Program
Management
Guidelines

for

Health Promotion

Program Management Guidelines

for

Health Promotion

CSAHS

CENTRAL SYDNEY
AREA HEALTH SERVICE

NSW HEALTH

Acknowledgments

Preface

The past two decades have seen a rapid growth in the quantity and range of health promotion activities. This is matched by a growth in investment in health promotion by government departments, and by an increase in reports of success and failure in the scientific literature.

We have come a long way since Lawrence Green first described a "cycle of poverty" in health promotion, identifying how poorly defined and resourced programs had only modest impact, and led to social benefits which were hard to measure. Such outcomes made it all the more difficult to secure funding, which in turn meant that programs were poorly resourced, and so on.

When practitioners identify a need for a program, off the shelf solutions are hard to find. Even when they can be found, the problem of using established projects in less than ideal circumstances, and of sustaining the effects over time, often frustrate even the most enthusiastic practitioner.

Over the past few years increasing attention has been given to program management in health promotion, not only to ensure that programs are established on a secure footing, but also that they should meet measurable objectives and be sustainable over time.

The *Program Management Guidelines* offer the reader a practical, uncomplicated approach to the complex task of program management. In preparing the guidelines the authors have sought to produce a set of resources for practitioners in real situations where circumstances are never quite what you expect. They use an approach which recognises that the life of a program is never a simple progression from A to B to C, but rather a series of phases with highly blurred beginnings and endings.

The *Program Management Guidelines* aim to help the reader control the unpredictable, and to maintain a sense of purpose and direction as a program is planned, implemented and developed. Of great importance is the attention the authors give the issue of sustainability of program structures and effects after the initial period of funding.

Like all guidelines, they should be used as a confident chef might use a recipe. They offer all the ingredients for success in program planning and implementation, and propose a sequence of actions to achieve the desired outcome. Slavishly following the recipe is no guarantee of success - the best chefs use recipes as a basis for a dish and add their own flair. They also adapt when not all the ingredients are available.

The authors are sufficiently sympathetic to the real world of health promotion not to claim they can provide all the answers. What we have here is an outstanding recipe book which will be of use to both master chefs and their apprentices in health promotion. A set of guidelines which should be read by all experienced managers to update them on current thinking on program management, and by all new project officers to ensure that they benefit from the wealth of practical guidance contained in these resources.

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Read this first.

The health promotion field has experienced enormous growth and development over the past decade. Health promotion theory and practice has become increasingly sophisticated and the number and role of health promotion practitioners has greatly expanded.

With the increase in staff numbers and the expansion of innovative approaches in health promotion, the skills and experience to translate program objectives into practice have not always kept up with the rapid changes.

Such observations are not unique to health promotion in NSW or Australia. Lefebvre[1] comments that the process of managing programs is often a "weak link" in health promotion practice.

This is partly because program management has received limited attention in health promotion. Until recently, training and development of practitioners has concentrated on planning and evaluation, and less on program implementation. Little attention has been given to the entire program cycle and, in particular, ways of sustaining successful programs.

The Program Management Guidelines redress these issues by encompassing all phases of the program cycle[2], and the process of managing these phases, in relation to each other.

What are the Program Management Guidelines?

The Program Management Guidelines are resource designed to enhance quality management of health promotion programs. The do not prescribe "how to manage health promotion programs" but rather contain a series of general questions to guide project officers and/or teams through the maze of decisions required to manage programs effectively.

What assumptions underpin the Guidelines?

The Program Management Guidelines reflect the practice and theory of health promotion in the 1990s, and particularly practice in New South Wales.

There are 16 Health Promotion Units within the NSW government health sector, based in Area or District Health Services. These units employ about 400 Health Promotion Officers.

There are also many health promotion practitioners working in community health centres, non-government organisations, local government, women's health centres, drug and alcohol services and the HIV/AIDS field.

Health promotion programs usually now occur as part of local Area/District strategic plans, which identify priorities for action based on national and state policy directions, and local needs.

In the guidelines, health promotion refers to programs and processes which design and implement strategies aimed at improving the health of populations rather than individuals. Strategies are selected on the basis of theories which influence organisational, social and behavioural change.

The guidelines are designed for use by health promotion practitioners and assume a basic knowledge of health promotion practice, including an understanding of health promotion planning models[3], basic evaluation methodologies[4] and liaison skills[5].

The guidelines assume that practitioners work collaboratively with other health services, professions and community groups. It is not assumed that a single practitioner would perform all the tasks outlined in this document.

The Program Management Guidelines are a comprehensive referral document designed to foster best practice in program management in health promotion. However, it does not stand alone as the definitive reference for program management.

[3] Bunton R. and Macdonald G. (eds). 1992, *Health Promotion; Disciplines and Diversity,* Routledge, London

[4] Hawe et al.

[5] Egger G., Spark R., Lawson J., 1990, *Health Promotion Strategies and Methods,* McGraw-Hill Book Company, Sydney.

Are the guidelines a "how to" management manual?

No. The guidelines outline a set of processes involved in managing health promotion programs and describe ways working.

They do not provide prescriptive information on the "how to" aspects of program management. A supplementary reading list provides supporting information on this.

How were the guidelines developed?

The guidelines are based on health promotion theories, models and current practice, drawing on extensive consultations with health promotion practitioners throughout NSW to identify the key elements of effective program management. A framework was developed and the guidelines were then field tested.

What is the framework for the Program Management Guidelines?

The framework for the guidelines assumes that health promotion programs are conducted in phases which are highly interrelated, interdependent and with overlapping boundaries. The guidelines are based on a general program cycle comprising planning, implementation, evaluation, and sustainability - a "new" dimension of the cycle.

Sustainability focuses on the future of health promotion programs by encouraging practitioners to extend or maintain successful programs.

How is the program cycle represented?

We have used a jigsaw puzzle to visually represent the framework of the program management guidelines. The jigsaw illustrates the inter-relationship of the phases in the program cycle, how the components in the program cycle combine to form the whole, and how components of the program cycle occur in parallel.

The jigsaw puzzle has been developed at two levels:

Level 1

Represents the "big picture", showing how the four main phases of the project cycle fit together.

SUSTAINABILITY

PLANNING

IMPLEMENTATION
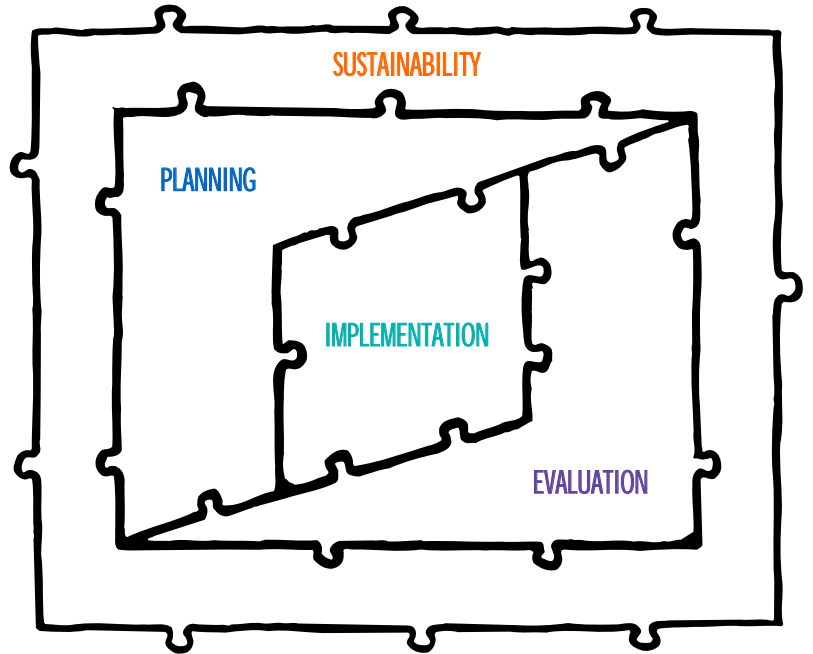
EVALUATION

Level 2

Represents each of the key processes within the four main phases of the program cycle.

Assessing the value of continuing the program

Identifying a specific issue, target group and focus for a program

Developing the action plan

Ensuring quality implementation of the program

Communicating the evaluation results and recommendations

Marketing the program so others can use it

Effectively documenting and communicating the program's progress

Designing the program

Following up additional opportunities

Assessing the program's results

Developing the evaluation plan

Establishing structures which help others to apply the program

How are the guidelines structured?

Guidelines have been developed for each phase of the program cycle:

- **Planning**
- **Implementation**
- **Evaluation**
- **Sustainability**

Each sections of the guidelines comprises:

The "jigsaw puzzle"

Provides a visual representation of the key process and how it fits into the overall program cycle.

| Identifying a specific issue, target group and focus for a program | Developing the action plan |
| Designing the program | |
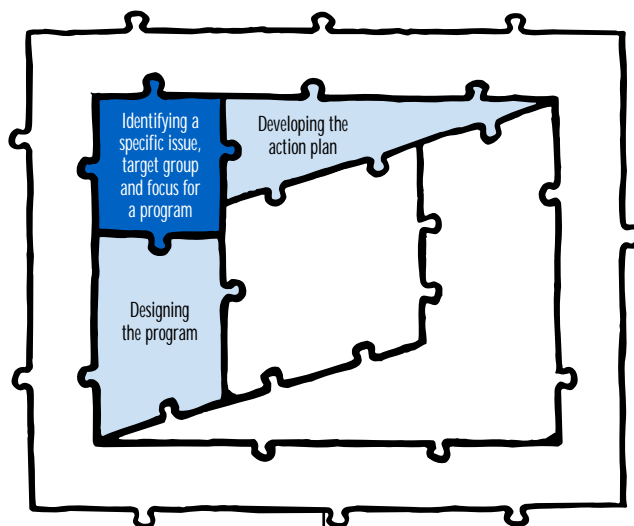
An introductory page

Provides details of the key process being examined in that phase and the rationale for doing so.

| Identifying a specific issue, target group, and focus for a program involves: | ➣ Consulting with people from within and outside the organisation who know about the health issue and the individuals who are affected by it.

➣ Collecting and analysing data and information about the problem from a variety of sources.

➣ Considering the organisational context in which the project will operate.

