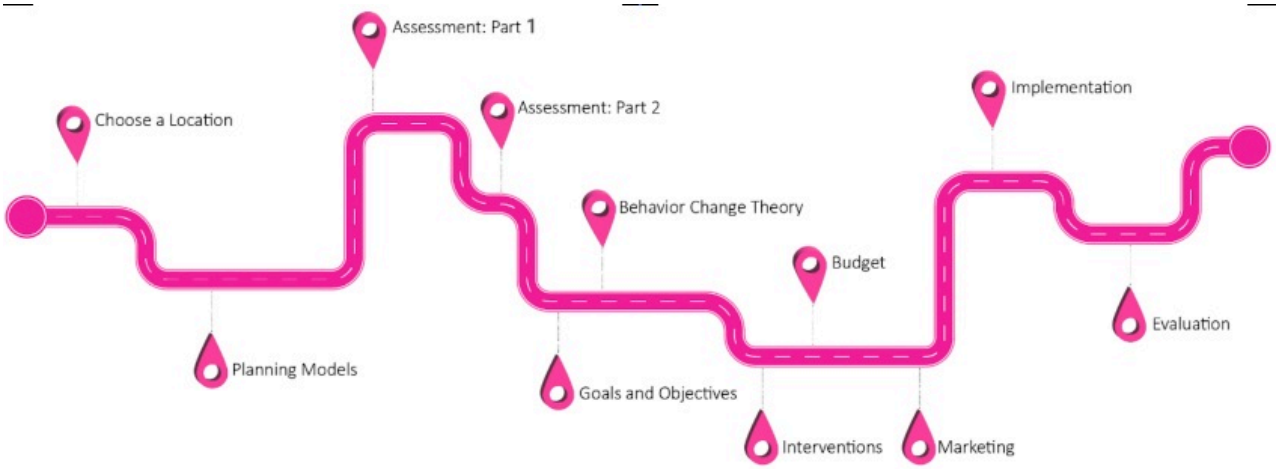
Chapter One: Introduction to the Planning Process and Needs Assessment, Part 1

Welcome to the beginning of your journey in learning some of the most fundamental skills used in any public health career. In a hypothetical situation, you are training as a local health education specialist, and your supervisor has

assigned you to a major project, in which you will do the following:

- Compile secondary data to reveal the most pressing health concerns in your community.
- Prioritize issues and determine which should be the target of the new program.
- Discover which evidence-based practices best fit the needs of your community.
- Create a budget allotting the $100,000 that has been given to support this one-year program.

In the road map below, each of the major points along your journey is a major skill in the program planning process. You will learn about and practice each of these skills.



1. **Choose a location:** You will have to choose a location for your project.

- Where do you live? Do you have health districts? Do you have a ministry of health? You will need to have a specific location in mind for your project that covers a fairly small geographic location, like a city or county.

2. **Planning Models:** Over the years, people have created systematic planning models with step-by-step processes to plan, create, and implement a program of this scale.
3. **Needs Assessment, Part 1:** Your first step is to identify the health needs within the community. Professionals are required to collect empirical data to show the most important issues; they can not just choose what they think are most important. Each individual's needs will not be the same, but we can identify more prevalent needs to make significant health improvements for the community. This data can come from both primary and secondary data collection. In this class, you will only use secondary data—that is data that other people have collected already.
4. **Needs Assessment, Part 2:** Once the most pressing health issues in your community have been identified, you will need to break each one down into the underlying causes to help you prioritize. Two things need to be determined: how much is each health issue impacting your target population, and how changeable the issue is. Will the health promotion program being made have the capability to make a change on this health issue?
5. **Goals and objectives:** Now that you know which health issue you are going to target, it is important to decide which changes need to be made. Setting specific goals and objectives will help you measure if you are successful or not.
6. **Implementation:** Implementation is a critical step. Before the program is started, you have to determine how you are going to run it. Who will be in charge of the program? Who will hire, train, and manage the staff? Where will you hold the program? These are critical questions that have to be answered.
7. **Budget:** Now you can start the administrative duties, including a budget. You have been given $100,000 to run your program over the course of the year. Where will that money go? Will that be enough? You won't know until you create a budget showing the personnel, supplies, and equipment that will be needed.
8. **Marketing Four Ps—Segmentation:** The next step is to market the program. Advertising is just one part of marketing. It will also include targeting your intended audience and crafting your message to be culturally appropriate.
9. **Evaluation:** One of the last steps is to evaluate the program and determine how successful your program has been. During the planning phase, you need to determine how the data will be collected to measure how your goals and objectives will be met.

Conclusion

All of these steps will be broken down so that you will do them one at a time over the next few weeks. No matter which career you eventually choose, these skills will be helpful.

To begin the planning process, we will review the Health Promotion and Health Education professions and where they fit in the history of Public Health. We will also cover how program planners engage other stakeholders in coalitions to address health issues and how they determine health needs.

Health Promotion

The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, n.d.-a)

Public health work involves promoting the health of individuals and communities. Health promotion aims to empower communities to improve their health outcomes not just through focusing on individual behaviors, but also through addressing social and environmental forces. Health promotion accomplishes this through building healthy public policies, creating supportive environments, and strengthening community action and individual skills.

The WHO has set Health Promotion priorities in these four areas:

- Capacity, including finance and infrastructure
- Urban health
- Schools, workplaces, and other settings
- Health literacy

Health Education

(RHIH, n.d.)

One basic public health strategy is to educate the public by using classes or informal workshops. A good example are Community Health Workers who know the local people and work effectively with them. They are especially valuable in understanding cultural differences of the target groups.

According to the National Commission for Health Education Credentialing in the US, Health Educators are responsible for eight main roles: (NCHEC, n.d.)

- Area I: **Assessment of Needs and Capacity**, to evaluate health needs of a specific population
- Area II: **Planning**, developing policies, educating individuals or communities on health conditions, planning the desired outcomes and engaging priority populations
- Area III: **Implementation**, producing materials, delivering health promotion interventions
- Area IV: **Evaluation and Research**, monitoring implementation, aligning evaluation with the intervention goals and objectives, designing research studies, identifying current and emerging health issues and examining their underlying causes
- Area V: **Advocacy**, engaging coalitions of stakeholders to address health issues and promote advocacy
- Area VI: **Communication**, determining the factors that affect communication with the specified audience, developing messaging using communication theories and developing health communication delivery methods for varied stakeholders
- Area VII: **Leadership and Management**, coordinating with partners and managing human, fiduciary, and material resources
- Area VIII: **Ethics and Professionalism**, Applying professional codes of ethics, demonstrating ethical leadership and engaging in professional development to maintain proficiency

Settings for Health Promotion

(WHO, n.d.-b)

Overview

"Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love" (WHO, 1986, p. 4).

Improving health can happen in many different settings. To build on the Ottawa Charter, the WHO presented ***Healthy Settings***, a “Whole System” approach to health promotion, that encourages community participation, partnership,

empowerment and equity.

What is a setting? A setting can be anywhere people actively use and shape the environment. It is also where people create or solve problems relating to health by planning, implementing and evaluating health promotion programs. Examples of settings include schools, work sites, hospitals, cities, and even prisons.

The History of Public Health

(IOM, 2003)

Throughout history, whenever people have lived together, there has been a need for public health. Ancient Romans built aqueducts to supply safe drinking water and dispose of waste. The earliest historical account of public health is in the Bible (Leviticus 11–20) where Moses gave the people rules for food safety.

Some of the notable public health efforts in more recent centuries were vaccinations. Vaccines were first developed by the Chinese a thousand years ago and later introduced in Europe in 1796 by Edward Jenner for smallpox. In 1854, John Snow investigated a cholera outbreak in London and discovered it was spread by contaminated water. In his now-famous public health intervention, he chained the central pump to prevent use of its water.

Such actions eventually led to developing public health associations, like in these examples:

- UK Royal Society of Public Health, 1856
- American Public Health Association, 1872
- World Health Organization, 1948
- World Federation of Public Health Associations, 1967

In the last two centuries, public health efforts have been used to:

- Improve sanitation
- Monitor and improve environmental health
- Reduce and manage pandemics
- Ameliorate the spread of disease and disease effects
- Respond to disasters (both natural and human-made)
- Create political policies that improve the well-being of the citizenry

In short, public health efforts work to protect against environmental hazards, prevent the spread of disease, encourage healthy behaviors, and respond to disasters.

Stakeholders in Health Promotion Programs

(CTB, n.d.-a)

A key element in the health promotion process is the involvement of stakeholders. Any intervention will be more effective if all stakeholders are engaged in the process and all their interests are addressed.

Who Are the Stakeholders?

Stakeholders include all who are affected or have an interest or a “stake” in a program.

Primary Stakeholders are beneficiaries, those who stand to gain something from the program. Listed below are some examples of primary stakeholders:

- A population – a racial or ethnic group, residents of a housing project, etc.
- Residents of a neighborhood or city where a program is implemented.
- People at risk for a particular condition, such as homelessness or an illness.

Secondary Stakeholders are those directly involved with beneficiaries, such as parents and family members, healthcare workers, community volunteers. Listed below are some examples of secondary stakeholders:

- Schools and their employees – teachers, counselors, aides, and so on.
- Social workers and psychotherapists.
- Health and human service organizations.
- Law enforcement agencies.
- Landlords and employers.

Key Stakeholders

Government officials and policy makers can pass laws and regulations that may either fulfill the goals of the program or cancel them out. From local board members to state and federal agencies or legislators, they can make or break public health efforts. An advisory board of appointed professionals may offer guidance and support.

Influencers are people that others listen to. They can be in respected positions such as church leaders, doctors, community organizers, and especially the media.

Others with an interest:

- Businesses in the community
- Academic or research teams
- Potential funders
- The community at large

Why Involve Stakeholders?

In most cases, participation of as many stakeholders as possible and responding to their concerns will bring the greatest chance of success. Some advantages of identifying a wider list of stakeholders:

- More perspectives and a clearer picture of the community.
- Buy-in from all who participate.
- Fairness to all who are affected.
- Better awareness of obstacles and possible solutions.
- More support in case of opposition.
- It creates social capital, meaning the web of acquaintances, friendships, family ties and favors that can be used to cement relationships and strengthen community.
- Creates connections among diverse groups that otherwise might not interact.
- Increases the credibility of your organization.

When Should You Involve Stakeholders?

The earlier in the process stakeholders can be involved, the better.

How to Identify Stakeholders

- Brainstorm as long a list as possible from all different types of stakeholders.
- Collect names from informants in the community, especially members of a group or area of concern.
- Consult with partner organizations.
- Get more ideas from stakeholders as you identify them.
- If appropriate, advertise at community meetings, in newsletters, social media, religious gatherings, and through word of mouth.

Evaluating the Stakeholder Process

It is important to monitor how well stakeholders are involved in your effort. The stakeholders themselves should help evaluate what did and didn't work to recruit and keep them.

Keeping Stakeholders Involved

New stakeholders may need to be brought in as time goes on. You have to maintain stakeholders' and supporters' motivation, keep them informed, and continue to find meaningful work for them to do if you want to keep them involved and active.

Coalition Building

(CTB, n.d.-b)

Whenever community problems are too large for any one agency to solve, the best approach is to put together a coalition of groups and individuals to work together to achieve the goal. A coalition can be a powerful force for positive change in a community.

Coalitions can work together in the short term or become permanent organizations with governing bodies and funding. Regardless of their size and structure, they exist to work together to reach specific goals.

Coalitions are often formed to accomplish goals. Some examples of possible goals are listed below:

- Influencing or developing laws or public policy for a specific issue.
- Changing people's behavior, such as reducing smoking or drug use.
- Building a healthy community.
- Responding to disturbing events such as a school shooting.

How to Form a Coalition

It helps to start with a core group and pull in all necessary stakeholders, as well as opinion leaders, policy makers, and community members. Early in the process, the elements below must be addressed:

- Define the issue to be addressed
- Create vision and mission statements with realistic goals
- Develop a coalition structure and action plan
- Identify resources needed and allocate what is available

As a coalition forms, it is essential to be inclusive and communicate well with all members. Acknowledge and take advantage of the diversity of coalition members.

Social Determinants of Health (CDC, 2022)

Social determinants of health are the conditions of daily life and the environment that affect the health and well-being of different groups. They are often some of the root causes of health disparities and inequities. These social determinants can either support or limit the health of a community or population. Social determinants of health are grouped into five domains: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. For example, racial and ethnic minorities may have more health problems due to:

- Hazards in poor housing and in workplaces
- Poverty and poor education
- Fewer health services
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

(CDC, n.d.)

Many worldwide efforts address social determinants of health. It will require a whole community approach in which different sectors all work together to assure conditions for health. Changes will be required by individuals, communities, and nations. Partnerships will be needed among public health, community organizations, education, government, business, and civil society.

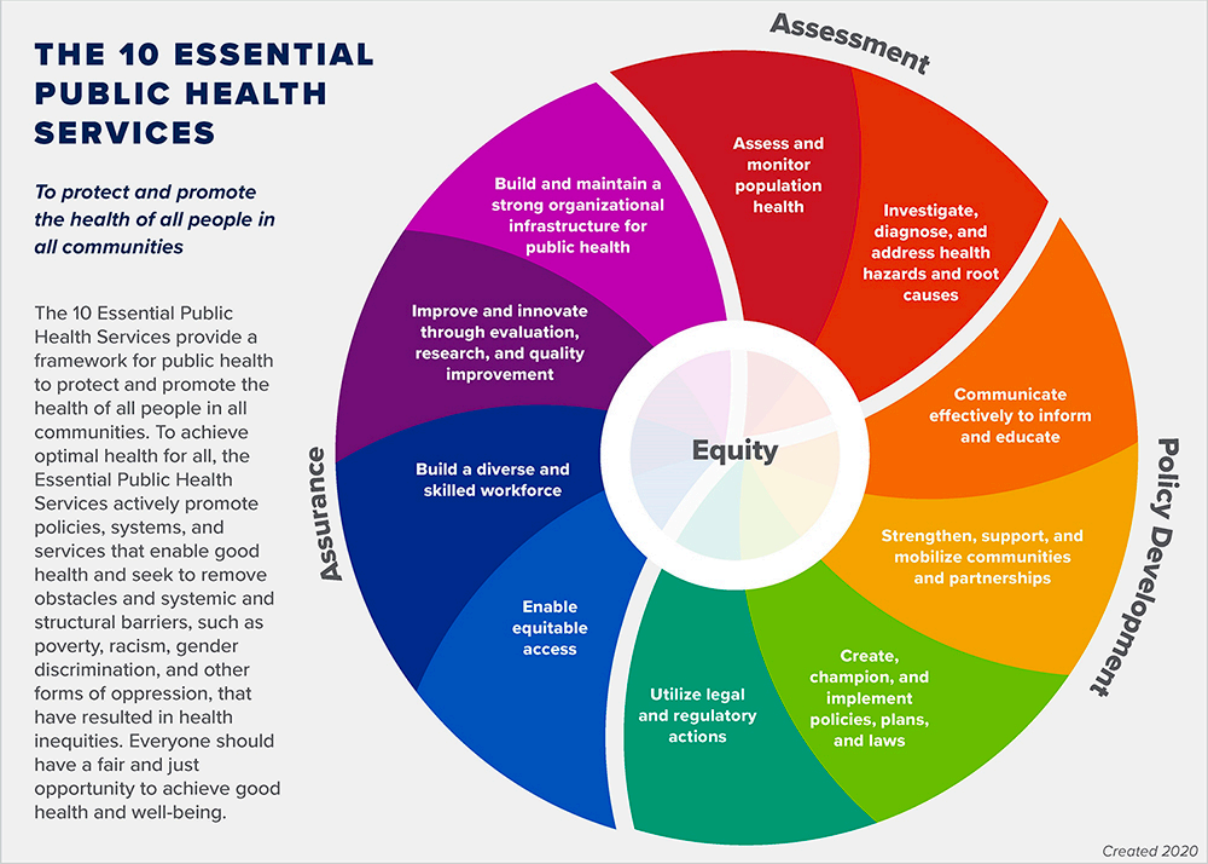
Social determinants of health (SDOHs) contribute to health disparities. For example, people who don't have access to grocery stores with healthy foods have higher risks of heart disease, diabetes, and obesity — and lower life expectancy.

Just promoting healthy choices won't eliminate health disparities. Instead, public health needs to take action with partners in education, transportation, and housing to improve the conditions in people's environments.