➣ Making a judgement about all this information in order to select a health issue, target group, setting or focus for a program. |
| The reasons for conducting this process are: | ➣ To enable the nature of the issue to be fully explored, ie. it's importance, who it affects, the factors which influence how the issue is experienced.

➣ To enable a decision to be made about the importance and salience of the issue. |

Grid of activities

For each key process, a set of activities has been identified and displayed in a grid. These activities commonly involve: collecting data and information, conducting consultations, and analysing stakeholders' needs.

PLANNING 1
Identifying a specific issue, target group, and focus for a program

These activities occur simultaneously

| Conducting consultations | Gathering information about the issue | Examining the organisational context | Analysing the information and making a comment |
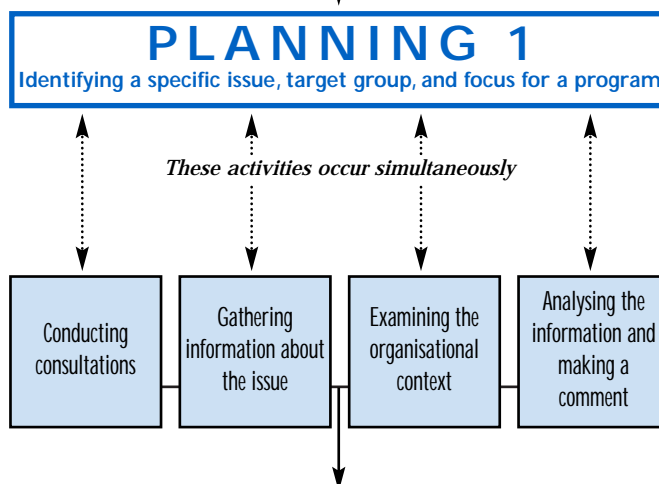
Prompts and checklists

The "working level" of the guidelines comprises prompts and checklists for each of the activities listed in the grids.

| Consulting with key people | ❖ **Have consultations been conducted to gather information on:**

    The nature of the perceived issue(s)?
    Who is most affected by the issue(s)?
    How to contact and engage communities involved?
    The types of programs that have been attempted
    and how successful or unsuccessful they have been?

❖ **Have a broad range of individuals and organisations been consulted?**

[These consultations may help with the sustainability of the program later on]

Relevant groups include: |

Health promotion staff	Administrators
Public health staff	Researchers
Hospital staff	Statisticians
Community health staff	Demographers
Non-government agencies	Members of the target group

How can the guidelines be used?

The guidelines can be used in a number of ways:

- To provide an overview for program management before a program begins.

- As a reference to guide action throughout the program cycle.

- As a tool to clarify roles and responsibilities in a multi-disciplinary program team.

- As a basis for training programs in health promotion.

- As a tool in staff supervision and appraisal.

If you become familiar with the guidelines before a program begins, you will gain a broad overview of management issues which may arise during the program, and in many cases you may be able to anticipate potential problems. The guidelines pose questions which will provide "food for thought" when planning, implementing and evaluating a program. They will also raise questions about what happens to the program in an ongoing sense.

If you refer to the guidelines throughout the program cycle you will gain practical, operational advice about issues which the program may face, or they may simply reassure you that the program is "on track". They will also provide a framework for action for multi-disciplinary program teams and help clarify roles and responsibilities.

Using the guidelines as a basis for staff development, training or as a staff supervision tool will help identify key skills and processes required by practitioners to effectively plan, implement and evaluate a health promotion program.

You are now ready to begin.

Assessing the value of continuing the program

Identifying a specific issue, target group and focus for a program

Developing the action plan

Communicating the evaluation results and recommendations

Ensuring quality implementation of the program

Effectively documenting and communicating the program's progress

Marketing the program so others can use it

Designing the program

Following up additional opportunities

Assessing the program's results

Developing the evaluation plan

Establishing structures which help others to apply the program

PLANNING

This section is organised into 3 parts:

Planning 1	Planning 2	Planning 3
Identifying a specific issue, target group, and focus for a program	Designing the program	Developing the action plan
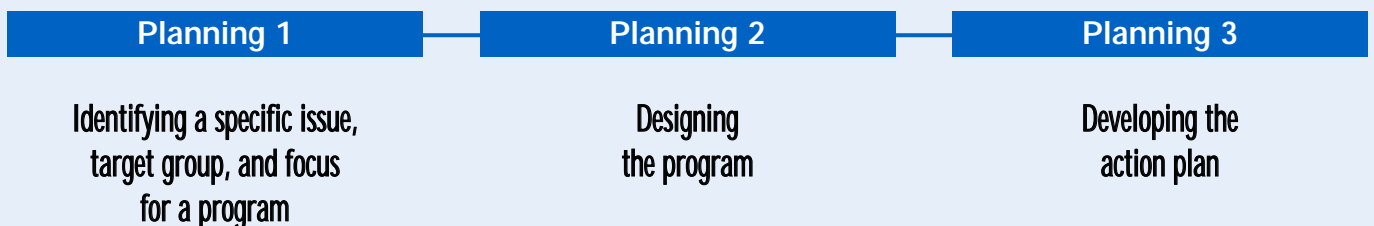
PLANNING 1

Identifying a specific issue, target group, and focus for a program

Identifying a specific issue, target group and focus for a program

Developing the action plan

Designing the program

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┌─────────────────────────────────────────────────────────┐
│                P L A N N I N G   1                       │
│  Identifying a specific issue, target group, and focus   │
│                    for a program                          │
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These activities occur simultaneously

Conducting consultations	Gathering information about the issue	Examining the organisational context	Analysing the information and making a judgement

Identifying a specific issue, target group. and focus for a program involves:	➤ Consulting with people from within and outside the organisation who know about the health issue and the individuals who are affected by it. ➤ Collecting and analysing data and information about the problem from a variety of sources. ➤ Considering the organisational context in which the project will operate. ➤ Making a judgement about all this information in order to select a health issue, target group, setting or focus for a program.
The reasons for conducting this process are:	➤ To enable the nature of the issue to be fully explored, ie. its importance, who it affects, the factors which influence how the issue is experienced and how the various health and community services respond to and/or influence the issue. ➤ To enable a decision to be made about the importance and salience of the issue. ➤ To help identify components of the issue which are soluble and therefore give an indication of what the nature, style and scope of a program might be. ➤ To ensure the proposed program contributes to the overall strategic direction of the Local Health Service.

P L A N N I N G   1
Identifying a specific issue, target group, and focus for a program

These activities occur simultaneously

| Conducting consultations | Gathering information about the issue | Examining the organisational context | Analysing the information and making a judgement |

Consulting with key people

❖ **Have consultations been conducted to gather information on:**

> The nature of the perceived issue(s)?
> Who is most affected by the issue(s)?
> How to contact and engage communities involved?
> The types of programs that have been attempted
> and how successful or unsuccessful they have been?

❖ **Have a broad range of Individuals and organisations been consulted?**
[These consultations may help with the sustainability of the program later on]

Relevant groups include:

Health promotion staff	Administrators
Public health staff	Researchers
Hospital staff	Statisticians
Community health staff	Demographers
Non-government agencies	Members of the target group
Volunteer networks	Community members
Local doctors	Community leaders
Local councillors	Schools

❖ **If appropriate, has the Ethics Committee or other formal bodies in the Local Health Service granted permission for any proposed research?**

P L A N N I N G   1
Identifying a specific issue, target group, and focus for a program

These activities occur simultaneously

Conducting consultations	Gathering information about the issue	Examining the organisational context	Analysing the information and making a judgement
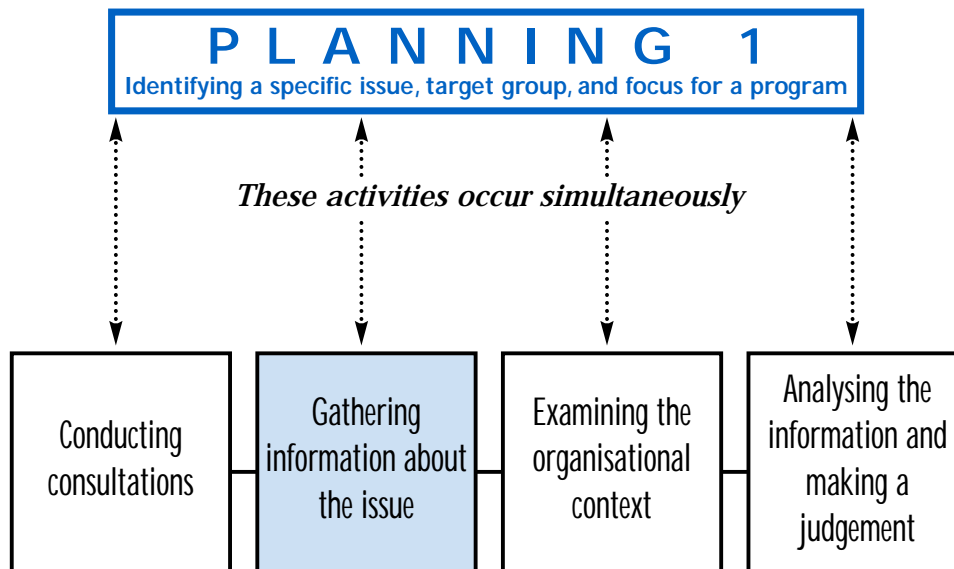
Reviewing the relevant information

❖ **Has all relevant information been reviewed?**

The type of information may include:
- Demographic information
- Literature about the effectiveness of previous programs
- Mortality and morbidity data
- Social and economic factors, eg, education, social support, literacy levels, housing conditions etc.

Suggestions on where to obtain data and information:

National data
- Australian Bureau of Statistics' publications
- Commonwealth Department of Community Services and Health reports
- Databases such as "HEAPS", "HEALTHWIZ"
- Non-government organisations, eg, the National Heart Foundation, the Cancer Society
- The Australian Institute of Health and Welfare
- Federal Government organisations such as the National Injury Surveillance Unit.
- The National Centre for Health Program Evaluation (Victoria)
- The Australian Institute of Family Studies
- Worksafe

Reports include:
- National Health Strategy reports
- National Health Goals and Targets
- National Housing Strategy report
- Pathways to Better Health
- Health for All by the Year 2000

State data
- Universities
- Health Department

- State government organisations,
  eg, Road and Traffic Authority, Workcover Authority
- NSW Central Cancer Registry
- Hospital inpatient statistics

Local data
- Community groups
- Community workers
- Local councils
- Local newspapers

Reviewing the literature

❖ **Has a literature review been conducted to investigate:**
- The major contributing factors related to the key issue(s)?
- The social and demographic factors related to the health issue?
- The importance of each contributing factor?
- How amenable the various contributing factors are to change?
- What kinds of programs and/or strategies have been trialled and how effective they have been?

❖ **Has information from the review been fed back and discussed with the target group and other stakeholders?**

Examining the characteristics of the target group

❖ **Has all relevant demographic data about possible target groups been collected?**

Suggestions include:

Age	Place of residence
Gender	Education level
Ethnic background	Occupational Status
Aboriginality	Income
Language spoken at home	Literacy level

[This information will help with evaluation later on.]

❖ **Is the target group homogeneous or are there groups within the population who will require special attention during the program?**

❖ **Have any other contributing factors emerged from consultations with the target group which were not previously identified? What are these?**

❖ **Have consultations with the target group recorded what they see as the barriers and solutions to the issues?**

❖ **To what degree does the target group feel they can change the conditions affecting their health?**

❖ **Have any other issues emerged which warrant further investigation but are beyond the scope of this program? If so, could the issue be investigated by someone else in the Unit, Local Health Service, or community either now or later?**

P L A N N I N G 1
Identifying a specific issue, target group, and focus for a program

These activities occur simultaneously

| Conducting consultations | Gathering information about the issue | Examining the organisational context | Analysing the information and making a judgement |
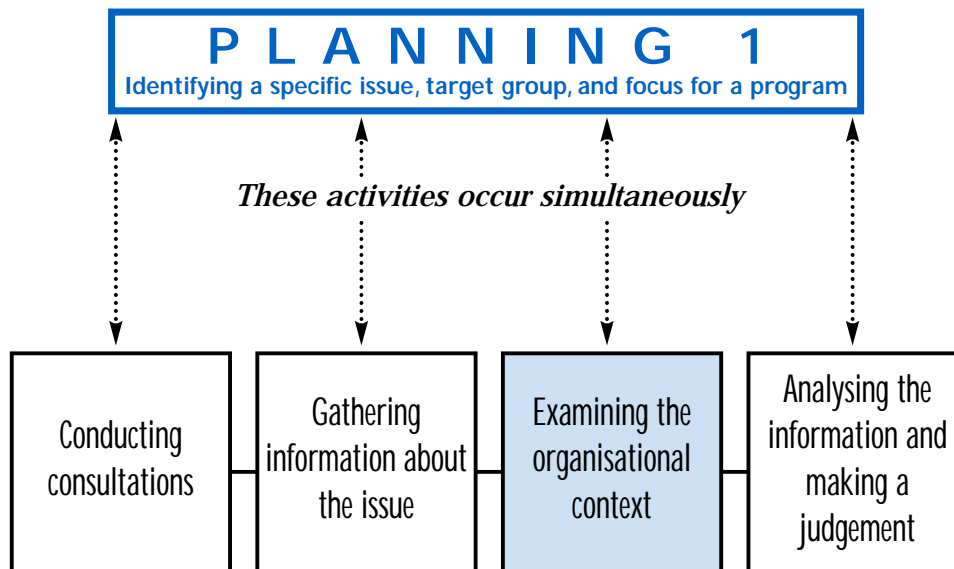
The broader context	❖ Have current policies from relevant government and non-government agencies relating to the proposed program been examined? Do they offer any direction or framework for the program?
	❖ Have local councils annual reports been reviewed? Do any of these indicate an interest or active involvement in similar or related issues? Is there an opportunity to work in partnership with a council?
How the proposed program contributes to promoting health within the Area/District Health Service	❖ Has the Health Promotion Strategic Plan been reviewed? Are the proposed program's goals and objectives compatible with the goals and objectives of the health promotion strategic plan?
	❖ What are the overall priorities of the Local Health Service? Do their goals relate to "prevention" and/or "population health"? Could they be used as a mandate for practice? Are there other statements which could be used as leverage for this health promotion program?
	❖ Does the proposed program correspond to, or overlap with, programs operating elsewhere in the Local Health Service? If so, how could this program link in?
Analysing the stakeholders	❖ Who are the likely stakeholders in this program?
	❖ What are their likely interests in - or expectations of - the program?
	❖ Would they be interested in working jointly on the program?
	❖ Are there any foreseeable problems working in partnership with any of these Stakeholders? If so, is it possible to anticipate the problem(s) and plan for them accordingly?

[See Implementation 1, p 49, Contingency Planning and Action]

P L A N N I N G 1
Identifying a specific issue, target group, and focus for a program

These activities occur simultaneously

Conducting consultations	Gathering information about the issue	Examining the organisational context	Analysing the information and making a judgement

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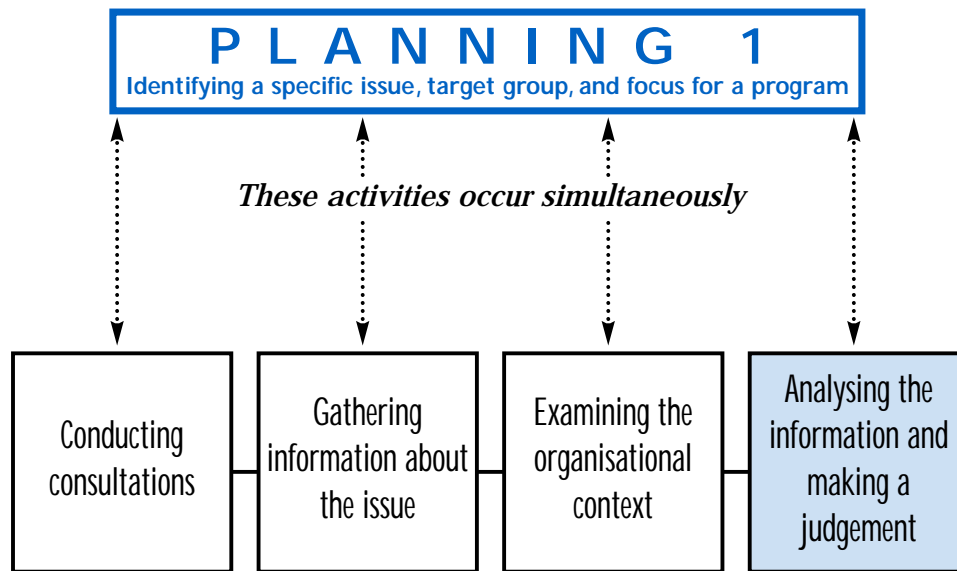
Analysing the issue

❖ **What are the relationships between the various factors which contribute to the health issue?**

These factors include:
People's knowledge, attitudes or beliefs
The physical environment in which they live, work and play
Social and economic factors
Policies or legislation
Access to appropriate services.

❖ **What additional factors encourage or sustain each of these contributing factors?**

For example, scheduling of school sport in the heat of the day may be a factor leading to the increased risk of skin cancer; poorly maintained footpaths might increase the chance of older people having falls; lack of social support might be a factor in adolescent suicide.

❖ **Which factors is it possible to influence? Which factors are amenable to intervention?**

❖ **What does this analysis imply for the kind of strategies which may be effective in redressing the issue?**
[See Planning 2, p 28, Developing specific strategies.]

❖ **Is more information required to further understand the issue? If so, how can it be obtained?**

Suggestions include:
Focus groups
Interviews
Field research

Selecting the focus of the program

❖ **When selecting the focus for the program, what best meets the needs of the:**

> Target group
> Stakeholders
> Funding body
> Organisational environment?

❖ **What are the relative benefits of selecting one aspect of an issue over another as a focus for the program?**

❖ **Will the focus of the program be: a single issue; a set of issues; a setting; a service characteristic; an environmental / organisational issue?**

❖ **Will the program target a wide cross section of a community, (eg. women aged 18 years and over) or will it concentrate on a specific subgroup, (eg. Italian men 45 years and over living in a particular local government area)?**

❖ **What resources will the program require? Are these available?**
[See Planning 2, p 30, Reviewing available resources.]

❖ **If the focus of the issue is not clear, what additional information will be useful and how can it be obtained?**
[See Planning 1, p 22, Analysing the issue.]

Criteria for determining the focus of the program

❖ **The extent, nature and circumstances of the health issue.**

❖ **The extent to which it is known that a program can be effective.**

❖ **The extent to which community members agree that the issue is relevant and should be addressed.**

❖ **The match between resources required to conduct the program and resources available.**

❖ **How well the focus of the proposed program fits into the overall strategic goals of health promotion in the local Area/District.**

P L A N N I N G   1
Identifying a specific issue, target group, and focus for a program