Health equity and health disparities

A basic principle of public health is that all people have a right to health. **Health equity** results when everyone can attain their full health potential and no one is prevented because of their social position. **Health disparities** refer to preventable differences in health conditions and health status among groups. Most health disparities affect groups that have been marginalized or excluded. They experience worse health, as well as less access to food, good housing, and health services. Health inequities are “avoidable inequalities in health between groups of people within countries and between countries” (CTB, n.d.-c)

Ten Essential Public Health Services (CDC, 2023)



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What Are the Ten Essential Public Health Services?

The Ten Essential Public Health Services were adopted by the US Centers for Disease Control in 1994 and strongly emphasize the theme of *prevention*. They are worth reviewing while communities assess their public health status.

1. **Assess and monitor population health** by collecting and interpreting health related data.
2. **Investigate, diagnose, and address health hazards and root causes**, identifying emerging health threats and combating both infectious diseases and patterns of chronic disease and injury.
3. **Communicate effectively to inform and educate**, including health promotion and social marketing efforts in your community.
4. **Strengthen, support, and mobilize communities and partnerships**. Health professionals join with other community sectors in effective coalitions.
5. **Create, champion, and implement policies, plans, and laws**. Review health-related laws and policies and advocate for changes as needed to promote optimal health for all.
6. **Utilize legal and regulatory actions**. This may include enforcement of sanitary codes, protection of drinking water and clean air, and monitoring healthcare services and supplies.
7. **Enable equitable access** for socially disadvantaged people. This should be done for clinical healthcare as well as culturally appropriate health education.
8. **Build a diverse and skilled workforce** with effective training for public health professionals.
9. **Improve and innovate through evaluation, research, and quality improvement** of health programs and community initiatives.
10. **Build and maintain a strong organizational infrastructure for public health**, including ties with higher learning and research.

The following Case Study illustrates how one agency addressed a health issue by planning and implementing an effective program.

CREATING HEALTHY CHILD DEVELOPMENT AT THE MITUMBA INFORMAL SETTLEMENT, NAIROBI, KENYA

Mary Amuyunzu- Nyamongo, African Institute for Health and Development

(AIHD, n.d.)

Urban informal settlements, more commonly referred to as “slums,” are home to almost one billion people globally, including one-third of those living in cities in developing regions. Such settlements provide some of the harshest conditions found in any collective living arrangement due to overcrowding, poor sanitation, and minimal access to essential resources. These conditions also result in stigmatization, social isolation, and discrimination. In Africa, people in urban settlements experience more morbidity and mortality than rural residents and have less access to health services. Children are hit hardest by these conditions, with five-year-olds and under mortality being 35% higher among children in Nairobi settlements than among children in rural Kenya.

Mitumba, a Kiswahili term meaning “second hand” or “used,” is a Nairobi settlement of approximately 18,000 people that was established in 1992. Mitumba is smaller than other Nairobi settlements and, consequently, has received little attention or support from governmental or other organizations. In 2006, the African Institute for Health & Development (AIHD), with support from the U.S. Centers for Disease Control and Prevention, established a partnership with residents of Mitumba to undertake a pilot project to promote healthy child development. AIHD is a Nairobi-based, non-

governmental organization (NGO) with a multidisciplinary staff that includes anthropologists, sociologists, economists, and education specialists. It was established in 2004 to conduct research, training, and advocacy on health and development issues.

The goal of the Mitumba project is to facilitate empowerment processes with mothers of children under the age of five to improve health; these processes include increased access to health information, safety, and early child development opportunities. The project follows general principles of community-based participatory research (CBPR), fully engaging mothers of under-five children, community health workers, and community leaders throughout the entire project period. CBPR goes beyond simply educating people, which usually involves interventions imposed on communities by outsiders, to an approach inspired by the Brazilian community organizer Paulo Freire. In his 1968 work, Pedagogy of the Oppressed, Freire describes a process which actively involves community members and organizations in developing the capacity to improve their own political and economic circumstances, as well as their health and well-being. Communities are encouraged to take control of their situations and to collectively improve them through cycles of planning, action, and evaluative reflection. The rationale is that the beneficiaries must drive the improvement and promotion of their own health with effective and sustainable strategies if significant long-term change is to take place.

To help all residents and the AIHD gain clarity about living conditions in Mitumba, a 10-day social mapping project was conducted with youth and adults to understand community resources and boundaries. Mothers took part in surveys and focus group discussions to identify community conditions and norms affecting maternal and child health. In interviews, key informants provided insight into community issues and challenges. Participatory processes informed the design of the questionnaires as well as efforts to assure respondents of confidentiality.

The findings revealed that Mitumba has three narrow roads passable by car during non-rainy seasons, six narrow paths for foot traffic, four churches, one school, and no health facilities. Housing structures are small and crowded: in 68% of the households, 3 to 5 people share a single 10' _ 10' room for both cooking and sleeping; only occasionally does the living space include a toilet. Most houses are made of metal sheeting and plastic, and have dirt floors. Water, available from community taps, is purchased at high prices and is mostly unclean because the vendors who supply the water use low quality pipes. Toilets, constructed by landlords, are shared by large numbers of people, poorly maintained, and often full. Children are not allowed to use them because of these conditions and because the holes are too big, creating safety concerns. Consequently, most children eliminate their waste on the open ground, causing serious sanitation problems. The sole community school in Mitumba has six classrooms, none of which have doors, windows, desks or books. The nearby city council school does not accept children from settlements. Some children attend private schools but most families cannot afford the fees.

Some 65% of the mothers in Mitumba have received primary education and 35% a secondary education. Most residents engage in casual labor in industrial areas or construction sites. Women work in nearby wealthy households, although more than half were unemployed at the time of the baseline study. Poor economic conditions limit access to safe, affordable child care when mothers work or run errands. Young children (0–3 years) are usually left with neighbors who are not obligated to feed or clean them; older children (3–5 years) are usually left outside of the locked house. Children are often seen looking for food, loitering around neighboring houses, or sleeping on the ground when their mothers are away. Mothers reported that the major concerns facing young children include lack of food (20%) and diseases (42%), including malaria, respiratory infections, and diarrhea and vomiting. Due to lack of access to health services and limited economic resources, mothers stated that when their children are sick they frequently rely on chemists (pharmacies) and drug vendors who often sell inadequate or inappropriate remedies. Thus, 20% of households reported at least one child having died.

With this information, organizers held a consensus-building forum with mothers to identify and prioritize their needs and to enable them to think of homegrown, practical approaches they could adopt and implement without stretching their scarce resources. The community decided upon three initiatives: establishing a day care center (the core project), soliciting support for the community school, and working with youth to enhance their ongoing activities and to open new horizons for them. Together, these initiatives support the overall goal of improved child health while also increasing skills and capacities among various groups in the community.

For example, the mothers stated that they wanted their children nurtured in a home environment staffed by older mothers with experience and training in child care and development. They identified two such mothers from the community, potential locations, and determined how much they could afford per child. The community members and AIHD jointly planned the intervention. They included a signed memorandum of understanding that defined roles and responsibilities for each group, in order to develop commitment and to safeguard against potential misunderstandings. They constructed the day care by refurbishing and expanding an existing facility.

The floors were cemented, fences were added, and walls were painted with bright colors and murals of story book characters. Fifteen mothers attended a training session to learn how to make toys and other items needed for the center. Additional sessions focused on nutrition, developmental needs and health and safety issues. Within a few weeks, the day care center reached full capacity, with 20 children, and the partnership began discussing the development of additional centers.

Additional Activities

Community members also stressed the importance of education for the growth of individuals, communities, and the nation at large. Current educational conditions in Mitumba make it difficult for the children to learn and thus fully participate in the world. During meetings with community members, the school chairman, and teachers, the partnership identified the need to construct a fence around the school to ensure safety; obtain access to desks, textbooks, and writing materials; secure windows and doors; and pipe water in for personal hygiene and food preparation. The group developed a proposal to seek city council sponsorship.

Another serious problem in Mitumba is the lack of employment for youth, which contributes to alcoholism, drug abuse, prostitution, and single parenthood. Using an approach similar to that adopted by the mothers, a partnership was established with Tuff Gong, a community youth group in existence since 2004 that has been involved in environmental cleanliness, HIV and AIDS education, and football activities. Members started monthly cleanups, but no longer have the equipment necessary to continue. The partnership is seeking funds to support their activities. Evaluation activities for the pilot phase of the Mitumba project include review of the registers used to record implementation activities; before-and-after photography; periodic, informal discussions with the community members; and end-of-project surveys.

(Lightly edited from “Community Interventions on Social Determinants of Health: Focusing the Evidence,” by Marilyn Metzler, Mary Amuyunzu-Nyamongo, Alok Mukhopadhyay, and Ligia de Salazar. In McQueen, D and C. Jones C, editors. *Global Perspectives on Health Promotion Effectiveness*. New York: Springer, 2007.)

Needs Assessment, Part 1: Gathering Information

The first step of the planning process is the needs assessment. We can’t simply choose a health issue at random; we need to use credible data to show us what health issues are problems within our community.

Here is an example of data available about some prevalent health issues.

FINDINGS: MENTAL AND SUBSTANCE USE DISORDERS MORTALITY

Sex	Madison County	Idaho	National	National rank	% change 1980-2014
Female	7.1	8.9	8.2	1330	+325.1
Male	7.4	13.5	18.7	199	+110.1

rate per 100,000 population, age-standardized, 2014

Fig. 21: Female mental and substance use disorders mortality, 2014

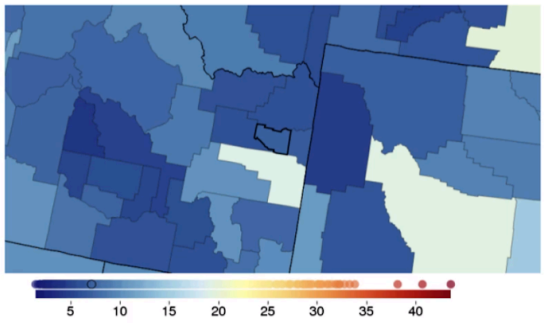
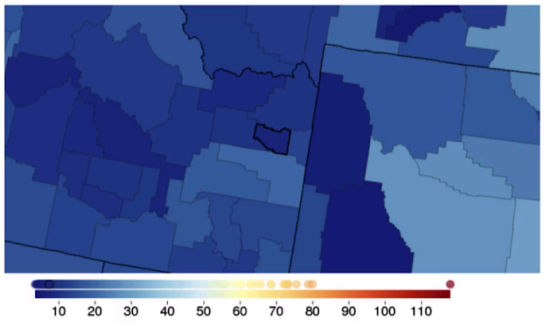


Fig. 22: Male mental and substance use disorders mortality, 2014



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Notice that we aren't just gathering data about the most common causes of death. We are also looking at morbidity or the health issues that are not causing death but are upsetting the quality of life of the target population.

During the first part of the needs assessment, our job is to identify these health issues and collect data that will help us understand the underlying causes of each health issue.

Why Assess Both Needs and Resources?

Needs can be defined as the gap between what is and what should be. Resources, or assets, can include individuals, organizations, buildings, or anything that can be used to improve the quality of life. The mother in Chicago who volunteers to organize sports for neighborhood children after school, the Kenyan farmers' cooperative that helps farmers buy seed and fertilizer, the library that provides Internet access, the walking path where city residents can exercise -- all are resources that enhance community life. Every individual is a potential community asset.

A Plan for Assessing Local Needs and Resources

1. Recruit a planning group that represents all stakeholders and mirrors the diversity of the community.

2. Determine what data is already available. Here are some commonly used sources of existing data. These link to external sources.

- WHO Health Data Hub.
- Global Health - Our World in Data.
- Centers for Disease Control and Prevention Global Health Center and Global Health Protection and Security.
- Census data, ministries of health or departments of health of the country or community you are focusing on.
- Assessments by local or state/provincial governments or government agencies.
- Studies conducted by other agencies, hospitals, and local universities.

3. Determine what other information you need. Finalize the questions you'll ask your informants, as well as the questions you hope to answer with the assessment.

4. Decide what methods you'll use for gathering information. Choose among many methods of gathering assessment data. Some possibilities are listed below:

- Use existing data. Secondary data is information that has been gathered by others.
- Listening sessions and public forums. Learn about the community's perspectives on local issues and options. They give people of diverse backgrounds a chance to express their views, and are also a first step toward understanding the community's needs and resources.
- Interviews and focus groups. These are less formal than forums and are conducted with either individuals or small groups. A focus group is a specialized group interview in which group members will be more likely to give answers that aren't influenced by what they think is wanted.
- Direct observation. Direct observation involves seeing for yourself. One way to better understand an area is to become part of the culture you want to learn about.
- Surveys. There are several different kinds of surveys, any or all of which could be used as part of a community assessment. Surveys often have a low return rate, and so may not be the best way to get information, but sometimes they're the only way.
- Asset Mapping. Asset mapping focuses on the strengths of the community rather than the areas that need improvement. Focusing on assets gives the power back to the community members. When changes are made by the community and for the community, initiatives are easier to sustain.

5. Decide who will collect data. Who will do the work of interviewing, surveying, or carrying out whatever other strategies you've chosen to find information?

Participatory Approaches to Planning Community Interventions

(CTB, n.d.-d)

Who Should Be Involved in a Participatory Planning Process?

There should be strong and effective representation for everyone involved, including the following:

TARGETS OF CHANGE

The people whom the intervention is intended to benefit. There are two groups to be considered:

- Members of the target community, both those on whom the intervention is specifically focused, and others who share their culture, age, language, or other characteristics.
- People whom the target community sees as significant opinion makers - clergy, advisors, politicians.

AGENTS OF CHANGE

People who make policy or influence public opinion. They can help or block an intervention by their support or opposition.

Policy makers

(CTB, n.d.-e)

- Local elected or appointed officials
- State or federal elected or appointed officials who have influence over the issue.
- Local public agencies who administer policy in the community. If they're involved from the beginning, they may be able to smooth the way for the intervention.
- Local researchers who are experts on the issue in question.

Influential people in the community

- Members of the business community. They tend to be practical and conservative so their credibility may be high in the community. They are often directly affected by illiteracy and employee health, so they may see the need for an intervention. They also may have access to money, to help sustain the intervention over time.
- Clergy and the faith community may wield great influence and see community issues as part of their spiritual mission. Faith-based groups can be powerful forces in a community.
- The media or others who have a public platform.
- Directors of other organizations affected by the issue.

INTERESTED MEMBERS OF THE COMMUNITY

- These might include parents or school personnel for an intervention dealing with youth. Seniors may have the experience to be excellent community volunteers. People with a personal interest in the issue may want to participate, such as parents whose children have had drug problems.

Collecting Information About the Problem - Primary and Secondary Data Processes

(CTB, n.d. -f)

Quantitative information and data analysis provide a concrete approach for assessing, planning, and implementing community projects. It helps us compare community problems across geographic regions and across periods of time.

Collecting New Information

Primary data is information that you collect yourself. Although the information you need is often already available, sometimes you need to create it yourself. **Methods of primary data collection include:**

- *Surveys* can be written, face to face, or done by telephone.
- *Focus groups, public forums*, and *listening sessions* are better suited to finding qualitative information.

Secondary Data is information that others have collected. With access to the internet, countless sources are available for statistics on health conditions. One drawback is that we need to evaluate the accuracy of secondary data and ensure we use only reliable sources.

Secondary Source Examples:

- *The state or county health department* or *human service department* can give many health and social determinant indicators.
- *Hospital admission and exit records* give information on teen fertility, causes of death, and other things. Some of the data may not be a public record, but it may be possible to arrange to use it in some form.
- *Census data* has demographic information for the U.S. on the Bureau of Census or on similar web sites for other countries.
- *Ministries of health or departments of health* of the country or community you are focusing on.
- *Police records* can tell you crime rates and the incidence of problems such as domestic violence or motor vehicle accidents.
- *Chamber of Commerce data* discusses job growth, the unemployment rate, etc.
- *Nonprofit service agencies*, such as the United Way, may have already conducted surveys.
- *School districts* or regional departments of education can tell you graduation rates, test scores, and truancy rates.
- *Centers for Disease Control* and *WHO* reportable disease files can give information on the rates of many diseases, such as AIDS.
- Most libraries provide a *reference librarian* who is often very helpful.
- *Other professional contacts* you have can lead you to sources of information particular to your interest.
- *Statistical Abstract of the United States* and *Our World in Data* are good sources for national and global information.

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Chapter 2: Needs Assessment, Part 2

Vocabulary

- **Community asset:** A community asset or resource is anything that can be used to improve the quality of community life.
- **Construct:** Concepts that have been refined and tested and are components of theories.
- **Enabling factors:** Factors that can support or distract from change, like resources or skills.
- **Predisposing factors:** Factors that can either support or distract from motivation to change, like attitude or knowledge.
- **Reinforcing factors:** Factors that help sustain motivation and change by giving feedback or rewards.
- **Strategic issues:** Fundamental policy choices or critical challenges that must be addressed for a community to achieve its vision.