End of section checklist

☐ Conducted consultations with key people

☐ Reviewed relevant data and information

☐ Familiar with the characteristics of the target group

☐ Analysed the organisational context in which the program will operate

☐ Analysed the stakeholders' needs

☐ Identified contributing factors of the health issue

☐ Selected a focus for the program

P L A N N I N G   2
Designing the program

Identifying a specific issue, target group and focus for a program

Developing the action plan

Designing the program

P L A N N I N G   2
Designing the program

These activities occur simultaneously

Converting the analysis of the issue into a draft plan	Developing roles with key people	Reviewing available sources	Ensuring the program is realistic and achievable
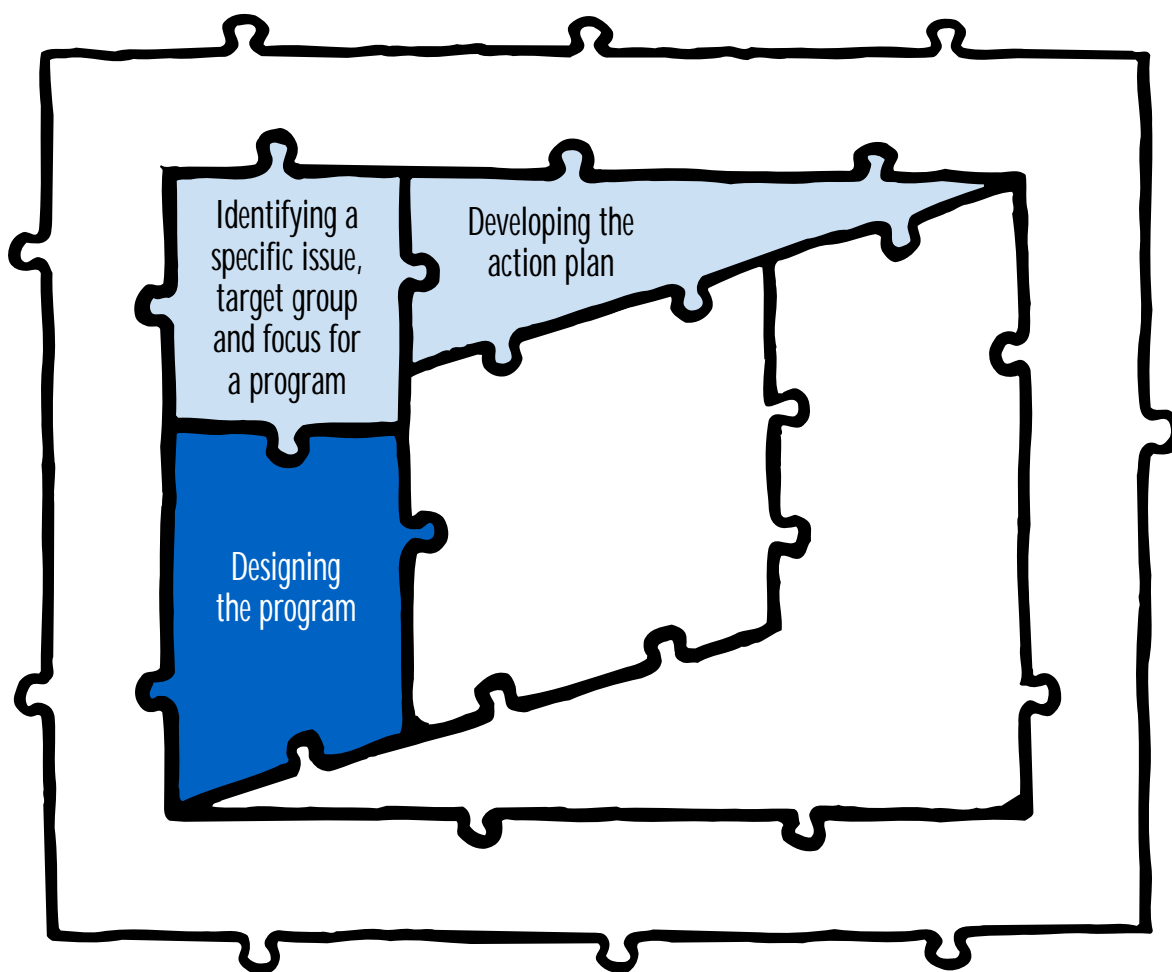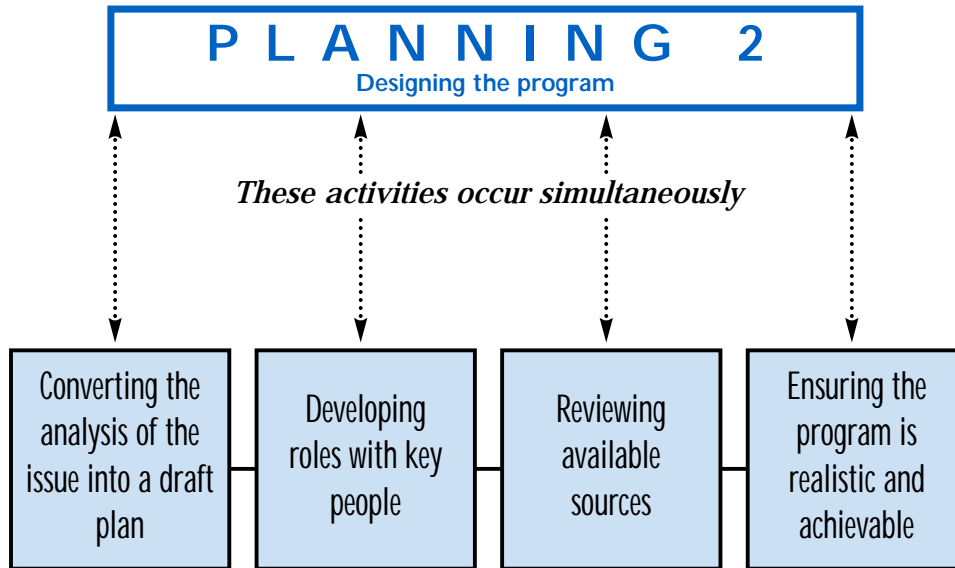
Designing the program involves:

➤ Using the analysis of the issue to design strategies which can succeed in the local environment.

➤ Developing roles with all the key people involved in the program.

➤ Determining what resources are required to effectively conduct the program.

➤ Checking whether the designed program is realistic and achievable within the organisational context in which it will operate.

The reasons for conducting this process are:

➤ To assess the success and/or shortcomings of previous strategies and how applicable this information is in the current situation.

➤ To clarify the roles other people can play.

➤ To clarify the resources available and how this influences the scale and scope of the program.

➤ To determine aspects of previous programs which are suitable for this program.

➤ To ensure the program is realistic and achievable, that it fits into the "bigger picture", and that proposed approaches or methodologies are acceptable in the current organisational context.

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│  P L A N N I N G   2                        │
│        Designing the program                │
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These activities occur simultaneously

Converting the analysis of the issue into a draft plan	Developing roles with key people	Reviewing available sources	Ensuring the program is realistic and achievable
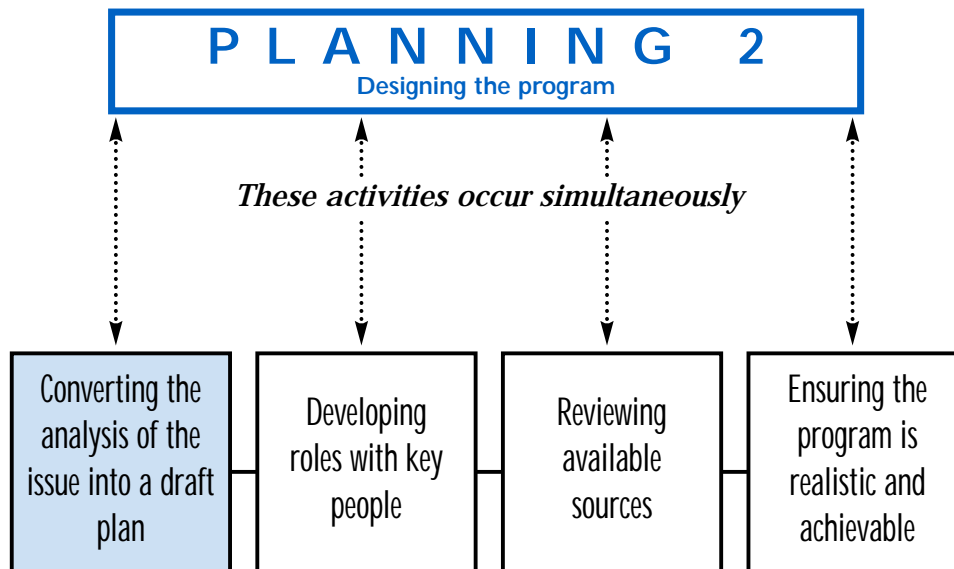
Analysing the issues

❖ **What is the range of program goals? Do they correspond to the major issue(s)?**

❖ **What is the range of possible program objectives? Do they correspond to the contributing factors?**

❖ **What is the range of potential strategies which could achieve the possible objectives?**

❖ **Which of these potential strategies:**

• Have been shown to be effective in achieving the desired outcomes?
  [To review the nature of the issue see: Planning 1, p1 8, Consulting with key people, Planning 1, p19, Reviewing the relevant information, Planning 1, p22, Analysing the issue.]

• Have proved to be effective with the specific target groups, eg, culturally sensitive, in an appropriate language?

• Suit the current level of resources in terms of time, money, staff and equipment?
  [See Planning 2, p30, Reviewing available resources.]

• Have the potential to reach the largest proportion of the target group?

❖ **Are the potential strategies a mixture of:**

Developing personal skills
Strengthening community action
Creating supportive environments
Building healthy public policy
Reorienting health services?

Selecting the objectives and strategies

❖ **Based on the above analysis, which objectives and strategies are likely to be the most effective feasible in the context in which the program will operate?**

❖ **Are the objectives "SMART"?**

> **S**pecific
> **M**easurable
> **A**chievable
> **R**elevant
> **T**ime specific.

Developing specific strategies

❖ **Have the proposed strategies been discussed with the target group to determine whether they are relevant, culturally appropriate, meaningful etc?**

❖ **Have any strategies from existing or current programs been identified which could be used in this program? To what extent do these strategies need modifying?**
   [See Sustainability 1, p 92, Identifying the need and scope for program modification.]

❖ **Have the proposed strategies been trialled on a small scale (ie, pilot tested) to ensure they are realistic and will produce the desired outcomes?**

❖ **Is there a logical relationship between the program goals, objectives and strategies? Will the strategies enable the goals and objectives to be achieved?**

❖ **Is the rationale for the proposed program clear?**

PLANNING 2
Designing the program

These activities occur simultaneously

| Converting the analysis of the issue into a draft plan | Developing roles with key people | Reviewing available sources | Ensuring the program is realistic and achievable |
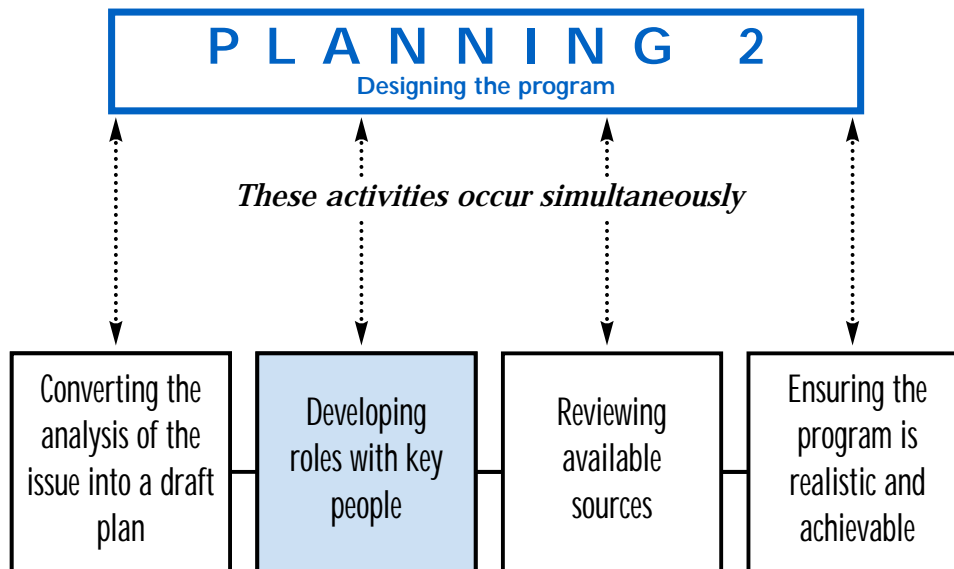
Developing roles with key people

❖ **Who are all the key people who will be involved in the program?**

❖ **What will be their role in the program?**

❖ **Will their role involve supporting the program or will they conduct the program or components of it?**
[See Planning 1, p21, Analysing the stakeholders, Sustainability 2, p97, Determining who to market the program to.]

❖ **Would a committee or working party comprised of various stakeholders and members of the target group be useful? If so, have the terms of reference clearly thought through?**

❖ **What would be the role of the committee or working party? Would it be to advise, to make decisions or to manage the program?**

❖ **Are there any potential stakeholders who might not support the program? Why are they not supporting the program?**

❖ **What is the extent of their influence? If significant, how can common ground be reached?**
[See Planning 1, p21, Analysing the stakeholders.]

❖ **Can the stakeholders offer any resources "in kind"?**
[For example, staff, written resources, technical support.]

PLANNING 2
Designing the program

These activities occur simultaneously

| Converting the analysis of the issue into a draft plan | Developing roles with key people | Reviewing available sources | Ensuring the program is realistic and achievable |
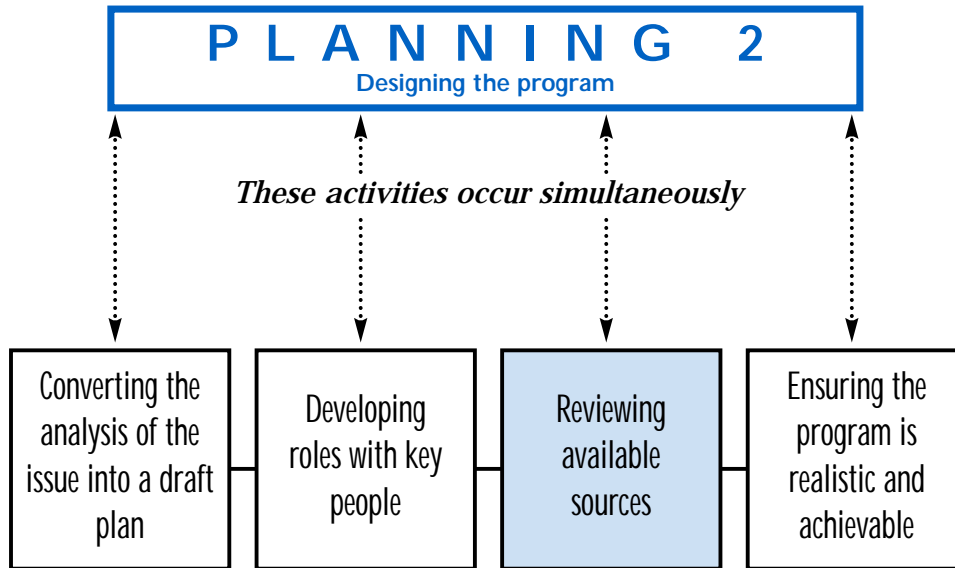
[See Planning 3, p38, Planning for the organisation of tasks.]

Human resources

❖ **How many staff are needed to conduct the program? What skills do they require?**

❖ **Do the people involved in the program have these skills or have access to them? If not, how can these skills be "topped up"?**

   Suggestions include:
   Structured training programs
   Structured supervision
   Job rotation
   Employment of a Project worker
   Secondment

❖ **If these are not viable options, what are the alternatives?**

   Hiring consultants
   A revision of the strategies selected
   [See Planning 2, p 28, Developing specific strategies.]

Financial resources

❖ **How much money is required for the program? Is this funding available? If not, what are the alternatives?**

   Suggestions include:
   Budget re-allocation
   Alternative funding bodies eg. NH&MRC, NGOs, hospitals
   Collaboration with universities, local council, NGO etc

Community Support

❖ **What resources are available in the community to support the program?**

❖ **What skills or resources can the target group offer?**

P L A N N I N G   2
Designing the program

These activities occur simultaneously

Converting the analysis of the issue into a draft plan	Developing roles with key people	Reviewing available sources	Ensuring the program is realistic and achievable

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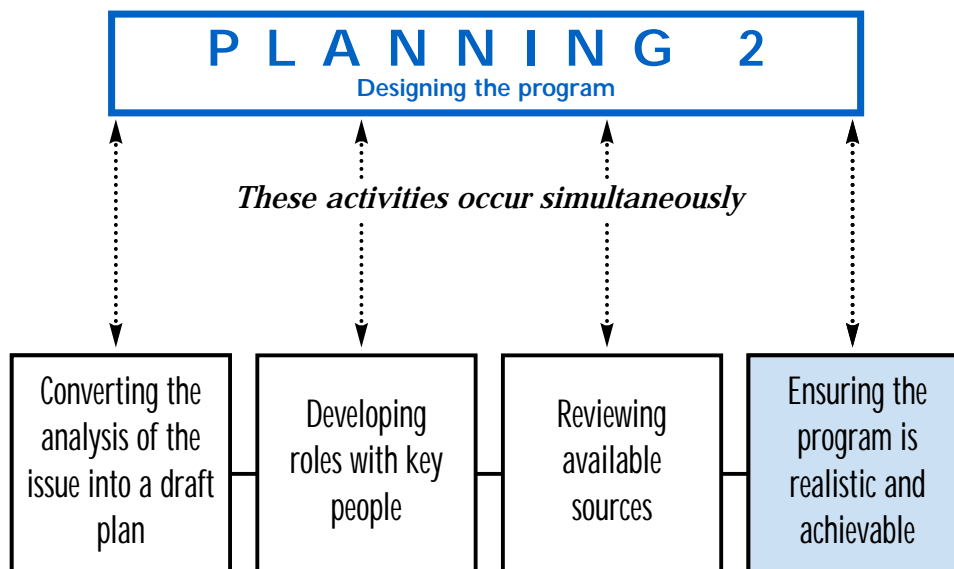
Ensuring the program is realistic and achievable

❖ **Are insurmountable gaps forming between the resources required to achieve the objectives and those available? If so:**

- Do the objectives need refocusing?

- Does the selection of strategies need reviewing?
  [See Planning 2, p 28, Developing specific strategies.]

- Do alternative sources of resources need to be found and obtained?
  [See Planning 2, p 30, Reviewing available resources.]

- Do more partnerships need forming or more tasks delegating?
  [See Planning 2, p 29, Developing roles with key people.]

Deciding if the program is worth pursuing

❖ **What are the short-term benefits of proceeding with the planned program? What are the longer-term benefits?**

❖ **What are the disadvantages of proceeding with the planned program?** [For example, producing a series of glossy publications as part of an awareness raising strategy could be counterproductive by giving the impression that the health promotion has funding to spare]

❖ **What are the opportunity costs for conducting the program? What are the benefits of conducting this program compared to the benefits of conducting an alternative program?**
[See Planning 1, p 23, Criteria for determining the focus of the program.]

❖ **Do the expected outcomes justify the level of resources required to run the program?**
[See Planning 2, p 30, Reviewing available resources.]

P L A N N I N G   2
Designing the program

End of section checklist

☐ Goals and objectives written

☐ Strategies Selected

☐ Key people's role in the program clarified

☐ Existing programs reviewed and adapted, if relevant

☐ Resources available to support the program reviewed

☐ Confirmation that the planned program is realistic and achievable within the organisational context in which it will operate

P L A N N I N G   2
Designing the program

'Sunsmart': Developing Sun Protection Policies at a Local Level

Background

Skin cancer is an identified priority health issue at a state and local level in NSW. Sun exposure is a major risk factor in the development of skin cancer and research indicates that most of the sun damage leading to skin cancer occurs before the age of 20. For this reason many skin cancer prevention campaigns target young children and teenagers.

Concerned by the lack of shade, the history of "outdoor living" associated with rural areas and the prevailing image of the "bronzed Aussie", the Health Promotion Unit felt there was a need to develop and implement a localised skin cancer prevention program.

After a literature review had been completed, consultations were conducted with a range of people including Cluster Directors from the Department of School Education, Community Health Nurses, the Cancer Council and other peak organisations in the community.

The aim of gathering the information was to determine the nature of the local problem, who was most affected by it, the best ways to access the target group, the types of programs which had been trialled and how effective they had been.

The consultations revealed that the Cancer Council had developed a "SunSmart" policy and accompanying resource material which had recently been distributed to primary schools throughout NSW.

Several programs targeting skin cancer had been conducted in NSW which had successfully generated interest in skin cancer prevention in schools. The practice of wearing hats in the playground had proved successful, with baseline data indicating 41 per cent of schools in the area had a hat-wearing policy of which an estimated 68 per cent of children were actually wearing hats.

While the figure of 41 per cent was pleasing, there was room for improvement. A local target was set at 70 per cent and the health promotion unit and community health nurses decided to design a program to encourage more schools in the area to develop and implement their "SunSmart policy", focusing on wearing hats while outdoors.

A program team was convened, comprising a health promotion officer, a community health nurse from each locality, and a representative from each of the school Clusters.

The objectives of the program were to:

- Increase the number of schools with SunSmart policies.

- Increase the number of children wearing hats when outdoors at school.

- Increase students', teachers' and parents' understanding of the risks involved with excessive exposure to UV light.

The key strategies were to:

- Develop in consultation with representatives from each school community, a SunSmart policy which required children to wear hats when outdoors and reduce their exposure to UV rays.