Chapter 2: Planning Models and Needs Assessment, Part 2

This chapter presents some examples of how others have planned health programs, using specific planning models that have been developed by public health professionals. Planning models help ensure that public health interventions are based on a solid foundation. They provide a basic framework that helps us structure our planning, implementation, and evaluation efforts related to the program we deliver in a community.

We will review four of the most common planning models used currently in public health:

1. PRECEDE-PROCEED
2. MAPP
3. MAP-IT
4. Healthy Cities/Healthy Communities

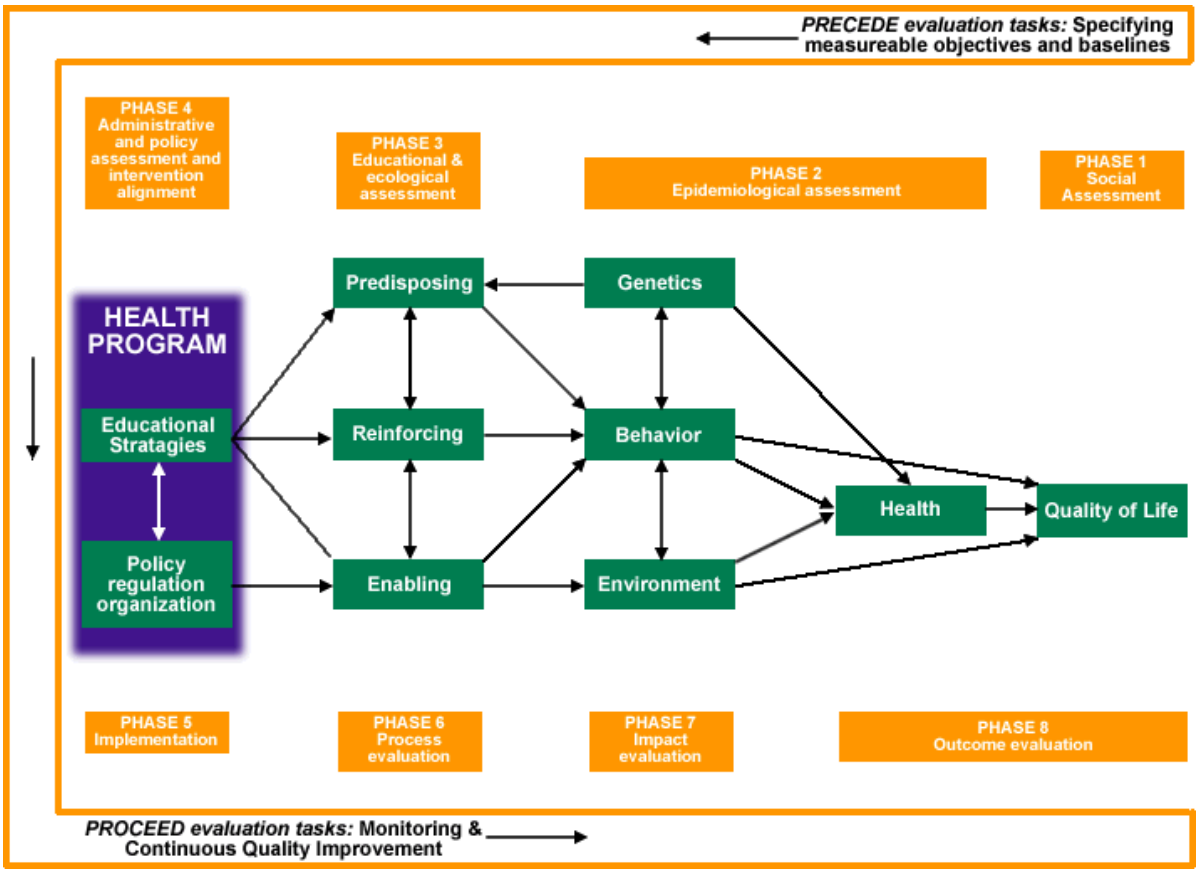
NOTE: For the Course Project you will develop a Grant Application for a hypothetical program, following similar steps in a generalized planning model.

PRECEDE-PROCEED

(CTB, n.d.-a)

What Is PRECEDE-PROCEED?

This planning model was developed for public health and can be applied to other community improvement projects as well. Addressing the phases suggested by this model ensures that all necessary steps are taken in formulating, implementing and evaluating an intervention.



(Green & Kreuter, 2005)

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PRECEDE stands for Predisposing, Reinforcing, and Enabling Constructs in Educational/Environmental Diagnosis and Evaluation. It represents the process that precedes, or leads up to, an intervention.

PROCEED spells out Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development. It describes how to proceed with the intervention itself.

How Do Use PRECEDE-PROCEED?

The eight phases are described here, as well as a brief example of using this model.

PRECEDE is the diagnostic portion of the model. It starts with the idea that the focus of change must be on its desired outcome and works backward from that outcome to construct an intervention that will bring it about. It has four phases:

Phase 1: Social diagnosis – Determine what the community wants and needs to improve its quality of life.

Phase 2: Epidemiological diagnosis – Determine the health problems or other issues that affect the community's quality of life. Include the behavioral and environmental factors that must change in order to address these problems or

issues. Behavioral factors include patterns of behavior that constitute lifestyles. In considering environmental factors, you should include the physical, social, political, and economic environments.

Phases 1 and 2 identify the goals of the intervention.

Phase 3: Educational and organizational diagnosis – Determine what to do in order to change the behavioral and environmental factors in Phase 2, taking into account predisposing factors (knowledge, attitudes, beliefs, values, and confidence); enabling factors (availability of resources, accessibility of services, government laws and policies, issue-related skills); and reinforcing factors (largely the influence of significant others in the social environment).

Phase 4: Designing programs or interventions and the support for them through administrative and policy diagnosis – determine (and address) the internal administrative and internal and external policy factors that can affect the success of your intervention. Administrative factors are organizational structure, procedures, culture, and resources; policy factors are both internal policies and funders' requirements, oversight agency regulations, state or federal laws, local ordinances, and unstated community policies.

Phases 3 and 4 set the structure and targets for the planning and design of the intervention.

PROCEED is the treatment portion of the model, and comprises the implementation and evaluation of the intervention. It consists of four phases:

Phase 5: Implementation – Conduct the intervention.

Phase 6: Process evaluation – Determine whether the intervention is actually taking the actions intended.

Phase 7: Impact evaluation – Determine whether the intervention is having the intended effects on behaviors and/or environment.

Phase 8: Outcome evaluation – Determine whether the intervention brings about the improvements in quality of life identified by the community.

An important part of the model is that your plan or intervention should be revisited and revised, based on continued analysis and the results of the various evaluations.

Brief Example of a Health Program Using PRECEDE-PROCEED

PRECEDE:

Phase 1: Social diagnosis
Surveys and town meetings reveal that people in this community want to reverse the recent trend of increasing rates of obesity and overweight.

Phase 2: Epidemiological diagnosis
Data from surveys and area agencies show that residents eat few fruits and vegetables and have few places to exercise.

Phase 3: Educational and organizational diagnosis
Coalition brings together leaders, agencies and key community members who set goals of developing community gardens, walking trails, and bike paths.

Phase 4: Design of interventions
Coalition subcommittees plan with local agricultural agencies to set up two new community gardens and meet with city park & recreation officials to develop walking trails and bike paths. Coalition sets a budget and timeline, recruits volunteers and publicizes the projects.

PROCEED:

Phase 5: Implementation
Development begins of community gardens, walking trails, and bike paths, following the timeline that was set by committees.

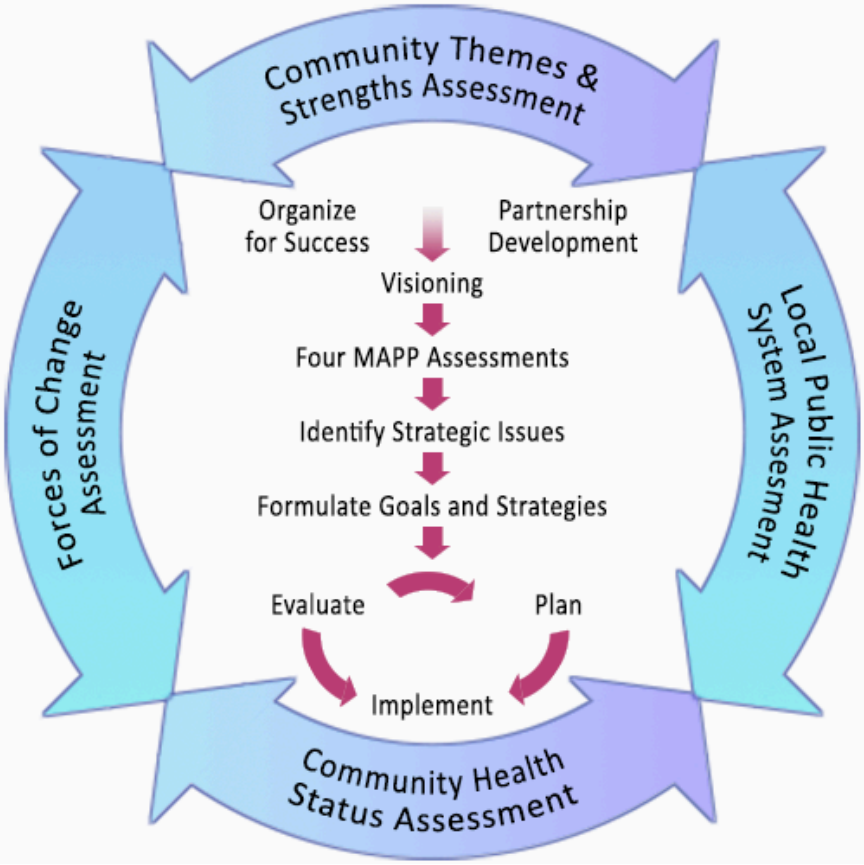
Phase 6: Process Evaluation
Leaders evaluate: How are the committees working together? How are the gardens, trails, and paths progressing?

Phase 7: Impact Evaluation
Leaders evaluate: Are people using the garden produce? Are walkers and bikers using the trails and paths?

Phase 8: Outcome Evaluation
Final evaluation: Have residents' fruit and vegetable consumption increased? Has physical activity increased? After years of the project, have rates of obesity and overweight leveled or decreased?

MAPP: Mobilizing for Action through Planning and Partnerships

(CTB, n.d.-b)



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What Is MAPP?

Mobilizing for Action through Planning and Participation (MAPP) is a model for developing a healthy community. Its community perspective addresses the community as a whole and makes it flexible enough to be used with any community system. Its basic philosophy is broad community participation in planning and implementation of the initiative.

Why use MAPP?

Compared to other models, the Assessment Phase of MAPP is especially thorough and includes community themes and strengths as identified by community members, the state of the local public health system, the state of the community's health status, and real or potential forces of change. MAPP uses systems thinking to analyze these assessments, identify key issues, and develop strategies for addressing them.

If properly realized, MAPP can permanently improve the ways in which individuals and organizations relate and the extent to which the community can control its own health and quality of life.

How Do You Use MAPP?

The six phases are described here, as well as a brief example of using this model.

Phase 1: Organize for Success/Partnership Development

- Determine the necessity of undertaking the MAPP process.
- Identify and organize participants.
- Determine the resources you will need for the planning process.
- Make sure the community is ready to conduct a successful planning process.
- Develop a management structure for the process: agree on ground rules, assemble a work plan, and designate the coordinator.

Phase 2: Visioning

- Identify other visioning efforts and make connections with other groups.
- Design the visioning process and its management: either by the whole community or a representative advisory committee.
- Conduct the visioning process, then keep the vision and values alive throughout the MAPP process.

Phase 3: The Assessments

1. **Community Themes and Strengths**: Thoughts, opinions, concerns, and assets.
2. **Local Public Health System Assessment** (LPHSA) uses the National Public Health Performance Standards Program, based on the Ten Essential Public Health Services.
3. **Community Health Status Assessment** addresses health and quality of life to summarize major health issues.
4. **Forces of Change Assessment** identifies current and anticipated factors that directly or indirectly affect health.

Phase 4: Strategic Issues

- Brainstorm potential strategic issues, starting with the MAPP vision.
    - Why is the issue strategic and how does it affect the vision?
    - What are the consequences of not addressing the issue?
- Consolidate related or overlapping issues.
- Prioritize by arranging issues into an ordered list, which will grow into your action plan.

Phase 5: Goals and Strategies

- Develop goals related to the vision and strategic issues.
- Generate strategy alternatives.
- Consider details and barriers to implementation.
- Select and adopt strategies.
- Draft a planning report that will be a roadmap for the project and a document to inform the community about the process.
- Celebrate the completion of the planning phase, to energize participants and create interest and support in the community.

Phase 6: Action Cycle

A. Plan for action: Organize, develop objectives, and establish accountability. Objectives need to be specific, measurable, achievable, relevant, timed, and challenging.

B. Implementation: Review action plans, then implement and monitor.

C. Evaluation: Prepare at the beginning of the MAPP process, focus the evaluation design, gather credible evidence, and justify the conclusions.

D. Share lessons learned and celebrate successes.

E. Maintain the cycle to continue improving.

Brief Example of Using the MAPP Model:

Phase 1: Organize for Success/Partnership Development

The community decides they need the MAPP process to address several recent health issues. A coalition is formed of local agencies and concerned individuals. They agree on a series of planning meetings, set ground rules, and choose a coalition leader.

Phase 2: Visioning

The coalition invites the whole community to participate, and together they identify the vision of a healthier community for all residents with values of respect, inclusion, and communication.

Phase 3: The Assessments

The coalition conducts the four recommended assessments. Results show several health issues of concern including teen tobacco use, childhood obesity, drug overdoses, heart disease, and skin cancer.

Phase 4: Strategic Issues

The coalition considers all potential health issues to address, according to the established vision and values. They identify the two highest priorities as teen tobacco use and childhood obesity.

Phase 5: Goals and Strategies

The coalition forms subcommittees which develop goals and strategies. The Tobacco Committee identifies the long-term goal of reducing the rate of teen tobacco use. Strategies include enforcing and monitoring local ordinances that restrict tobacco sales to minors. The Childhood Committee sets a long-term goal of leveling the increase in rate of childhood obesity. Strategies include incorporating lesson plans in elementary schools for games and activities to include healthier snacks and limiting sweet beverages. The coalition develops a report of the plans, and publicizes it through a community newsletter and on their Facebook page, highlighting the work of the two committees.

Phase 6: Action Cycle

A. The committees form short-term objectives. The Tobacco committee decides the town will hire two monitors who will check ten stores each month for compliance with laws restricting tobacco sales to minors. The Childhood Committee decides two health educators will present one healthy snack lesson per month to each class in the elementary school.

B. Both committees implement their plans and report back to the coalition.

C. The coalition surveys participants. Tobacco compliance was only 30% the first month but has risen to 70% by the second month as the retail stores became aware of the monitoring process. In schools the pre- and post-tests at healthy snack lessons indicate children are now 80% more willing to include carrots and apple slices for snacks.

D. The coalition reviews lessons learned: stores know they are being checked and may pretend to comply. Children in schools may not actually consume healthier snacks. The Tobacco Committee decides to make the compliance checks more unexpected. The Childhood Committee decides to budget for food samples at the snack lessons.

E. Both committees continue the cycle of modifying their short-term objectives and reporting progress to the coalition.

MAP-IT

(CTB, n.d.-c)

What is MAP-IT?

The MAP-IT framework is designed to help communities develop local health initiatives. Its phases provide a logical structure to address and resolve local health problems and to build healthy communities. The phases include the following:

- M—Mobilize individuals and organizations that care about the health of your community into a coalition.
- A—Assess the areas of greatest need in your community, as well as the resources and other strengths that you can tap into to address those areas.
- P—Plan your approach: Start with a vision of where you want to be as a community, then add strategies and action steps to help you achieve that vision.
- I—Implement your plan using concrete action steps that can be monitored and will make a difference.
- T—Track your progress over time.

Why Use MAP-IT?

MAP-IT emphasizes integrating all stakeholders in a widely-supported, community-owned effort. The efforts start with an assessment of health needs and what resources are available in the community. Plans are developed with timelines, objectives, and action steps. MAP-IT allows for adjustment of plans, according to the ongoing evaluation process.

How Do You Use MAP-IT?

The five steps are described here, as well as examples of how the steps in this model have been used.

Step 1: Mobilize

Gather key individuals and agencies into a coalition. Aim for broad representation. Engage potential coalition members around issues that are already of concern in the community. Create a vision. Brainstorm potential partners from among likely stakeholders, involving as many different community sectors as possible.