- Provide information sessions for staff, students and parents on the risk of excessive sun exposure.

C A S E   S T U D Y

P L A N N I N G   2
Designing the program

Using the guidelines

In this case the entry point for using the guidelines was **"Designing the Program"**. Having selected the objectives and strategies, it was time work out the extent of resources available to support the program.
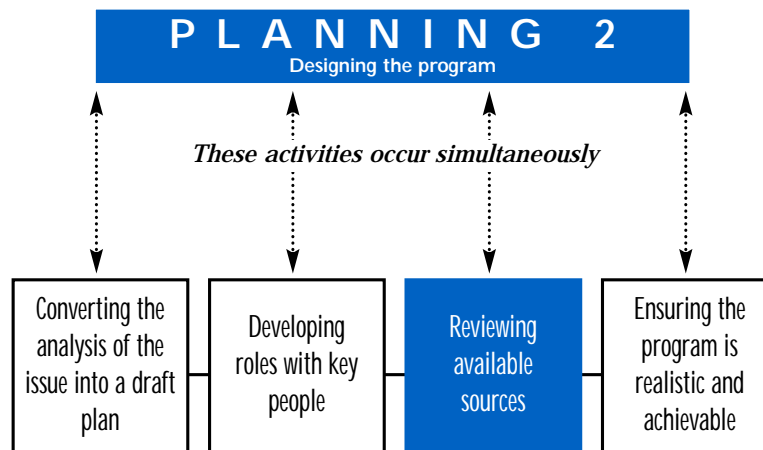
P L A N N I N G   2
Designing the program

These activities occur simultaneously

Converting the analysis of the issue into a draft plan	Developing roles with key people	Reviewing available sources	Ensuring the program is realistic and achievable

Human Resources

❖ **How many staff are needed to conduct the program? What skills do they require?**

❖ **Do the people involved in the program have these skills or have access to them? If not, how can these skills be "topped up"?**

> **Suggestions include:**
> Structured training programs
> Job rotation
> Structured supervision
> Secondment
> Employment of a project worker

❖ **If these are not viable options, what are the alternatives?**

> Hiring consultants
> A revision of the strategies selected
> *[See Planning 2, p28, Developing specific strategies.]*

Financial Resources

❖ **How much money is required for the program? Is this funding available? If not, what are the alternatives?**

> **Suggestions include:**
> Budget re-allocation
> Alternative funding bodies eg. NH&MRC, NGOs, hospitals
> Collaboration with universities, local council, NGO etc

Community Support

❖ **What resources are available in the community to support the program.**

❖ **What skills and resources can the target group offer?**

The resources required to conduct this program included individuals who had a good rapport with local school communities and a working knowledge of skin cancer - its causes, symptoms, treatment and means of prevention. The stakeholders agreed that Community Health Nurses provided the best blend of these skills and would be appropriately placed to implement the program.

The only aspect the Community Health Nurses were uncertain about was speaking to large gatherings of teachers or P&C groups, so it was agreed the health promotion unit would develop a "speaker's kit" and some supporting written materials to help the nurses gain confidence in speaking to large groups.

Being a collaborative program between the health promotion unit and Community Health, enough money was available to buy hats and pump packs of 15+ suncream, print the resource material and produce "SunSmart" stickers.

Parents, teachers and students were canvassed for support and several parents and students volunteered their support in the form of advice on the best way to access their local school community and gain the children's support for the program. A competition was organised for the best designed SunSmart school uniform and children were given incentives if they wore their hats outdoors.

PLANNING 3

Developing the action plan

Identifying a specific issue, target group and focus for a program

Developing the action plan

Designing the program

P L A N N I N G   3
Developing the action plan

These activities occur simultaneously

Planning for the organisation of tasks	Constructing a time frame	Developing a communication strategy
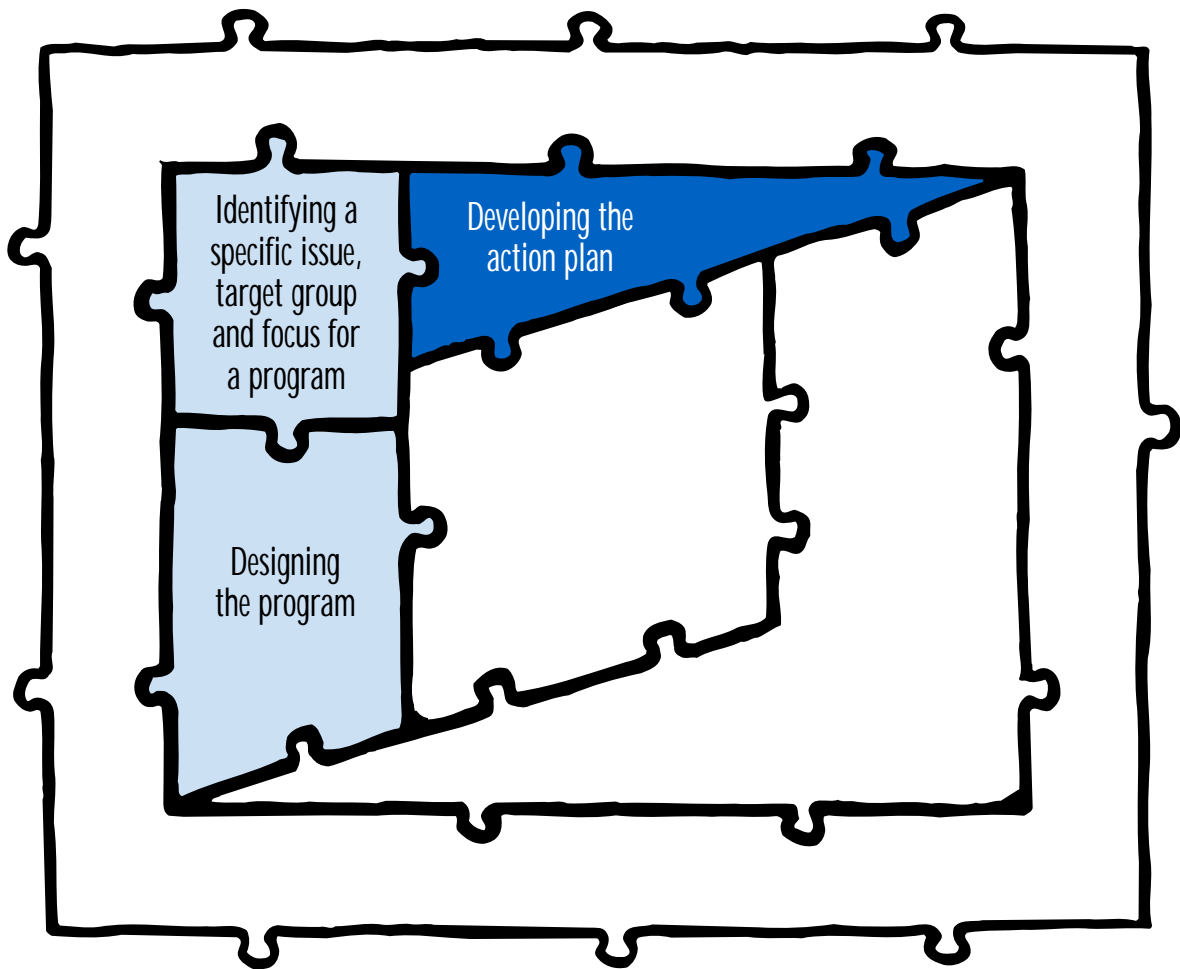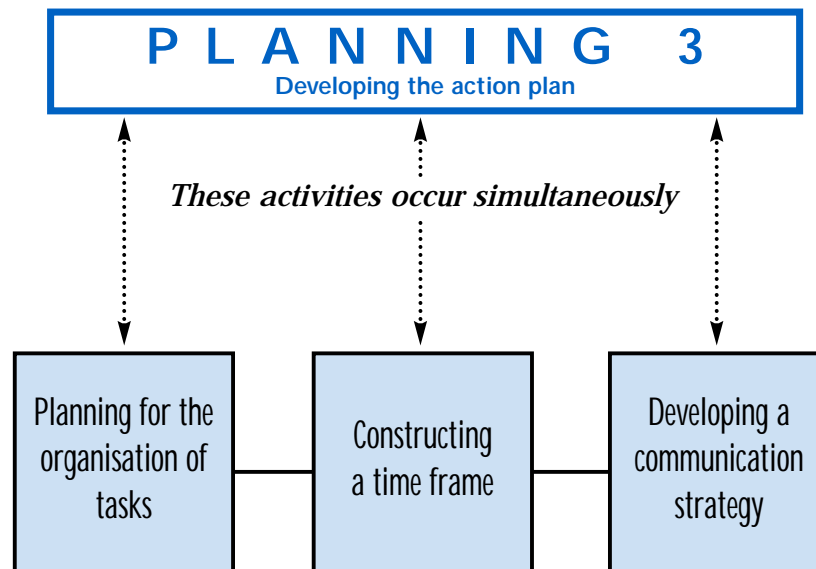
Developing the action plan involves:

➤ Organising the strategies into a sequence of tasks.

➤ Constructing a time frame.

➤ Developing a communication strategy.

The reasons for conducting this process are:

➤ To enable the analysis and broad outline of the program to be converted into a working plan.

➤ To ensure the "nuts and bolts" of the program are organised, ie. establishing the sequence of events, clarifying roles and responsibilities, allocating resources etc.

➤ To ensure effective communication procedures are established to monitor progress of the program effectively.

PLANNING 3
Developing the action plan

These activities occur simultaneously

| Planning for the organisation of tasks | Constructing a time frame | Developing a communication strategy |
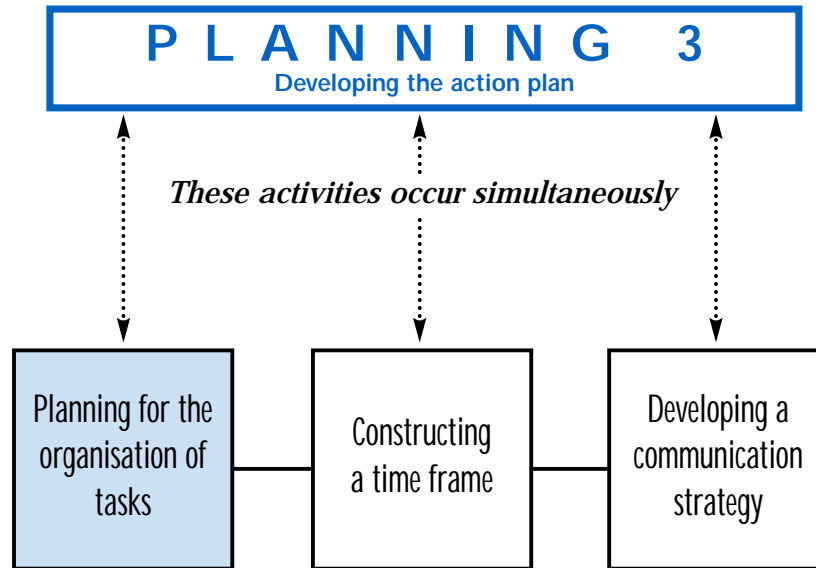
For each strategy

❖ **What tasks are required to implement each strategy?**

❖ **What is the sequence of these tasks?**

❖ **Who will perform these tasks?**

❖ **What quality control measures will be used to ensure the program progresses as planned?**
[See Implementation 1, p44-50, Ensuring quality implementation of the program.]

❖ **At what intervals will the progress of these tasks be reviewed?**

❖ **What are the indicators of success for completion of key tasks? (That is, performance indicators.)**

❖ **What resources are required to complete each task?**
[See Planning 2, p 30, Reviewing available resources.]

Developing program protocols

❖ **Are protocols required to implement any aspects of the program? (For example, conducting focus groups.) If so, who will develop them? How will the individuals using them be trained?**

P L A N N I N G   3
Developing the action plan

These activities occur simultaneously

Planning for the organisation of tasks	Constructing a time frame	Developing a communication strategy
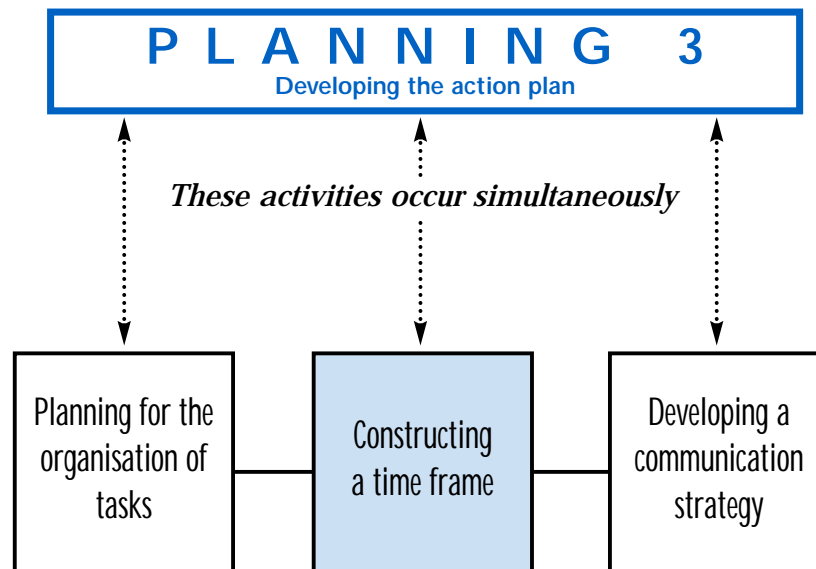
The time frame

❖ **In what order will the tasks be performed?**
What tasks need to be completed before other tasks are started?

❖ **What are the most critical tasks?**
Is there enough time allocated to complete these tasks?

❖ **Is the overall time frame for the program realistic?**
Has allowance been made for factors such as

Recruitment

Travel

Consultants

Translations

New staff who may require "orientation" to health promotion

Training

Clinical staff who may need orientation to health promotion

Working with other groups

Illness, holidays, other leave

"Other duties" such as staff meetings, planning days, conferences etc.

❖ **Has sufficient time been allocated to enable the objectives to be met?**

PLANNING 3
Developing the action plan

These activities occur simultaneously

| Planning for the organisation of tasks | Constructing a time frame | Developing a communication strategy |
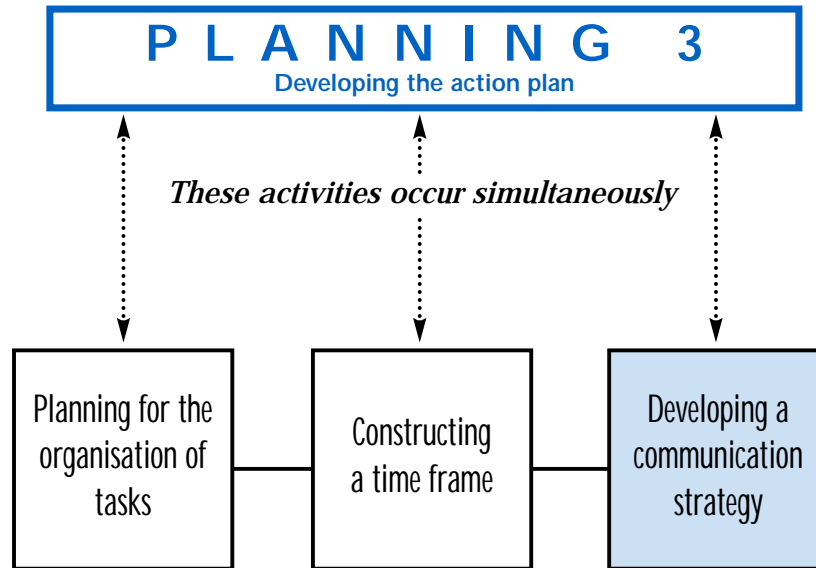
[See Implementation 1, p 36, Maintaining effective communication; Implementation 2, p 42, Identifying opportunities to raise the program's profile; Implementation 3, p50, Providing feed back to stakeholders.]

The communication strategy

❖ **Does the program plan include a communication strategy? This involves decisions about: the type of information to be conveyed, to whom, when they require the information and what format is most suitable.**

Suggestions for professional communication include:
Documented reports
Minutes from meetings
Newsletters
Seminars/workshops/conferences

Suggestions for broader communication include:
Information displays at shopping centres, community notice boards
Launches
Mass media, advertisements and editorials
Workshop/conferences
Local fairs
Newsletters

Suggestions on who to communicate with include:
Members of the target group
Local Health Promotion Officers
Local Health Service Executive
Local Health Service staff
Local community
Local media
Mass media

Planning opportunities to raise the program's profile	❖ Will any of the planned events or research findings provide an opportunity for the program to raise its profile?
	❖ Will any of the planned events or research findings provide a human interest story for mass media?
	❖ Do any of the stakeholders have a high profile which could be used to promote the program?
Publicity Events	❖ What is the basic purpose of a publicity event?
	❖ What is the key message?
	❖ Does this suit the content and "culture" of the program, and its target audience?
	❖ Who might be interested in the event and why?
	❖ What type of event will it be?
	• Launch
	• Information session
	• Workshop
	• Demonstration
	❖ Who will organise it?
	❖ When will it be scheduled?

P L A N N I N G   3
Developing the action plan

End of section checklist

☐ Action plan designed

☐ Tasks organised into a logical sequence

☐ Responsibility of monitoring and completion of tasks clarified

☐ Time frame constructed

☐ Communication plan developed

Assessing the value of continuing the program

Identifying a specific issue, target group and focus for a program

Developing the action plan

Communicating the evaluation results and recommendations

Marketing the program so others can use it

Ensuring quality implementation of the program

Effectively documenting and communicating the program's progress

Following up additional opportunities

Designing the program

Assessing the program's results

Developing the evaluation plan

Establishing structures which help others to apply the program

IMPLEMENTATION

This section is organised into 3 parts:

Implementation 1	Implementation 2	Implementation 3
Ensuring quality implementation of the program	Following up additional opportunities	Effectively documenting and communicating the program's progress