Step 2: Assess

Identify real health needs of the community, not just impressions. Gather data about major health issues. Also, identify assets and resources of the community and what it has to offer.

Step 3: Plan

Create an action plan with concrete steps and deadlines. Assign responsibility of what exactly is to be achieved, by whom and by when. Include ongoing data collection for monitoring progress. Create a timeline. Include a communication plan of how to keep the community informed of the projects.

Step 4: Implement

Complete assigned tasks according to the plan and timeline. Publicize the efforts in the community. Showcase the accomplishments and acknowledge partners.

Step 5: Track

Conduct regular evaluations to measure progress over time and report back to the coalition.

Examples of How MAP-IT has Been Used:

Mobilization

One state formed a partnership with a group of individuals representing a broad sector of both public and private organizations, including members from local departments of health. This group was charged with the responsibility of meeting the state's public health improvement goals.

Assessment

One coalition determined priority health issues through its steering committee, which evaluated health data, sought expert opinions, invited public comments, and conducted an opinion survey of residents. They used a consensus method to limit the scope of its objectives to four priority health areas and four disease risk factors. The four priority health areas included alcohol and drug abuse, cancer, heart disease, HIV and other sexually transmitted diseases. The focal risk factors were lack of access to preventive care, tobacco use, poor nutrition, and lack of physical activity.

Planning

To achieve its year 2030 objectives, one health department initiated a Worksite Wellness Council. They focused on increasing health promotion and disease prevention activities in work sites, where most adults spend the majority of their time. The Council set a goal of having 20 percent of its workforce in sites certified by a national Worksite Wellness agency.

Implementation

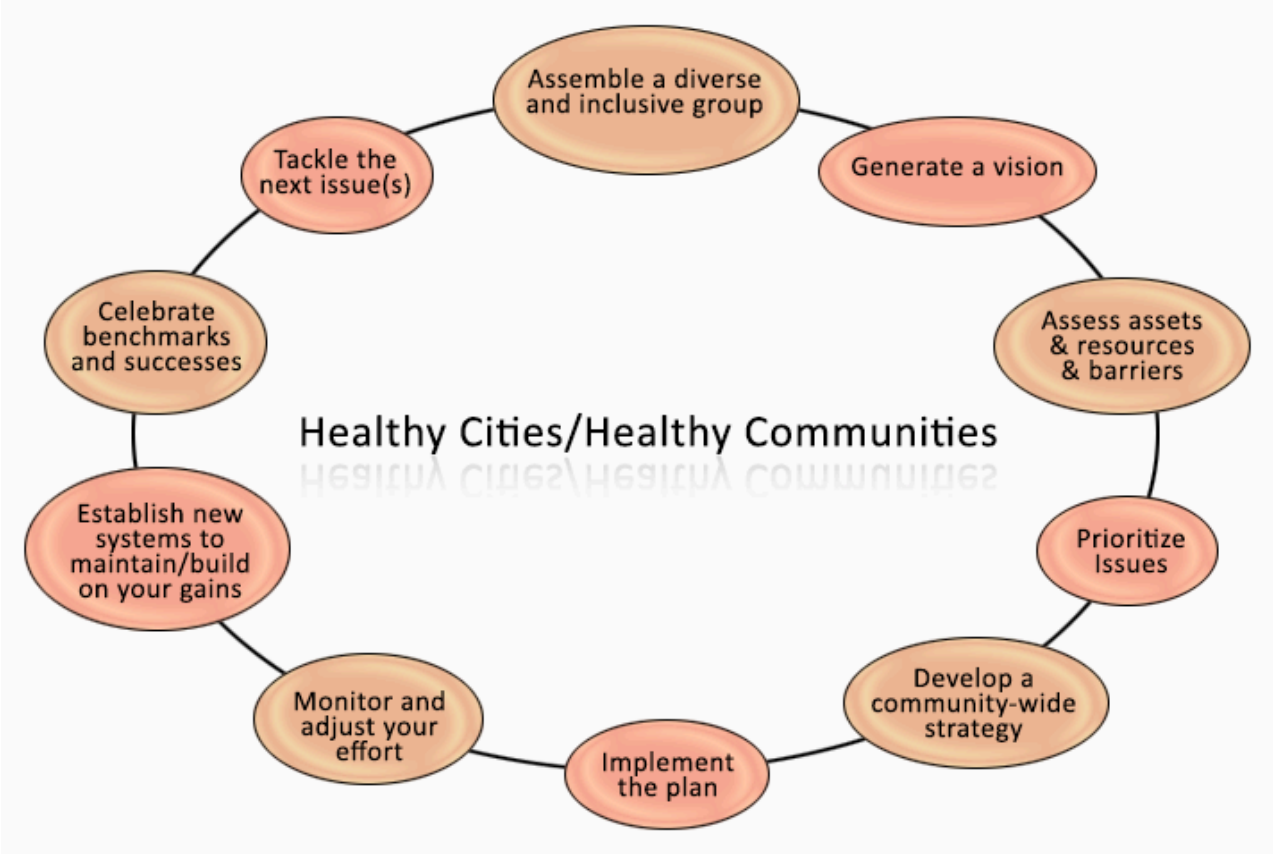
The Office of Healthy Residents in one area is responsible for keeping their Healthy People initiative on track. Staff are available for support and training, particularly coalition building. There is also a mayor's task force that certifies communities in the Healthy People project. The communities do an assessment and then implement an action plan.

Tracking Example

One health department's statistical and program staff assessed progress and analyzed trends. Based on their trend analysis, staff categorized each objective as "likely to be achieved," "unlikely to be achieved," or "uncertain." They then continued to monitor all objectives and made them part of annual reports.

Healthy Cities/Healthy Communities

(CTB, n.d.-d)



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What Is Healthy Cities/Healthy Communities?

(World Health Organization, n.d.-a)

"Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love" (WHO, 1986, p. 4).

This statement is at the heart of the Healthy Settings approach, which has its roots in the WHO Health for All strategy and, more specifically, the Ottawa Charter for Health Promotion. Initiated by WHO in 1986, Healthy Cities have spread rapidly across the world.

A Healthy City aims to do the following:

- Create a health-supportive environment
- Achieve a good quality of life
- Provide basic sanitation and hygiene needs
- Supply access to health care

Being a Healthy City depends not only on health infrastructures, but also on a commitment to improve a city's environs and a willingness to forge the necessary connections in political, economic, and social arenas.

Healthy Cities/Healthy Communities is now used as a philosophical framework for an inclusive, participatory process aimed at raising the quality of life for everyone and creating a truly healthy community.

There are two basic premises underlying the Healthy Cities/Healthy Communities concept. The first is a comprehensive view of health and community issues, which covers a broad range of factors that contribute to a healthy community. The second is a commitment to the active promotion of a healthy community, rather than the treatment of problems.

Communities can foster citizen empowerment and equity by addressing the social and other determinants of health and community issues (including the Ottawa Charter's list of peace, shelter, education, food, income, stable ecosystem, sustainable resources, social justice, and equity), and by creating appropriate policy and environments, encouraging social action, providing personal skills, and reorienting services to a more wide-ranging approach.

Why use Healthy Cities/Healthy Communities?

- Its community perspective leads to local ownership of the efforts, due to participation in development and implementation. Broader ideas are gained from a participatory process.
- Access to citizens' knowledge of the community helps to avoid pitfalls caused by ignorance of community history and relationships.
- Community assets and resources are identified to take advantage of what already exists.
- A healthy community self-image is fostered with a commitment to the process of improving health.

While a Healthy Cities/Healthy Communities process should involve everyone, some particularly important participants include local government and officials; those affected by the issue(s); those who will actually administer and implement the initiative, or whose lives or jobs will be affected by it; any organizations that will be expected to work together; and opinion leaders.

How Do You Use Healthy Cities/Healthy Communities?

There is no step-by-step procedure. Both the content and the structure of the process depend upon your community's needs and on community decisions.

The 10 important components of a Healthy Cities/Healthy Communities process are as follows:

1. Create a compelling vision: Define the efforts to be made based on shared values.
2. Embrace a broad definition of health and well-being as not just physical health but including peace, shelter, education, income, food, stable ecosystem, sustainable resources, social justice, and equity.
3. Address quality of life for all groups and communities.
4. Engage diverse citizen participation and be citizen-driven. Include participants from all racial, ethnic and socio-economic groups, and all walks of life.
5. Seek multi-sectoral membership and widespread community ownership. Include all sectors of the community – government, the business and non-profit communities, health care, education, faith communities, cultural institutions and the arts, target populations, and ordinary citizens
6. Acknowledge the social determinants of health and the interrelationship of health with other issues (housing, education, peace, equity, social justice).
7. Address issues through collaborative problem-solving. Conflicts should be viewed as opportunities, and people should be helped to work together to reach creative solutions.
8. Focus on change of systems, the ways in which the community operates, and the attitudes, assumptions, and policies behind the way the community operates.
9. Build capacity using local assets and resources. All communities have real and potential strengths that should be identified and included in a Healthy Cities/Healthy Communities effort.
10. Measure and benchmark progress and outcomes. Monitor and evaluate the effort to be sure that it's effective. Regularly monitoring what you're doing allows you to spot and correct inadequacies in goals, methods, and communication before they derail your initiative.

Examples of WHO's efforts in Healthy Cities/Healthy Communities:

Improving Health Literacy

(WHO, n.d.-b)

By improving people's access to health information and their capacity to use it effectively, health literacy becomes critical to empowerment. Improving health literacy in populations provides the foundation on which citizens are enabled to play an active role in improving their own health, engage successfully with community action for health, and push governments to meet their responsibilities in addressing health and health equity. Meeting the health literacy needs of the most disadvantaged and marginalized societies will particularly accelerate progress in reducing inequities in health and beyond.

Mozambique

(WHO, n.d.-c)

60-year-old Raquelina Mazuze is proud of her contribution to the fight against polio as a social mobilizer in her native Mozambique. Following the recent outbreak of wild poliovirus type 1 in the country, she has been helping to prepare her community for a forthcoming vaccination drive, which aims to protect nearly four million children in the four most at-risk provinces. Having been involved in the health sector for decades, Raquelina also spends her days encouraging older people around her to stay active, eat healthily, and to keep serving their community, just as she does.

Partners commit to improve Maternal, Newborn and Child Health

(WHO, 2023)

At a meeting of the Network for improving quality of care for Maternal, Newborn and Child Health (MNCH) held in Accra, Ghana, ten global partners resolved to strengthen collaboration towards improving maternal, newborn, and child health through sustained quality of care at all levels of the health system. This meeting was aimed at engaging with the champions from the government and implementing partners and other stakeholders to build on five years of efforts to integrate quality of care in health systems and maternal, newborn, and child health interventions.

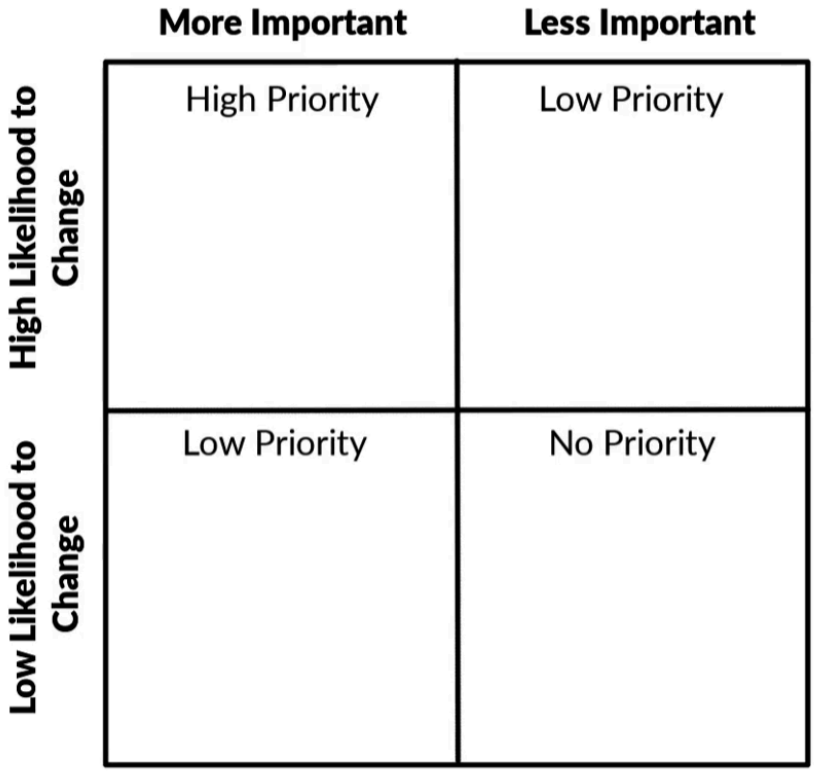
Needs Assessment, Part 2: Setting Priorities

In Chapter 1, we introduced the need for gathering data about the community. In most cases long lists of problems will be identified, and the next critical step is deciding which are most important and realistic to address first.

There are many ways to do this, and members of any given sample community (priority population and stakeholders) should be involved in helping us identify what health issues should be focused on. The constraints of the project have been set: we have one year and $100,000 to develop a public health intervention to address health concerns in this community.

For consensus building, we can meet with the stakeholders to review the data collected and come to an agreement of what health issue should be focused on. It's important that decision makers, funders, and those in the community that would be impacted by the program are a part of the decision-making process.

We also need to identify the underlying causes of the health issue. We need to look at the many variables that can influence the health issue. Then we can focus our program on one underlying cause of the health issue that has been identified.



Analyzing Community Problems

(CTB, n.d.-e)

Below are some criteria you may consider when prioritizing community problems:

- The problem occurs too frequently (**frequency**)
- The problem has lasted for a while (**duration**)
- The problem affects many people (**scope or range**)
- The problem is disrupting to personal or community life, and possibly intense (**severity**)
- The problem deprives people of legal or moral rights (**equity**)
- The issue is perceived as a problem (**perception**)

This last criterion, perception, can also help indicate readiness for addressing the issue within the community. What is seen as a problem can vary from place to place and group to group in the same community.

How Should I Analyze a Community Problem?

The goal is to understand the problem better and to deal with it more effectively. Here are some steps to follow:

1. Justify the choice of the problem.

Apply the criteria – frequency, duration, range, severity, equity, perception – as well as asking yourself whether the problem is one that you should focus on, or not.

> Here is one example: The percentage of overweight and obese children in the community has been steadily increasing, and now approaches 25%. Since we know that childhood obesity tends to lead to adult obesity, and is linked to chronic conditions – diabetes, heart disease, stroke – this is a problem that needs to be addressed now.

2. Frame the problem.

(CTB, n.d.-f)

State the problem without implying a solution or blaming anyone.

> There are too many children in the community who are overweight or obese. The problem is particularly serious among low-income families.

3. Identify what behavior and environmental factors need to change for the problem to be solved.

This can be as simple as individuals changing their behavior or as complex as persuading legislators to change laws or the environment.

4. Analyze the root causes of the problem.

(CTB, n.d.-g; Lopez, n.d.)

The real cause of a problem may not be immediately apparent. It may be a function of a social or political system, or it may be rooted in a situation that seems unrelated. One method to discover the root cause is the “But Why?” technique. This technique consists of stating the problem as you perceive it and asking “But why?” Then answer that and ask again, “But why?”

Example: There are too many children in the community who are overweight or obese.

The problem is particularly serious among low-income families. (But why?)

Because many low-income children don't eat a healthy diet and don't exercise enough. (But why?)

Because their parents may not have the knowledge of healthy foods and have access only to fast food. Kids don't play outside because it's too dangerous. (But why?)

Parents may never have been exposed to nutrition. Low-income neighborhoods are unprofitable places to do business. The streets are dangerous because there are few job opportunities in the community, and young men turn to making money in any way possible.

You may begin to think about advocacy to bring supermarkets to low-income neighborhoods, after-school programs for physical exercise, or parent nutrition education or anti-gang programs. Continued questioning may reveal deeper causes that your organization can tackle.

5. Identify the restraining and driving forces that affect the problem.

(Nagy, n.d.)

This is called a force field analysis, looking at the restraining forces that keep the problem from changing (social structures, cultural traditions, and so on) and the driving forces that push it toward change (policy change, ongoing public education efforts, and so on).

Forces restraining change. This example would include the following:

- The desirability of junk food – kids like it because we're programmed to like fat, salt, and sugar, which are freely available.
- Reluctance of chains to open food stores in low-income neighborhoods.
- The domination of the streets by gangs and drug dealers.

Some forces driving change might be:

- Parents' concern about their children's weight.
- Children's desire to participate in sports or simply to be outdoors.
- Media stories about childhood obesity and its consequences for children.

6. Find any relationships between the issue of concern and others in the community.

Other problems may stem from the same root cause, so you could partner with other organizations on similar issues.

Issues can be connected, such as lack of education, employment, after-school programs, gang violence, and crime. Other organizations may be working on these, and a collaboration can help both of you to reach your goals.

7. Identify personal factors that may contribute to the problem.

(CTB, n.d.-h)

Whether the problem involves individual behavior or community conditions, those affected by it bring a whole collection of genetics, knowledge, beliefs, background, and assumptions about the world. These might contribute to the problem or to its solution.

A few examples:

- Genetic predisposition for diabetes and other conditions.
- Lack of knowledge about healthy nutrition.
- Lack of knowledge or skills for preparing healthy foods.

8. Identify environmental factors that may contribute to the problem.

These might include the lack of services and other support, accessibility to information, the social and financial costs and benefits of change, and other conditions.

Sample environmental factors:

- Poverty.
- Hopelessness and lack of employment in low-income neighborhoods.
- Lack of availability of healthy food in low-income neighborhoods.
- Availability of snack foods high in salt, sugar, and fat.
- Media bombardment about unhealthy snacks, drinks, and fast food.

9. Identify targets and agents of change for addressing the problem.

(CTB, n.d.-i)

The point of this step is to understand where and how to direct your work most effectively.

Targets of change:

- Parents and children in low-income neighborhoods.
- School teachers and those responsible for school food programs.
- Executives of supermarket chains.
- Gang members and youth at risk of becoming gang members.

Potential agents of change:

- Parents as controllers of their children's diets.
- School administrators responsible for food programs.
- Local officials who could create incentives for markets in underserved neighborhoods.
- Recreation departments and other agencies that might create safe physical activity programs for children.
- Community hospitals, clinics, and private medical practices.
- Public relations offices of national or regional fast food restaurant chains.

This process will help you develop a strategic plan to reach the real causes of the problem and focus on the targets and agents of change most likely to improve the situation.

Optional Resource: Video Identifying the Health Issue

Some Decision-Making Processes

(CTB, n.d.-j)

1. Relative worth.

Each participant receives a fixed number of points (for example, 100 points). These points can be distributed among the items to be prioritized in whatever way the participant desires. Participants can distribute points in a number of ways:

- Give all points to a single, very important item.
- Distribute points evenly among all items (if none is more important than another).
- Distribute some points to some items, no points to other items.
- In the tabulation, items are given priority ranking according to the total points the group assigns.

2. Forced ranking.

- Needs are ranked separately on a scale.
- For example, if there are ten items, the most important item is assigned a “1,” the second most important item is assigned a “2,” and so on down to the least important item, which receives a “10.”
- In the tabulation, the item that receives the lowest number of points is assigned highest priority, the item that receives the second lowest number of points receives second priority, and so on.

3. Delphi method.

- The coordinating group assembles participants with knowledge and experience in the issue to be addressed.
- Needs are identified and presented to participants for feedback. A deadline for returning responses is given.
- The coordinating group records all responses and distributes them to participants.
- Participants are asked to review the responses and add additional ideas or delete ones considered not important or not feasible. Participants then choose the three or five most important ideas and rank these in descending order of importance.
- Results of the rankings are collated and analyzed.
- Findings are returned to participants who are again asked to rank the top three or five preliminary priorities. Additional rounds may be implemented if necessary.
- Results are collated and categorized. An overall ranking is determined.

Delphi enables participants to examine group responses with each succeeding round, and to alter their views or to provide a rationale for sustaining a divergent opinion.

4. Hanlon method. There are three central features of the method:

- Focuses on identifying explicit criteria to be considered in setting priorities.
- Ability to organize factors into groups that are weighted relative to each other.
- Allows for modification and individual scoring of factors.

Criteria for scoring of factors and subsequent priority setting include the following:

- Size of the problem.
- Seriousness of the problem.
- Estimated effectiveness of intervention(s) under consideration.
- PEARL (Propriety, Economic Feasibility, Acceptability, Resource Availability, and Legality)
    - P = Propriety: Is an intervention suitable?
    - E = Economics: Does it make economic sense to address the problem?
    - A = Acceptability: Will this community accept an emphasis on this problem, and will they accept the proposed intervention?
    - R = Ressources: Are resources available?
    - L = Legality: Do the current laws allow the intervention to be implemented?

5. Delbeq method.

- The Delbeq "Two Step" method involves the use of a nominal group process to develop a detailed set of priority issues, and the subsequent sharing of issues and development of a consolidated list of priorities.
- The term "nominal group" is used to underline the highly controlled dimension of the process.
- In the first stage, participants are asked to privately record their major concerns on a sheet of paper.
- Facilitators then go around the group to elicit their priority concerns. This is usually done anonymously, by asking for a limited list (2 or 3) of priority concerns to be handed in to facilitators. These are recorded on a white board.
- An alternative is to hold a "round robin" where priority concerns are elicited from participants one at a time. No comments are permitted during this stage.
- In the second stage, facilitators take participants through a controlled discussion; first to clarify priority concerns, and then to consolidate common issues.
- Finally, for health planning efforts where large lists of priority concerns are typically generated, participants may go through a ranking process to limit the number of potential options.

6. Importance and Feasibility

(NACCHO, n.d.)

To make sure we are addressing problems that will yield the greatest results, we need to measure both **importance** and **feasibility**. This is especially useful in order to focus on areas that achieve maximum results with limited resources.

The table below is an example of an agency comparing potential projects. It could be used in a variety of ways, to identify a main priority health outcome to focus on, to prioritize which underlying factor to focus on, or to prioritize which strategy to choose.

Suggested Steps to Compare Projects:

1. List the health issues the community is facing in a table, as in the example below.

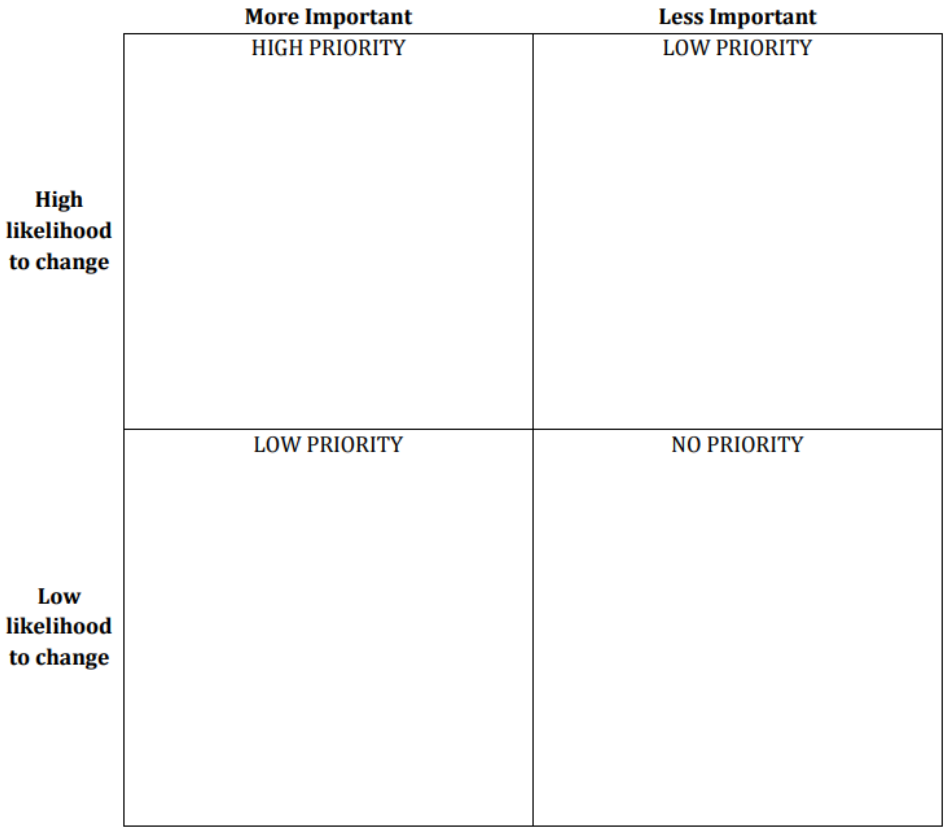
2. Consider each health issue and its underlying factors. Assign a score of 1 to 3 (1=Low, 2=Moderate, 3=High) for each activity and for both Importance and Feasibility.
3. Add scores in each row and compare totals.
4. Compare the scores in each category and note examples in the Table.
    - High Importance and High Feasibility (as in B below) – These are the highest priority items.
    - Low Importance and High Feasibility (as in C below) – Although they might be popular, they need to be reconsidered.
    - High Importance and Low Feasibility (as in D below) – Long term projects with potential but will require significant resources that can be overwhelming.
    - Low Importance and Low Feasibility (as in A below) – These are the lowest priority items and could give resources to higher priority items.

	Health Problems	Importance = 1 (low) to 3 (high)	Feasibility = 1 (low) to 3 (high)	Total
A	Some rare cancers are on the rise.	1	1	2
B	Diabetes prevalence is increasing.	3	3	6
C	Some immigrants have high rates of infectious diseases.	1	2	3
D	Childhood obesity has doubled.	3	1	4

7. Prioritizing Causes Matrix

(MDH, n.d.)

Assessing Changeability: For each intervening variable, use this 2x2 table to help you prioritize your contributing factors. First, is your contributing factor important? To what degree does this contributing factor affect opioid misuse in your community? Next, how easy or difficult is it to bring about change in the contributing factor? Based on those two questions, place your contributing factor in one of these boxes. Whatever ends up in the most important and most changeable quadrant of the 2x2 matrix is your prioritized focus. You may need to run this prioritization process a few times to narrow down to the top contributing factors to focus on.



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Chapter 3: Mission Statement, Goals, Objectives, and Interventions

Vocabulary

- **Best-Practice Interventions:** "Best practice" status may be conferred by a professional association or by published research results. In general, a method or program gains such status by being measurable, notably successful and replicable.
- **Culture:** A set of behaviors, habits, roles, and norms that apply to a particular group
- **Evidence-based Interventions:** These are interventions that have already been shown to be effective. Evidence-based interventions have empirical evidence that shows they have worked in other locations.
- **Goals:** Goals are broad and provide a general overview of what needs to be achieved.
- **Mission Statements:** Mission statements are similar to vision statements, in looking at the big picture. However, they're more concrete and action-oriented. Your vision statement should inspire people to dream; your mission statement should inspire them to action.
- **Objectives:** Objectives specify what a project will accomplish and by when.
- **SMART Objectives:** Objectives should be S.M.A.R.T.
- **Specific:** Tell what is to be achieved. Use one action verb.
- **Measurable:** Information concerning the objective must be collectable.
- **Achievable:** Success is feasible.
- **Relevant to the mission:** They fit in with the overall vision and mission of the group.
- **Timed:** There is a stated deadline when they will be achieved.

Mission Statements

(Nagy & Fawcett, n.d.-a)

The first part of the planning process is creating your organization's mission statement. This process explains your group's aspirations in a concise manner and provides a basis for your strategic plan.

What is a Mission Statement?

To ground your vision in practical terms, you need a *mission statement* to describe *what* the group is doing and *why.* An example is "Promoting care and caring at the end of life through coalitions and advocacy." Mission statements look at the big picture, and inspire people to action. Below are some guiding principles about mission statements:

- *Concise:* Usually in one sentence.
- *Outcome-oriented:* Mission statements explain the basic outcomes your organization is working to achieve.
- *Inclusive:* Broad statements about your group's key goals.

The following are examples of effective mission statements:

- Promoting community health and development by connecting people, ideas, and resources. (Community Tool Box)
- The California Coalition Against Sexual Assault (CALCASA) provides leadership, vision, and resources to rape crisis centers, individuals, and other entities committed to ending sexual violence.
- Seeking to put God's love into action, Habitat for Humanity brings people together to build homes, communities, and hope.

Why Should You Create a Mission Statement?

This statement can help your organization focus and remind members what is important. Mission statements also give others a snapshot of what your group wants to accomplish. People can learn quickly about your organization, which is helpful when you are recruiting others to join your effort. The process of developing mission statements builds motivation because members will believe in something more completely if they helped develop it. A compelling mission statement converts the broad dreams of your vision into specific, action-oriented terms, and enhances your organization's image as being competent and professional.

How Do You Create Mission Statements?

Learn what is important to people in the community.

Define the issues that matter most to people in your community in one of these ways:

Conduct "public forums" or "listening sessions" with members of the community to gather ideas about how they would like to see the community transformed.

These meetings are usually led by facilitators, who guide a discussion of the community's strengths, problems, and what people wish the community was like. A transcript of the session provides a basis for subsequent planning.

Hold focus groups with interested people, including community leaders, people affected by the issues, businesses, church leaders, and others.

Focus groups are smaller and more intimate, composed of people with similar backgrounds, who will talk openly. Focus groups use facilitators and recorders to focus and document discussion. You may hold focus groups with several different groups of people to get the most holistic view of the issue at hand.

Obtain interviews with people in leadership positions, including local politicians, school administrators, and other key leaders about needs in your community.

How Do You Decide What To Ask?

Below are sample questions you might use to gather information:

- What is your dream or vision for our community?
- What would you like to see change?
- What do you see as the community's major problems and assets?
- What would success look like?

The facilitator should encourage everyone to share their most hopeful and positive ideas, regardless of how practical. To articulate a vision of a better community, encourage everyone to participate.

Decide on the General Focus of Your Organization

What topic is most important to your community? At what level will your organization work — in one school or neighborhood, or in the whole city or state?

Consider lessons learned from the community and decide the best direction for your organization. For the best results, open this discussion up to everyone. Reach consensus on your final mission statement.

Decide How You Will Use Your Mission Statements

Below are a few examples:

- Add mission statements to your letterhead or stationary.
- Use mission statements on your website and in your press kit.
- Give away T-shirts, or bookmarks, or other small gifts with mission statements on them.
- Use mission statements when you give interviews.
- Display mission statements on the cover of your annual report.

Develop Goals and SMART Objectives

Goals

Goals are broad and provide a general overview of what needs to be achieved. They can be a breakdown of your mission statement, listing everything you would like to accomplish. From the list of goals, you can create your objectives. (Nagy & Fawcett, n.d.-b)

Examples of Goals:

- Improve health by helping smokers quit.
- Reduce the rate of teens who start smoking.

SMART Objectives

Objectives are the specific measurable results of the initiative. Objectives specify what will be accomplished and by when. Most groups will develop objectives in all three basic types of objectives:

- **Program objectives** provide the groundwork stating what will be accomplished.
- **Behavioral objectives** look at people's behaviors and the results. For example, a neighborhood improvement group might develop an objective for having an increased amount of home repair taking place (the behavior) and fewer houses with broken or boarded-up windows (the result).
- **Community-level outcome objectives** are the result of behavior change in many people instead of an individual level. For example, the same neighborhood group might have an objective of increasing the percentage of people living in the community with adequate housing as a community-level outcome objective.

Objectives should be S.M.A.R.T., meaning that they meet the following criteria:

- Specific: Tell what is to be achieved. Use one action verb.
- Measurable: Information concerning the objective must be collectable.
- Achievable: Success is feasible.
- Relevant to the mission: They fit in with the overall vision and mission of the group.
- Timed: There is a stated deadline by when they will be achieved.

EXAMPLES OF VAGUE OBJECTIVES MADE SMART:

- Specific: ~~Young people will learn about risks of smoking.~~ Teens in Lincoln School will attend a class on the risks of smoking.
- Measurable: ~~People will understand smoking is dangerous.~~ Students will list three risks of smoking.
- Achievable: ~~We will eliminate teen smoking.~~ Teens at Lincoln School will be taught about smoking.
- Relevant to the mission: ~~Teens will be happy and healthy.~~ Teens will be tobacco-free.
- Timed: ~~We will offer classes on tobacco.~~ We will hold three classes on tobacco by the end of July.
- Overall objective example: ~~We will address teen smoking.~~ Three classes on tobacco will be held at Lincoln School by the end of July, and post-tests will show students can list at least three risks of smoking.

Collect Baseline Date on the Issues to be Addressed

Baseline data are the facts and figures that tell you how big the problem is and may measure community attitudes towards a problem.

This information is important because it is the starting point against which you can measure how much progress you have made. Baseline data is helpful when initially asking for funding, and it can show what you have accomplished later by comparing data again after your programs have been implemented.

Decide What is Realistic for Your Organization to Accomplish

Examine your resources and talk to experts about what is both possible and likely. You might ask other agencies who have done similar things. Set objectives that are both achievable and challenging.

Set the Objectives for Your Organization or Initiative

Below is an example of objectives about preventing adolescent substance use:

- By the year 2024, the use of tobacco among 12-17 year olds will be reduced by 40%.
- By the year 2024, the use of alcohol among 12-17 year olds will be reduced by 50%.
- By the year 2024, the use of marijuana among 12-17 year olds will be reduced by 70%.
- By the year 2024, the use of cocaine among 12-17 year olds will be reduced by 80%.

Use Your Objectives to Define Your Organization's Strategies With your objectives, you are ready to develop the strategies that will make them possible.

Levels of Influence

When choosing strategies and interventions, remember that health behaviors are influenced by a wide range of factors. It is important to consider different influencing factors when creating or choosing health promotion interventions. Behaviors can be changed by influencing a person on any of the following levels:

- Individual and intrapersonal factors: knowledge, attitudes, beliefs, personality.
- Interpersonal factors: interactions with others such as social support
- Institutional and organizational factors: rules, regulations, policies and informal structures
- Community factors: social norms among individuals, groups and organizations

Public policy factors: local, state, and federal policies and laws that regulate disease prevention, early detection and management.

Different interventions influence your target population at different levels, from targeting the target population's attitudes and beliefs to influencing them through family and friends to influencing their behaviors through policy changes. By knowing which level of influence is most

influential in impacting your target population's behaviors (usually identified as part of a needs assessment), you can better select or develop interventions that will have a greater impact in changing your target population's behaviors and environmental influencers.

(Ecological Models, n.d.)

Evidence-based Interventions (Best Practices)

In public health, we do not often create interventions on our own. We want to utilize evidence-based interventions or programs. These are programs that have already been shown to be effective. They have empirical evidence that shows they worked in other locations.

There are many websites where you can search to find evidence-based programs. Thecommunityguide.org is one of the best. Not only can you search and find such programs, it will also tell you how strong the evidence is that this program will work.

You will want to locate a program that matches the needs of your specific population. Remember all the hard work you did during the needs assessment. You need to find a program that is not only about your health issue but that is working to make the changes that you identified as most important.

Once you have identified a program that meets the basic needs of your community, you can adapt it to better fit your needs, or you can adopt it right out if it is a perfect fit.

Spending the time to find a great program will ensure that you will succeed in your efforts to create change.

Optional Video Resource:

https://byui.instructure.com/courses/224476/pages/w08-introduction?module_item_id=28436370

Choosing Program Interventions

Many different types of interventions or activities can solve a problem. The most important consideration is that the intervention or program you choose needs to be adapted to your specific target population and setting. An intervention could be any of the following statements:

- Health communication, such as a media campaign for cancer screening awareness.
- Health policy, such as adopting a local ordinance against smoking in parks.
- Health education, such as teaching people to manage diabetes.
- Environmental change, such as building more sidewalks and bike paths in a community to encourage physical activity and reduced car emissions.
- Coalition work, such as bringing together agencies to collaborate on a health program.

(Rabinowitz, n.d.)

Following is an example of a community group considering an intervention:

The Parkville Heart Health Coalition was concerned. A survey of families in the area had shown that most children spent their time watching TV or playing video games and not getting exercise. Research had shown that introducing children to sports could foster a long-term commitment to regular physical activity. The Coalition recognized this as a "best practice." However, they needed the cooperation of the schools and local officials to teach the sports and provide facilities. How could they go about convincing them? Was there a best practice for persuading a community to adopt good solutions?

What is a Best Practice?

A best practice may be a particular method, or it may be a whole program or intervention. "Best practice" status may be conferred by a professional association or by published research results. In general, a method or program gains such status by being the following:

- *Measurable*. That means that its goals are clear and that progress toward them can be measured.
- *Notably successful*. The program gains good results and more progress than most others with similar goals.
- *Replicable*. The method or program is structured and documented clearly enough so that it can be reproduced elsewhere.

You can also research *Promising Practices*, which are practices that have not been tested or in existence for a very long time, but seem to work. In reviewing practices, keep the following points in mind:

- *Appropriateness to your goals*. Does the best practice in question actually address your specific goals?
- *Fit with the philosophy of the organization that will use it*.
- *Availability of resources*. Make certain you understand exactly what the best practice will require and that you can provide the necessary resources before you commit to using it.
- *Cost-effectiveness*. If a program works well but is too costly or time-consuming, it may not be a good choice. A program that works slightly less well but costs a third as much might be a better candidate.

Best practices have these characteristics:

- They are comprehensive, flexible, and responsive.
- They target the underlying causes in addition to the symptoms of an issue or problem.
- Their staff members are trained and supported to provide high-quality, responsive service.
- They foster strong staff and participant relationships based on mutual respect.

Why Promote the Use of Best Practices?

Employing a program that has been found successful increases the chances that you will accomplish your goals. Other advantages of a best practice include the following:

- **Easier to justify the work**. Using a practice that has been shown to be effective can help gain community support.
- **Increase the credibility of the organization**. It shows not only that the organization is using a tested process, but that it made sure it's doing the best job possible.
- **Easier to get funding**. Funders look more favorably on proposals that can demonstrate proven success.
- **Removes the guesswork from planning** and increases the chances that it will go smoothly.
- **The originators of the practice may be available to consult on how to best implement it.**

Where Do You Find the Best Practices?

To find best practices, try one or more of the following:

- *The Internet.*
- *Networking* with partner agencies.
- *Libraries* including those online.
- *State and national professional organizations* often give awards for best practices, or document them in journal articles and at conferences.
- *International, state, and federal agencies*. UNESCO, the U.S. Council of Mayors, HUD, and others have listings of "best practices" in programs they fund.
- *Foundations and other private funders* may list best practices, or may simply describe projects they fund.
- *Academia*. Local colleges and universities

Using the Internet to Find Best or Promising Practices

Google Scholar can be accessed by clicking on the pull-down arrow next to “more” at the top of the Google homepage. Searching for “best practices violence prevention,” for example, yields 235,000 results. The first 20 to 30 results are likely to be among the most useful.

Search for Appropriate Best Practices

Now that you’ve defined what you’re looking for, it’s time to find out what’s available. Once you’ve found several best practice options that address your issue, narrow down your search by weeding out the ones that aren’t appropriate for your community, aren’t sensitive to the culture of your population, or aren’t aimed at the outcomes you want.

Provide Those Who Will Implement Best Practices With the Necessary Training and Support

People should understand both the assumptions behind the program or method, and the theory that explains why it works. People need to receive specific training to do the work of the program. Ongoing support is also needed:

(CTB, n.d.-a)

- *Funding.* Make sure adequate funding is available before you start.
- *Volunteers.* Volunteers also need training and supervision.
- *Space.* If funding is an issue, the possibility of shared space may be explored.
- *Time.* Allow time for experimentation and learning.
- *The goodwill of local leaders and the community at large.* Make sure that all those involved in a program feel the community supports their success.

Maintain the Community’s Commitment to Best Practices

The Ten Point Coalition, a group of ministers and others, convened in the early 1990s to address youth violence in Boston neighborhoods most stricken by its results. By reaching out to youth in the neighborhoods and providing alternatives to violence in a number of ways, the group was instrumental, along with a city-wide effort, in drastically reducing both the overall homicide rate and the murder rate among those under 18. As the violence subsided, so did participation by the members of the Coalition. By 2002, the murder rate, particularly among youth, was climbing again. Without the continuing work of the ministers and other concerned adults, a new generation of young people was turning to violence again.

Optional Resources:

- Community Guide: https://www.thecommunityguide.org/
- SAMHSA: https://www.samhsa.gov/resource-search/ebp
- NIH Website: https://prevention.nih.gov/research-priorities/dissemination-implementation/evidence-based-practices-programs
- WHO: Health promotion (who.int)
- UNESCO: Best Sustainable Development Practices on Food Security - Expo Milano 2015 | IAEA

Adapting Community Interventions for Different Cultures and Communities

(Wadud & Berkowitz, n.d.)

What Do We Mean by “Different Cultural Traditions?”

Culture refers to a set of behaviors, habits, roles, and norms that apply to a particular group. A potluck supper, blood-pressure screening, or immunization drive might be a terrific success in one setting; while the same event could fail if not successfully adapted to another setting.

Why Should You Adapt Interventions to Fit Different Cultural Traditions?

A well-adapted intervention can increase the chances for success, as well as the following:

- Show respect for another culture's values and identity.
- Increase support and participation of your target community and its impact.
- Build future trust and cooperation across cultural lines.

How Should You Adapt Interventions to Fit Different Cultural Traditions?

(CTB, n.d.-b)

- **First, check your readiness** and the readiness of the target group.
- **Research** about the cultural group in question:
    - Census data, maps, and government documents.
    - Local reports and statistics.
    - Hometown newspapers, including back issues.
    - Articles on the cultural group you will be working with. (Have others tried the same intervention with this cultural group?)
- **Talk to people** in that cultural setting:
    - Known experts on that culture.
    - Key informants such as government officials, teachers, researchers, and religious leaders.
- **Spend some time in the cultural setting.**
- **Propose your intervention idea** to some people in that setting and **ask for feedback**. Does your listener think the intervention is a good idea? Will it work? What changes should be made?
- **Take that feedback carefully into account** and make any suggested changes.
- **Find some people in that cultural community who will work with you to make the intervention happen.**
- **Begin planning and execution.**

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Chapter 4: Implementation Plan

Vocabulary

- **Action Plan:** An action plan describes the way your organization will meet its objectives through detailed action steps. It describes what actions will occur, who will carry them out, time limits, needed resources, and communication plans.
- **Gantt Chart:** A Gantt Chart can help you visually display program activities and the anticipated timeline for each activity. It allows you to predict when and how long each activity should take to complete.
- **Logic Model:** A logic model is a visual representation that displays your resources, planned activities and outcomes you hope to achieve.

The implementation plan shows how your interventions will be carried out in the community. This step details the various tasks and activities that will ensure you can accomplish the goals and objectives you have identified. Two tools that are helpful during implementation are logic models and Gantt Charts or timelines.

A logic model is a visual representation that displays the resources, planned activities, and outcomes you hope to achieve. This tool provides an overall roadmap of your program elements that can be shared with your stakeholders so they understand how the program will function.

A Gantt Chart can help you visually display program activities and the anticipated timeline for each activity. It allows you to predict when and how long each activity should take to complete. While an activity is being implemented, you can track theactual time it took to complete each task. This process can help to better prepare for future years of the program and plan more effectively for how the program is delivered.

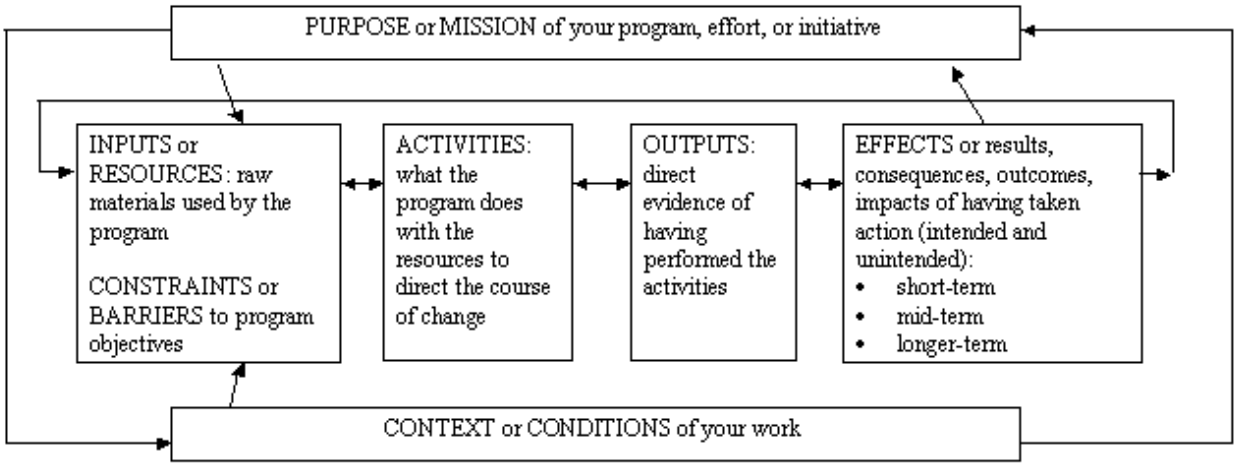
Logic Models

(CTB, n.d.)

A logic model presents a picture of how your effort or initiative is supposed to work. It explains why your strategy is a good solution to the problem at hand. Effective logic models make a visual statement of the activities that will bring about change and the results you expect to see.

The form that a logic model takes is flexible. Flow charts, maps, and tables are the most common formats. Components of a typical logic model include:

- **Purpose** or mission.
- **Context** or conditions. What is the political climate?
- **Inputs** including resources or infrastructure. What raw materials will be used?
- **Activities** or interventions.
- **Outputs**. Example: The number of youth trained or number of classes held.
- **Effects**. Results or outcomes. What was changed because of the activities?



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How to Create a Logic Model

Many granting agencies will require a logic model to assure them that you have thought out the whole process carefully. Several templates exist on the internet for more elaborate graphical charts, but a simple table can also represent your program visually.

One simple format is to show these categories:

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
			Short-term	Mid-term	Long-term

LOGIC MODEL Example for a Community Vegetable Garden Initiative

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
			Short-term	Mid-term	Long-term
Committees Teachers Land Gardening supplies Equipment Educational materials Funding	Locate and divide garden	System of garden plots	Cultivated land	Harvested produce	Established habit of gardening
	Advertise gardening opportunities	Community response	Cooperative community members	Better acquainted neighbors	Community cohesiveness
	Teach beginners gardening skills	Skilled gardeners	Productive use of surplus land	Increase of vegetable consumption	Improved nutrition and health
	Planting and harvesting parties	Abundant vegetables	Recreation opportunities for youth	Youth more convinced of vegetables' health effects	Lifelong improved food choices

Arrows (→) are optional, showing how planned strategies lead to desired objectives

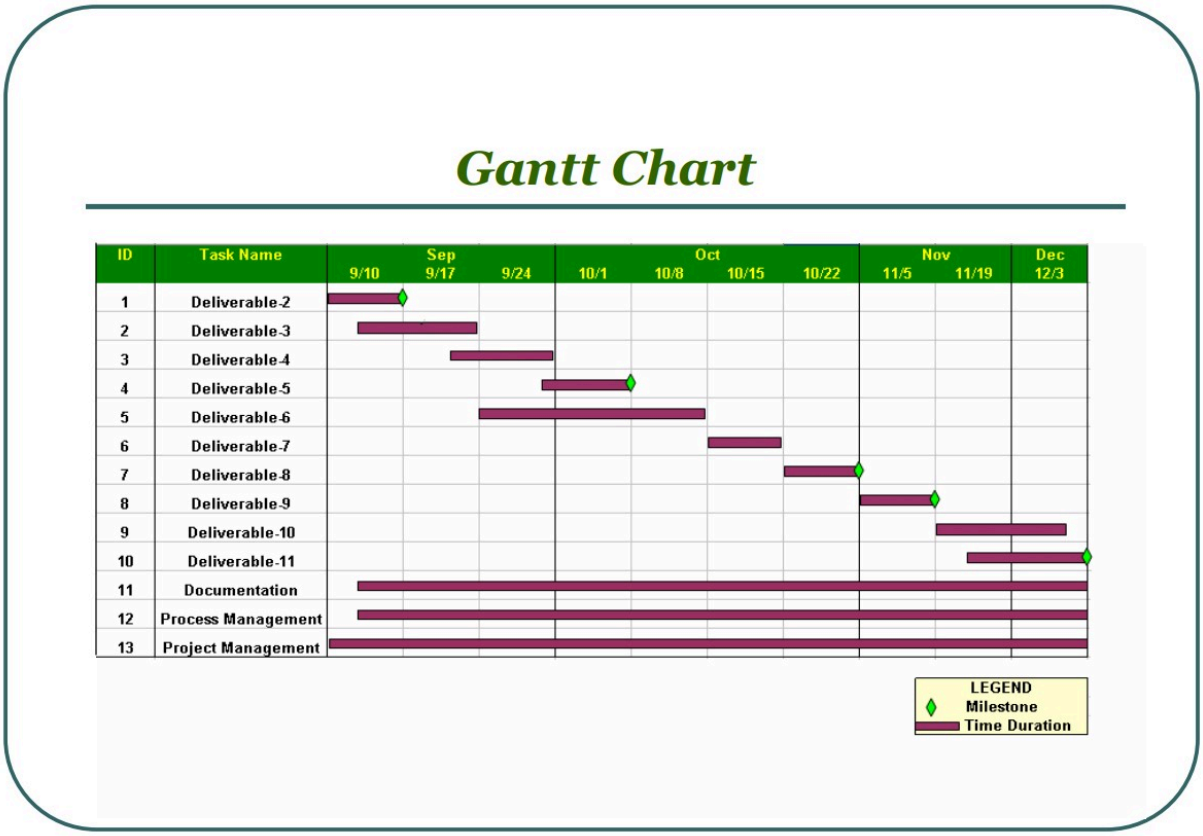
Access the appendix for a description of the image

Gantt Chart or timeline

(Tague, 2022; AHRQ, n.d.)

A Gantt chart is a bar chart that shows the tasks of a project, when each must take place, and how long each will take. As the project progresses, bars are shaded to show which tasks have been completed. Gantt charts are helpful at the following times:

- When scheduling and monitoring tasks within a project.
- When communicating plans or status of a project.
- To show the steps of a project, their sequence and their duration.
- To show how tasks or phases of a project overlap.



Gantt chart example (CDC, n.d.)

Access the appendix for a description of the image

How to Create and Use a Gantt Chart

1. Identify the tasks needed to complete the project.
2. Identify key milestones in the project by brainstorming a list or a flowchart.
3. Identify the time required for each task and the correct sequence.
4. Draw a time axis (horizontal) with a scale for the length of the tasks (days, weeks, months, and so on).
5. Draw task axis (vertical). For events that happen at a point in time, draw a diamond under the time the event must happen. For activities that occur over a period of time, draw a bar that spans the times.
6. Review to ensure that every task of the project is on the chart.
7. Use the Gantt chart. You can start with only outlines of the diamonds and bars, and fill them in as the project proceeds. For tasks in progress, you can fill in an estimate of how far along you are on the bar. You can also place a vertical marker to show where you are on the timeline.

You can draw the chart manually or use software such as Excel to draw the Gantt chart.

A simplified table can also be used to show your timeline:

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Task 1												

Task 2												
Task 3												
Task 4												
Task 5												

Developing an Action Plan

Developing an action plan can help turn your vision into reality and increase efficiency within your organization. An action plan describes the way your organization will meet its objectives through detailed action steps. It describes what actions will occur, who will carry them out, time limits, needed resources, and communication plans.

A good action plan for your initiative needs to be complete, clear, and current. It will bring many advantages to your program:

- An action plan shows members of the community (including grantmakers) that your organization is organized and dedicated to getting things done.
- Helps you know you didn't overlook any of the details.
- Saves time, energy, and resources in the long run.

How to Write an Action Plan

1. Bring together influential people from all the parts of the community.
2. Review your group's vision, mission, objectives, and strategies.
3. Develop action steps that address all proposed changes.
4. Review your plan and check for completeness.

After preparing your logic model and timeline, the action plan will be easier to assemble. This will show your stakeholders and funders that your plans are logical, you have a plan for carrying out the plans, and the plans are aligned with expected outcomes from your program.

Action Plan Example

Goal:				
Strategy/Activity	Job Title Responsible	By When?	What outcomes will result from each activity?	
			Objective 1:	

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Chapter 5: Budget and Marketing Plan

Vocabulary

- **Budget:** A budget is a table that includes financial plans for personnel, supplies, equipment, and space. Plans for both expenditures and income are shown.
- **Health Literacy:** The ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **In-kind Gifts and Contributions:** In-kind gifts are non-cash goods or services donated by others. Instead of cash, a group receives a gift that assists in carrying out its mission.
- **Social Marketing:** Social marketing is used when you are selling a behavior change which positively impacts health, instead of selling a product. A social marketing plan involves the marketing mix, sometimes called the 4 P's: product, price, place and promotion.

Develop a Program Budget

A program budget is vital to ensuring a project has resources to carry out the interventions developed. Funding for a program can be obtained through a variety of methods, such as grants, participant fees, and sponsorships. The application process for grant funds is a competitive process. Some agencies may go to great lengths to write a grant and still not receive the funding to carry out their proposed program.

Projects need to be fiscally responsible with the funds received. Having a well-planned and accurate budget will help the success of the project. Resources include personnel, supplies, equipment, and space. Planners need to consider the following:

- Who will implement the program? How many hours a week will they work? What will they be expected to accomplish in that time?
- What supplies and equipment are needed to carry out the program as planned?
- Where will program activities be held? Will the project need to purchase space or are there partners who could donate use of their space?

After planners have identified the resource needs, they should have a plan in place to monitor the budget to ensure funds are spent appropriately and continue to meet the eligibility requirements of the funding. When a project receives funds from a grant, they are required to report on how funds are spent. Monitoring the budget provides awareness of how much of the budget is spent and how the expenses are supporting the program.

In-Kind Contributions

(Thorne, 2008)

In-kind contributions are non-cash goods or services donated by others. Instead of cash, a group receives a gift that assists in carrying out its mission. Common examples are donated space, office supplies, printing, and shipping. There are generally three categories of contributions.

- Products, supplies, and equipment.
- Use of facilities and services for free or a reduced fee.
- Professional services such as legal, marketing, and tax advice.

Be sure to properly document and account for in-kind contributions. You will need to determine the value of contributions based on fair market value or the cost to the organization if the goods and services were not donated.

The donor should receive a signed receipt that describes the in-kind contribution, its estimated value, the date of donation, and other details. Donors often receive benefits from their in-kind contributions, such as tax deductions and positive recognition.

Elements of a Budget

(Rabinowitz, n.d.)

- **Projected expenses**. The amount of money you expect to spend in the coming fiscal year, broken down into categories such as salaries, office expenses, and supplies.
- **Projected income**. The amount of money you expect to take in for the coming fiscal year, broken down by sources.
- **The interaction of expenses and income**. What gets funded from which sources?
- **Adjustments** to reflect reality as the year goes on. Budgets usually begin with estimates. As the year progresses, those estimates will be adjusted to keep track of what's really happening.

Analyzing and Adjusting the Budget

Lay out your figures in a useful format, such as a spreadsheet. Compare your total expenses to your total income.

- If your projected expenses and income are approximately equal, then your budget is **balanced**. Make sure you are able to use your money as planned.
- If your projected expenses are significantly less than your projected income, you have a **budget surplus**. This gives you the possibility of expanding the project or of putting money away for when you need it. Be aware that it may not show up as cash until the end of the coming fiscal year.
- If your projected expenses are significantly greater than your projected income, you have a **budget deficit**. In this case, you'll either have to find more money or cut expenses. You can explore saving some money by collaborating with another organization to share expenses.

Creating an Actual Budget Document

The simplest budget document is one that lists projected expenses by category and projected income by source, with totals for each.

Working With Your Budget

Review your budget on a regular schedule, such as once a month, and revise it to keep it accurate. Your budget will tell you if there are gaps in funding and what you need to do to close those gaps. It will also help you keep careful track of your money, be flexible, and not overspend. You will be able to accurately report to funders and to spend their money as you have promised.

Marketing and Communication Plan

(CTB, n.d.-a)

As part of the planning process, you need to decide how you are going to market your program to the target population. The term **social marketing** is used when, instead of selling a product, you are selling a behavior change which positively impacts health. A social marketing plan involves the marketing mix, sometimes called the 4 P's: product, price, place, and promotion.

1. The **product** can be the behavior change you are trying to encourage, a service you are offering such as skin cancer screenings, or a tangible object, such as a bike helmet.
2. The **price** means what the individual has to pay. The price can be non-financial, such as the time required to attend a screening.
3. **Place** is where the product can be accessed. If your product is skin cancer screenings, the place is the location of the screenings.
4. **Promotion** involves how you will advertise the product to your priority population. To attract the target population to the product, you need to reach them.

When developing the appropriate messaging for your priority population, keep in mind health literacy: providing health information to your population in a way they can understand it and act on it. Use plain language and refrain from using acronyms and scientific terms that the general population may not understand. Ensure that the material is culturally competent and at a reading level all can understand. Pre-test your content ideas and messages with a sample of the priority population to get their feedback.

Cultural Competence and Health Literacy

While developing communications, keep these guiding principles in mind to assure your messages are culturally competent:

- Messages should reflect health beliefs and practices of the intended audience, as well as the healthcare providers.
- Consider the social, environmental and political context of the target audience
- Recognize the family and community as primary support systems
- Coordinate efforts with existing natural and informal healthcare support systems
- Involve the community members and key stakeholders in planning the messages.

(Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials, 2023)

Remember that **health literacy** refers to both individuals and groups:

(CDC, 2023)

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

What is Involved in Social Marketing?

(CTB, n.d.-b)

At the root of all health promotion is one basic principle: change people's behavior. The difference between commercial marketing and social marketing is summed up in one key point: commercial marketing tries to change people's behavior for the benefit of the marketer; social marketing tries to change people's behavior for the benefit of the consumer, or of society as a whole.

To begin a social marketing campaign you will need the following:

- **Identify what behavior you want to change.**
- **Identify your audience**: Whose behavior do you want to change?
- **Identify the barriers to change**: Using interviews, surveys, or focus groups, find out what makes these changes difficult.
- **Reduce the barriers to change**. Plan ways to make it easier, more accessible, and more attractive.
- **Pre-test your ideas on a small number of people**, then modify your plan according to your results. Pretesting your ideas is a very important step. Your message might be ineffective for reasons you hadn't thought of, or it could be insulting to members of your target audience. Pretesting stops an organization from embarrassing itself publicly, and lets you run messages with added assurance that they will say what you want them to.
- **Publicize both the benefits of change**, and also your efforts to make change easier in a way that will draw people to take advantage of your work . Let people know the benefits of the behavior change.

Stages of a Successful Social Marketing Effort

A social marketing campaign needs to focus on consumers and their motivations. For example, smokers have many motivations to smoke, and they won't go immediately from believing smoking is great to quitting right away. Instead, a social marketing campaign might start them thinking of the health risks, a later part of the campaign will help them quit, and yet another part will help them remain smoke free.

The following activities need to occur:

- Create awareness and interest
- Change attitudes and conditions
- Motivate people to **want** to change their behavior
- Empower people to act
- Sustain the change

Segmenting the Market

Your chosen intervention may target different groups to change behavior. For example, if you want to reduce youth violence you may want to help gang members find ways to settle disputes, help teachers change their approaches, and help parents change how they discipline their children. Each of these groups is a separate segment of the target population, and each will need a different approach to be convinced to change in ways that will affect the issue.

To have an effective marketing campaign you need to decide which segment(s) you will target your marketing materials towards and what is the best strategy for that particular group.

One project that successfully segmented the population was the Vax-A-Nation intervention in Michigan. They identified tribal nations who had low rates of vaccinations, and discovered some of the Native Americans had a historic distrust of governmental agencies. They divided their target population into three segments: Wait-and-Seers, Maybe Nevers and the Nevers. They researched attitudes and values of all three groups and developed strategies with tailored messages. Tribal leaders resulted in the most influential channel for launching the campaign.

(Seneres, 2023)

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Chapter 6: Evaluation and Reflection

Vocabulary

- **Formative Evaluation:** Formative evaluation ensures that a program or program activity is feasible, appropriate, and acceptable before it is fully implemented. It is usually conducted when a new program or activity is being developed or when an existing one is being adapted or modified.
- **Impact Evaluation:** Impact evaluation assesses a program's effectiveness in achieving its ultimate goals.
- **Outcome Evaluation:** Outcome evaluation measures a program's effectiveness in the target population. It does this by assessing the progress in the outcomes or outcome objectives that the program is trying to achieve.
- **Process Evaluation:** Process Evaluation determines whether program activities have been implemented as intended and resulted in certain outputs.
- **Summative Evaluation:** Summative evaluation involves making judgments about the efficacy of a program or course at its conclusion.

Evaluating a health program seems to come at the end, when we want to show how the program worked. However, we need to anticipate the end from the beginning. Ideas for evaluation should be included early in the planning.Public health efforts are often required to justify their effectiveness so they can qualify for renewed funding—leading to evaluation becoming more important all the time.

Based on our goals and objectives, we should already know what we need to measure. Next, we need to plan how to collect this data. Too many programs are unable to perform an evaluation because they didn't collect the needed baseline data at the beginning.

Types of Evaluations

(CDC, 2012)

Evaluation falls into one of two broad categories: formative and summative.

- **Formative** evaluations start at the beginning during program formation.
    - **Process** evaluation is one of the formative evaluations. It determines whether program activities have been implemented as intended and resulted in certain outputs.
- **Summative** evaluations help summarize results at the end.
    - **Outcome** evaluation is one of the summative evaluations, assessing the progress toward the desired outcomes.

(CDC, n.d.-a)

The following chart shows several different types of evaluations and how they can be used.

Evaluation Types	When to use	What it shows	Why it is useful
Formative Evaluation Evaluability Assessment Needs Assessment	• During the development of a new program. • When an existing program is being modified or is being used in a new setting or with a new population.	• Whether the proposed program elements are likely to be needed, understood, and accepted by the population you want to reach. • The extent to which an evaluation is possible, based on the goals and objectives.	• It allows for modifications to be made to the plan before full implementation begins. • Maximizes the likelihood that the program will succeed.
Process Evaluation Program Monitoring	• As soon as program implementation begins. • During operation of an existing program.	• How well the program is working. • The extent to which the program is being implemented as designed. • Whether the program is accessible and acceptable to its target population.	• Provides an early warning for any problems that may occur. • Allows programs to monitor how well their program plans and activities are working.
Outcome Evaluation Objectives-Based Evaluation	• After the program has made contact with at least one person or group in the target population.	• The degree to which the program is having an effect on the target population's behaviors.	• Tells whether the program is being effective in meeting its objectives.
Economic Evaluation: Cost Analysis, Cost-Effectiveness Evaluation, Cost-Benefit Analysis, Cost-Utility Analysis	• At the beginning of a program. • During the operation of an existing program.	• What resources are being used in a program and their costs (direct and indirect) compared to outcomes.	• Provides program managers and funders a way to assess cost relative to effects. How effective was the use of funds for this program.

Impact Evaluation	• During the operation of an existing program at appropriate intervals. • At the end of a program.	• The degree to which the program meets its ultimate goal.	• Provides evidence for use in policy and funding decisions.

A Framework for Program Evaluation

The framework developed by the CDC offers steps to follow and standards to be achieved for an effective evaluation.

(CTB, n.d.; CDC, 2017)

Access the appendix for a description of the image

Below are the Six Recommended Steps (CDC, 2021a)

1. Engage Stakeholders

Stakeholders must be part of the evaluation to ensure that their unique perspectives are understood. Although all stakeholders are interested in your program's success, they may come from varied backgrounds and have different perspectives on what they want evaluated.

2. Describe the Program

Summarize the intervention being evaluated. Explain what the program is trying to accomplish. Illustrate the program's core components and elements, its ability to make changes, its stage of development, and how the program fits into the larger organizational and communal environment.

3. Focus the Evaluation Design

Depending on what you want to learn, some types of evaluation will be better suited than others. Funders may have specific evaluation requirements. The design of the evaluation may be one of the following:

- Experimental designs use random assignment to compare the effect of an intervention between similar groups. An example is comparing a randomly assigned group of students in an after-school reading program with those not in the program.
- Quasi-experimental methods make comparisons between unequal groups or within a group over time. An example is an interrupted time series in which the intervention is introduced sequentially across different individuals, groups, or contexts.
- Observational or case study methods use comparisons within a group to describe and explain what happens, such as a comparative case study with multiple communities.

Each method option has its own biases and limitations. Using multiple evaluation methods, called the Mixed Methods approach, can give a better understanding.

4. Gathering Credible Evidence

Having credible evidence strengthens the evaluation results as well as the recommendations that follow from them. When more stakeholders participate, they will be more likely to accept the evaluation's conclusions and to act on its recommendations.

5. Justify Conclusions

Evidence must be carefully considered from a number of different stakeholders' perspectives to reach conclusions that are substantiated. Conclusions are justified if they are linked to the evidence and judged against values set by the stakeholders. From the conclusions reached, the stakeholders will help you form recommendations about future actions: to continue or expand the program, or to try a different approach.

6. ENSURE USE AND SHARE LESSONS LEARNED

Ideally, lessons learned in an evaluation will be used in decision making and future actions. This requires strategically watching for opportunities to communicate and influence. It can begin in the earliest stages of the process and continue throughout the evaluation.

Dissemination is the process of communicating the lessons learned from an evaluation to the right people in a timely fashion. The goal for dissemination is to achieve full disclosure and impartial reporting.

What reports should be disseminated?

- *Effects of the program, according to shareholder expectation:* Find out what the key people want to know. Be sure to address any information you know they're going to want to hear about.
- *Differences in the behaviors of key individuals:* Find out how your program efforts have changed the behaviors of your targets and agents of change. Have any of your strategies caused people to cut down on risky behaviors? Have any increased behaviors that protect them from risk? Are key people in the community cooperating with your efforts?
- *Differences in conditions in the community:* Find out what has changed. Is the public aware of your coalition or group's efforts? Do they support you? What steps are they taking to help you achieve your goals? Have your efforts caused any changes in local laws or practices?

You'll probably also include specific data, annual reports, quarterly or monthly reports from the monitoring system, and anything else that is mutually agreed upon between the organization and the evaluation team.

STANDARDS FOR EVALUATION

(CDC, 2021b)

The Joint Committee on Standards for Educational Evaluation developed "The Program Evaluation Standards" to ensure evaluations are well-designed and fair. These standards offer principles to follow for interventions related to community health. They also help to guard against an imbalanced or impractical evaluation.

The 30 Specific Standards Are grouped into Four Categories:

- Utility
- Feasibility
- Propriety
- Accuracy

Utility Standards

Utility standards ensure that the evaluation is useful to all stakeholders and potential readers of the information in the future.

- **Stakeholder Identification**: People who are involved in (or will be affected by) the evaluation should be identified so that their needs can be addressed.
- **Evaluator Credibility**: The people conducting the evaluation should be both trustworthy and competent so that the evaluation will be generally accepted as credible or believable.
- **Information Scope and Selection**: Information collected should address pertinent questions about the program, and it should be responsive to the needs and interests of clients and other specified stakeholders.
- **Values Identification**: The perspectives, procedures, and rationale used to interpret the findings should be carefully described so that the bases for judgments about merit and value are clear.
- **Report Clarity**: Evaluation reports should clearly describe the program being evaluated, including its context and the purposes, procedures, and findings of the evaluation. This will help ensure that essential information is provided and easily understood.
- **Report Timeliness and Dissemination**: Significant midcourse findings and evaluation reports should be shared with intended users so that they can be used in a timely fashion.
- **Evaluation Impact**: Evaluations should be planned, conducted, and reported in ways that encourage follow through by stakeholders so that the evaluation will be used.

Feasibility Standards

The feasibility standards are to ensure that the evaluation makes sense - that the planned steps are both viable and pragmatic.

The feasibility standards are:

- **Practical Procedures**: The evaluation procedures should be practical. This helps to keep disruption of everyday activities to a minimum while needed information is obtained.
- **Political Viability**: The evaluation should be planned and conducted with anticipation of the different positions or interests of various groups. This should help in obtaining their cooperation so that possible attempts by these groups to curtail evaluation operations or to misuse the results can be avoided or counteracted.
- **Cost Effectiveness**: The evaluation should be efficient and produce enough valuable information that the resources used can be justified.

Proprietary Standards

The propriety standards ensure that the evaluation is ethical and conducted with regard for the rights and interests of those involved. The eight propriety standards follow:

- **Service Orientation**: Evaluations should be designed to help organizations effectively serve the needs of all of the targeted participants.
- **Formal Agreements**: The responsibilities in an evaluation (what is to be done, how, by whom, when) should be agreed to in writing so that those involved are obligated to follow all conditions of the agreement or formally renegotiate it.
- **Rights of Human Subjects**: Evaluation should be designed and conducted to respect and protect the rights and welfare of all participants in the study.
- **Human Interactions**: Evaluators should respect basic human dignity and worth when working with other people in an evaluation so that participants don't feel threatened or harmed.
- **Complete and Fair Assessment**: The evaluation should be complete and fair in its examination. It should record both strengths and weaknesses of the program being evaluated. This allows strengths to be built upon and problem areas to be addressed.
- **Disclosure of Findings**: The people working on the evaluation should ensure that all of the evaluation findings, along with the limitations of the evaluation, are accessible to everyone affected by the evaluation and any others with expressed legal rights to receive the results.
- **Conflicts of Interest**: Conflicts of interest should be dealt with openly and honestly so that they do not compromise the evaluation processes and results.
- **Fiscal Responsibility**: The evaluator’s use of resources should reflect prudent, ethical ,and sound accountability procedures. This ensures that expenditures are accounted for and are appropriate.

Accuracy Standards

The accuracy standards ensure that the evaluation findings are correct.

There are 12 accuracy standards:

- **Program Documentation**: The program should be described and documented clearly and accurately so that what is being evaluated is clearly identified.
- **Context Analysis**: The context in which the program exists should be thoroughly examined so that likely influences on the program can be identified.
- **Described Purposes and Procedures**: The purposes and procedures of the evaluation should be monitored and described in enough detail that they can be identified and assessed.
- **Defensible Information Sources**: The sources of information used in a program evaluation should be described in enough detail that the adequacy of the information can be assessed.
- **Valid Information**: The information gathering procedures should be chosen, developed, and implemented in such a way that they will assure a valid interpretation.
- **Reliable Information**: The information gathering procedures should be chosen, developed, and implemented so that they will assure sufficiently reliable information.
- **Systematic Information**: The information from an evaluation should be systematically reviewed and any errors found should be corrected.
- **Analysis of Quantitative Information**: Quantitative information—data from observations or surveys—in an evaluation should be appropriately and systematically analyzed so that evaluation questions are effectively answered.
- **Analysis of Qualitative Information**: Qualitative information—descriptive information from interviews and other sources—in an evaluation should be appropriately and systematically analyzed so that evaluation questions are effectively answered.
- **Justified Conclusions**: The conclusions reached in an evaluation should be explicitly justified, so that stakeholders can understand their worth.
- **Impartial Reporting**: Reporting procedures should guard against the distortion caused by personal feelings and biases of people involved in the evaluation so that evaluation reports reflect the evaluation findings fairly.
- **Meta-evaluation**: The evaluation itself should be evaluated against these and other pertinent standards so that it is appropriately guided and, on completion, stakeholders can closely examine its strengths and weaknesses.

Applying the Framework to Conduct Optimal Evaluations

The six steps and 30 standards can be integrated and applied together, as illustrated on this chart:

(CDC, n.d.-b)

Steps in Evaluation Practice	Relevant Standards	Group/Item
Engaging stakeholders	Stakeholder identification	Utility/A
	Evaluator credibility	Utility/B
	Formal agreements	Propriety/B

	Rights of human subjects	Propriety/C
	Human interactions	Propriety/D
	Conflict of interest	Propriety/G
	Metaevaluation	Accuracy/L
Describing the program	Complete and fair assessment	Propriety/C
	Program documentation	Accuracy/A
	Context analysis	Accuracy/B
	Metaevaluation	Accuracy/L
Focusing the evaluation design	Evaluation impact	Utility/G
	Practical procedures	Feasibility/A
	Political viability	Feasibility/B
	Cost effectiveness	Feasibility/C
	Service orientation	Propriety/A
	Complete and fair assessment	Propriety/E
	Fiscal responsibility	Propriety/H
	Described purposes and procedures	Accuracy/C
	Metaevaluation	Accuracy/C
Gathering credible evidence	Information scope and selection	Utility/C
	Defensible information sources	Accuracy/D
	Valid information	Accuracy/E
	Reliable information	Accuracy/F
	Systematic information	Accuracy/G
	Metaevaluation	Accuracy/L
Justifying conclusions	Values identification	Utility/D
	Analysis of quantitative information	Accuracy/H
	Analysis of qualitative information	Accuracy/I
	Justified conclusions	Accuracy/J

	Metaevaluation	Accuracy/L
Ensuring use and sharing lessons learned	Evaluator credibility	Utility/B
	Report clarity	Utility/E
	Report timeliness and dissemination	Utility/F
	Evaluation impact	Utility/G
	Disclosure of findings	Propriety/F
	Impartial reporting	Accuracy/K
	Metaevaluation	Accuracy/L

Using this framework for program evaluation will help you find the best way to evaluate and use evaluation results to make your program more effective. The framework encourages an evaluation approach designed to engage all interested stakeholders in a process that welcomes their participation.

References

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Appendix Chapter 1

Alternate Image Descriptions

Chapter 1 image descriptions

The 10 Essential Public Health Services

A pie chart describing the ten essential public health services. The description reads: "To protect and promote the health of all people in all communities. The ten essential public health services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the essential public health services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being." In the middle of the pie chart, it says "Equity" and is divided into three categories. The first category is "Assessment". The first statement under Assessment is: Assess and monitor population health. The second statement is: Investigate, diagnose, and address health hazards and root causes. The second category on the pie chart is: "Policy Development". The first statement under this category is: Communicate effectively to inform and educate. The second statement is: Strengthen, support, and mobilize communities and partnerships. The third statement is: Create, champion, and implement policies, plans, and laws. The fourth statement is: Utilize legal and regulatory actions. The third category on the pie chart is: "Assurance". The first statement under this category is: Enable equitable access. The second statement is: Build a diverse and skilled workforce. The third statement is: Improve and innovate through evalutation, research, and quality improvement. The fourth statement is: Build and maintain a strong organizational infrastructure for public health.

Findings: Mental and Substance use Disorders Mortality

A chart with the subtitles: sex (male and female), Madison County, Idaho, National, National rank, and percent change 1980-2014. The stats for Females in Madison County are 7.1, in Idaho they're 8.9, in National they're 8.2, in National rank they're 1330, and in percent change 1980-2014 they're +325.1. The stats for Males in Madison County are 7.4, in Idaho they're 13.5, in National they're 18.7, in National rank they're 199, and in percent change 1980-2014 they're +110.1. Below the chart, it says it's rate per 100,000 population, age-standardized, 2014. Two maps are below the chart, the first one depicting Female mental and substance use disorders mortality in 2014 and depicts a much lighter color in each of the regions. The second map depicts Male mental and substance use disorders mortality in 2014 and is a much darker color in each of the regions than the first map.

Appendix Chapter 2

Alternate Image Descriptions

Chapter 2 image descriptions

Precede-Proceed chart

Image of Figure 1: Generic Representation of the PRECEDE-PROCEED Model. From L. Green and M. Kreuter. (2005). Health Promotion Planning: An Educational and Ecological Approach (4th Ed.) Mountain View, CA: Mayfield Publishers. This image includes text boxes and relational arrows with the following phrases: PRECEDE evaluation tasks: Specifying measurable objectives and baselines; (header) PHASE 4 – Administrative and policy assessment and intervention alignment; (header) PHASE 3 – Educational and ecological assessment; (header) PHASE 2 – Epidemiological assessment; (header) PHASE 1 – Social Assessment; HEALTH PROGRAM – Educational Strategies, Policy regulation organization; Predisposing; Genetics; Reinforcing; Behavior; Enabling; Environment; Health; Quality of Life; (header) PHASE 5 – Implementation; PHASE 6 – Process evaluation; PHASE 7 – Impact evaluation; PHASE 8 – Outcome evaluation. PROCEED evaluation tasks: Monitoring and Continuous Quality Improvement.

MAPP: Mobilizing for Action through Planning and Partnerships

Image depicting the MAPP Process, showing four bidirectional arrows forming a circle with the following text in each of the arrows: “Community Themes and Strengths Assessment; Local Public health System Assessment; Community Health Status Assessment; Forces of Change Assessment.” Inside the circle are the following phases from top to bottom with arrows leading to the next phase: “Organize for Success; Partnership Development; Visioning; Four MAPP Assessments; Identify Strategic Issues; Formulate Goals and Strategies” and the final three phases circling around the word Action: “Evaluate; Plan; Implement.”Image depicting the MAPP Process, showing four bidirectional arrows forming a circle with the following text in each of the arrows: “Community Themes and Strengths Assessment; Local Public health System Assessment; Community Health Status Assessment; Forces of Change Assessment.” Inside the circle are the following phases from top to bottom with arrows leading to the next phase: “Organize for Success; Partnership Development; Visioning; Four MAPP Assessments; Identify Strategic Issues; Formulate Goals and Strategies” and the final three phases circling around the word Action: “Evaluate; Plan; Implement.”

Healthy Cities/Healthy Communities

A Healthy Cities/Heathy Communities circle chart with the following phases: Assemble a diverse and inclusive group; Generate a vision; Assess assets and resources and barriers; Prioritize issues; Develop a community-wide strategy; Implement the plan; Monitor and adjust your effort; Establish new systems to maintain/build on your gains, Celebrate benchmarks and successes; Tackle the next issue(s).

Appendix Chapter 4

Alternate Image Descriptions

Chapter 4 image descriptions

Logic Model

The basic structure for a logic model. This image includes text boxes and relational arrows with the following phrases: “PURPOSE or MISSION of your program, effort, or initiative; INPUTS or RESOURCES: raw materials used the program; CONSTRAINTS or BARRIERS to program objectives; ACTIVITIES: what the program does with the resources to direct the course of change; OUTPUTS: direct evidence of having performed the activities; EFFECTS or results, consequences outcomes, impacts of having taken action (intended and unintended): short-term, mid-term, longer-term; CONTEXT or CONDITIONS of your work.”

Logic Model Example for a Community Vegetable Garden Initiative

A flow chart depicting the inputs, activities, outputs, and outcomes (short-term, mid-term, and long-term). The inputs are Committees, Teachers, Land, Gardening supplies, Equipment, Educational materials, and Funding. The activities are Locate and divide garden, advertise gardening opportunities, Teach beginners gardening skills, and Planting and harvesting parties. The outputs are System of garden plots, Community response, Skilled gardeners, and Abundant vegetables. The short-term outcomes are Cultivated land, Cooperative community members, Productive use of surplus land, and Recreation opportunities for youth. The mid-term outcomes are Harvested produce, Better acquainted neighbors, Increase of vegetable consumption, and Youth more convinced of vegetables' health effects. The long-term outcomes are Established habit of gardening, Community cohesiveness, Improved nutrition and health, and Lifelong improved food choices. There are arrows leading to each of the categories. Under the chart, it says the arrows are optional, showing how planned strategies lead to desired objectives.

Gantt Chart

A table with the titles ID; Task Name; September 10th, 17th, and 24th; October 1st, 8th, 15th, and 22nd; November 5th and 19th; and December 3rd. The legend at the bottom of the chart says the bars represent time duration and the diamonds represent milestones. In the first row, it lists the ID as 1 and the Task name as Deliverable - 2, and the time duration is during September 10th and stops right before September 17th with a milestone at the stopping point. In the second row, it lists the ID as 2 and the Task name as Deliverable - 3, and the time duration goes from the middle of the column under September 10th, all the way to the end of September 17th. In the third row, it lists the ID as 3 and the Task name as Deliverable - 4, and the time duration goes from the middle of the column under September 17th, all the way to the end of September 24th. In the fourth row, it lists the ID as 4 and the Task name as Deliverable - 5, and the time duration is from the end of September 24th to the end of October 1st; it stops right before October 8th and there's a

milestone where it stops. In the 5th row, it lists the ID as 5 and the Task name as Deliverable - 6, and the time duration is from the beginning of September 24th to the end of October 8th. In the 6th row, it lists the ID as 6 and the Task name as Deliverable - 7, and the time duration is during October 15th and stops right before October 22nd. In the 7th row, it lists the ID as 7 and the Task name as Deliverable - 8, and the time duration is during October 22nd and stops right before November 5th with a milestone at the stopping point. In the 8th row, it lists the ID as 8 and the Task name as Deliverable - 9, and the time duration is during November 5th and stops right before November 19th with a milestone at the stopping point. In the 9th row, it lists the ID as 9 and the Task name as Deliverable - 10, and the time duration is from November 19th to the middle of the column under December 3rd. In the 10th row, it lists the ID as 10 and the Task name as Deliverable - 11, and the time duration goes from the middle of the column under November 19th to the end of December 3rd with a milestone at the stopping point. In the 11th row, it lists the ID as 11 and the Task name as Documentation, and the time duration goes from the middle of the collumn under September 10th to the end of December 3rd. In the 12th row, it lists the ID as 12 and the Task name as Process Management, and the time duration goes from the middle of the collumn under September 10th to the end of December 3rd. The 13th row lists the ID as 13 and the Task name as Project Management, and the time duration is from all of September 10th to the end of December 3rd.

Appendix Chapter 6

Alternate Image Descriptions

Chapter 6 image descriptions

A Framework for Program Evaluation

A large circle with four rings depicting the Framework for Program Evaluation. The outer ring is Steps in Evaluation. The next ring lists the steps with arrows in between each, referencing a flow or connection between each step: Exchange Stakeholders; Describe the Program; Focus the Evaluation Design; Gather Credible Evidence; Justify Conclusions; Ensure Use and Share Lessons Learned. The next inner ring is Standards for "Good" Evaluation. Inside it is a circle divided into four parts: Utility; Feasibility; Propriety; Accuracy.