IMPLEMENTATION 1

Ensuring quality implementation of the program

Effectively documenting and communicating the program's progress

Ensuring quality implementation of the program

Following up additional opportunities

IMPLEMENTATION 1
Ensuring quality implementation of the program

These activities occur simultaneously

| Implementing the action plan | Ensuring effective communication | Contingency planning and action |
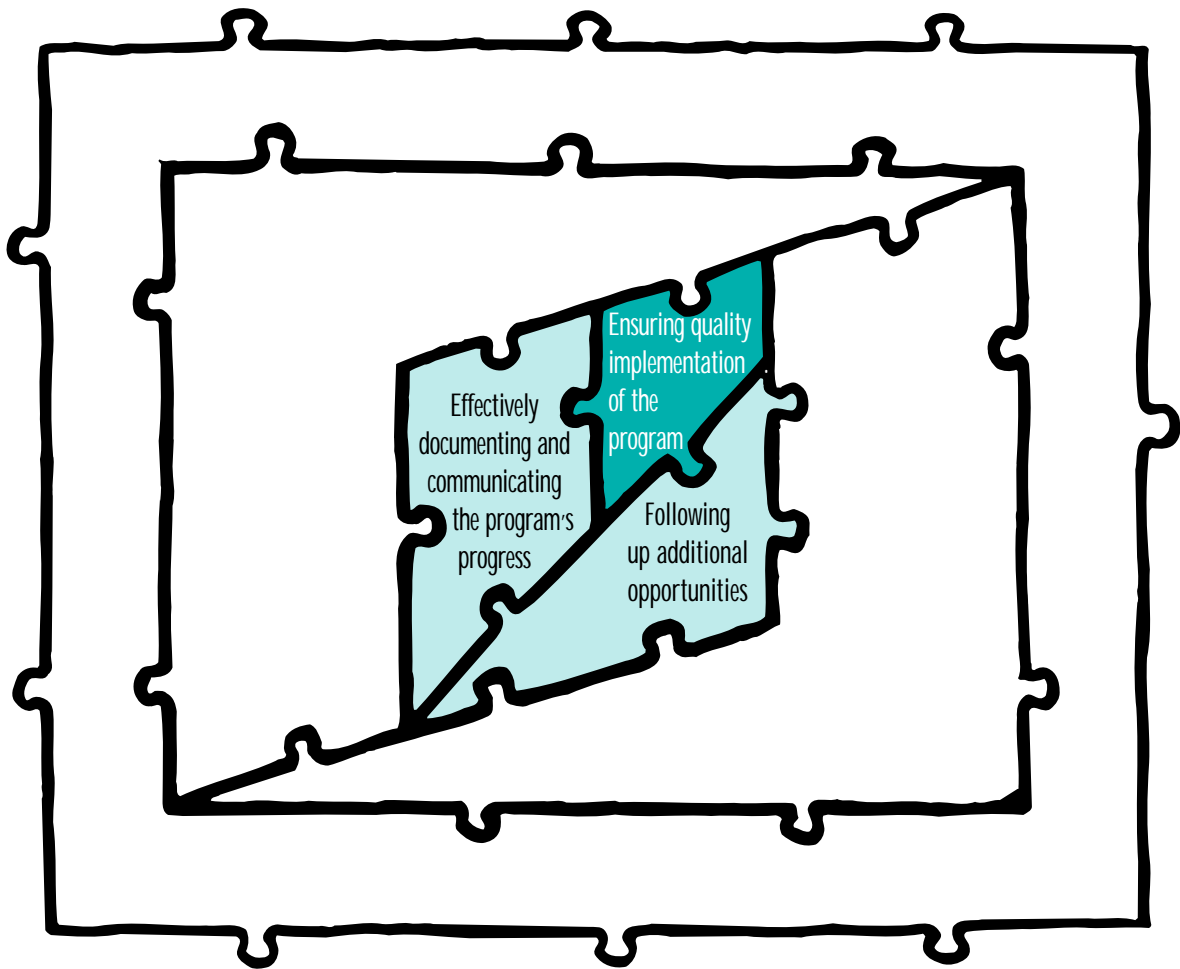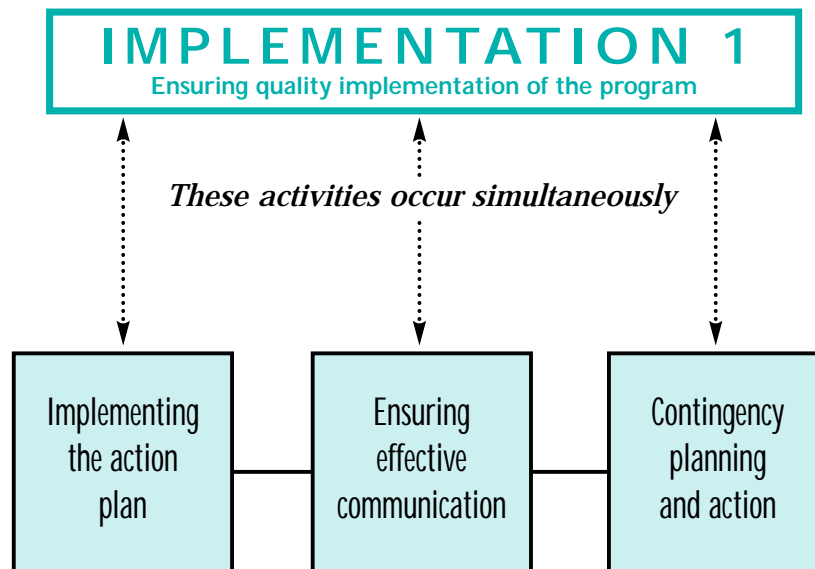
Ensuring quality implementation of the program involves:

➤ Ensuring the program manager or co - ordinator is clear about what needs to be achieved.

➤ Clarifying the roles, responsibilities and expectations of the project team and project manager or co-ordinator.

➤ Establishing monitoring systems to: provide information on the quality of the activities being implemented; and assist in the early identification of potential problems and opportunities.

➤ Contingency planning, as required.

The reasons for conducting this process are:

➤ To ensure all aspects of implementing the program are clear to the people involved.

➤ To ensure that established lines of communication and management are accepted and used.

➤ To maximise the use of resources and opportunities.

➤ To anticipate and overcome problems.

IMPLEMENTATION 1
Ensuring quality implementation of the program

These activities occur simultaneously

Implementing the action plan	Ensuring effective communication	Contingency planning and action
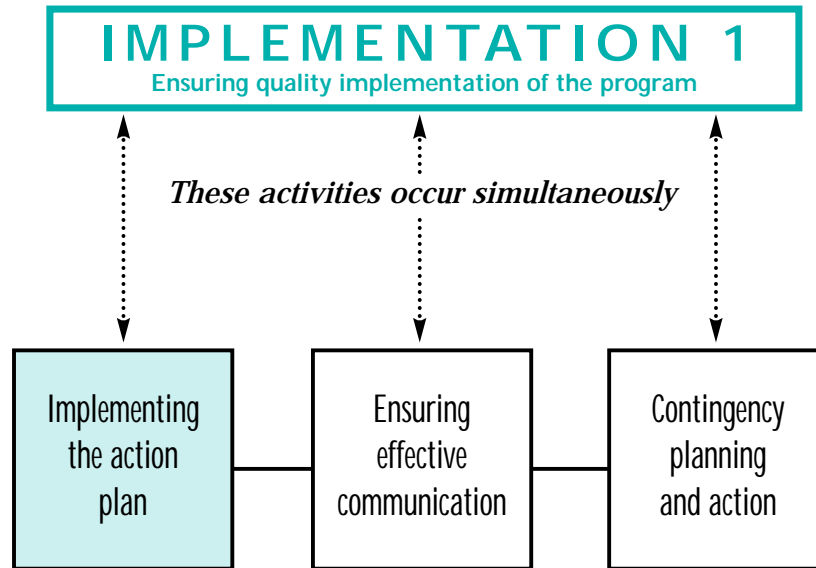
Implementing the action plan

❖ **Is the list of tasks outlined in the action plan being used to guide implementation of the program?**

[See Planning 3, p 38, Planning for the organisation of tasks.]

❖ **Has a system been set up to monitor the implementation of these tasks?**

❖ **Has a system been set up to review progress of the program at regular intervals? Is the timing of these reviews appropriate to the pace of the program?**

❖ **Is the program running on, or close to, the time frame? If there are delays, how are they to the overall program? What can be done about them?**

[See Implementation 1, p49, Contingency planning and action.]

❖ **Are basic time management techniques being used to ensure that the implementation process is efficient?**

Suggestions include:

• Identifying where time is "used up" by keeping a time log or diary of activities.

• Listing all tasks which need completing. Ranking these tasks in order of priority.

• Systematically working through those tasks in order of priority.

• Breaking overwhelming tasks into smaller manageable components.

• Working on one task at a time until all (or a reasonable chunk) is completed.

Making more time by:

- Learning to say "no".

- Allocating realistic time frames for the completion of tasks.

- Setting aside extra time for the unexpected.

- Keeping a list of short activities which can be performed in-between bigger activities, when there is "five minutes spare".

- Being decisive

❖ **Is the program on, or close to, budget? If not, what changes need to be made and how will they affect the direction of the program?**

❖ **Have circumstances changed so there are new opportunities the program can take advantage of?**
[See Implementation 2, p51-58, Following up additional opportunities.]

Conducting process evaluation

❖ **Are the strategies and resources being implemented undergoing any form of process evaluation?**

Suggestions include reviewing:
Quality of program materials
Quality of staff delivery
Reach of the program
Participation rates

❖ **Is there systematic monitoring and documentation of the management process? For example:**

Decision making process
Program meetings
Staff performance
The use of resources
Supervision procedures

IMPLEMENTATION 1
Ensuring quality implementation of the program

These activities occur simultaneously

| Implementing the action plan | Ensuring effective communication | Contingency planning and action |
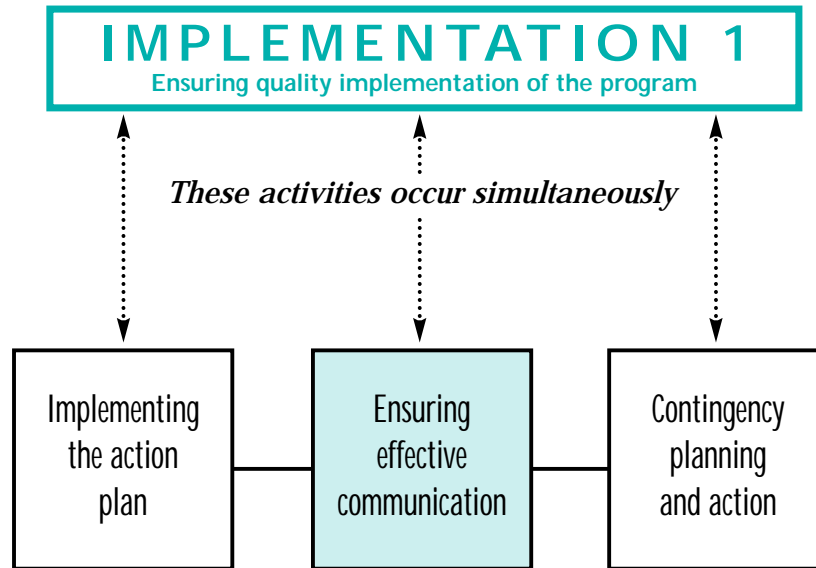
Maintaining clear roles and responsibilities

❖ **Have you discussed the roles and responsibilities of people involved? Are the individuals involved clear about program is trying to achieve? Is this evident in their work?**

❖ **Are the people involved communicating effectively with each other, the target group and the stakeholders?**

- Are phone calls being returned and conversations being documented?

- Are letters of confirmation being sent?

- Are memos being forwarded and program files kept up-to-date?

Providing feedback to people involved with the program

❖ **Is a committee overseeing implementation of the program? If so, is it following the terms of reference set out?**
[See Planning 2, p 29, Developing roles with key people.]

❖ **Are regular supervision sessions occurring between the people involved in the program and the program co-ordinator and/or management committee?**

❖ **Is the communication strategy being implemented?**
Are the selected methods of communication (eg, a newsletter or shopping centre display) engaging the target group? Is it receiving a positive response? If not, should the communication plan be reworked?
[See Planning 3, p 40, Developing a communication strategy.]

IMPLEMENTATION 1
Ensuring quality implementation of the program

These activities occur simultaneously

Implementing the action plan	Ensuring effective communication	Contingency planning and action
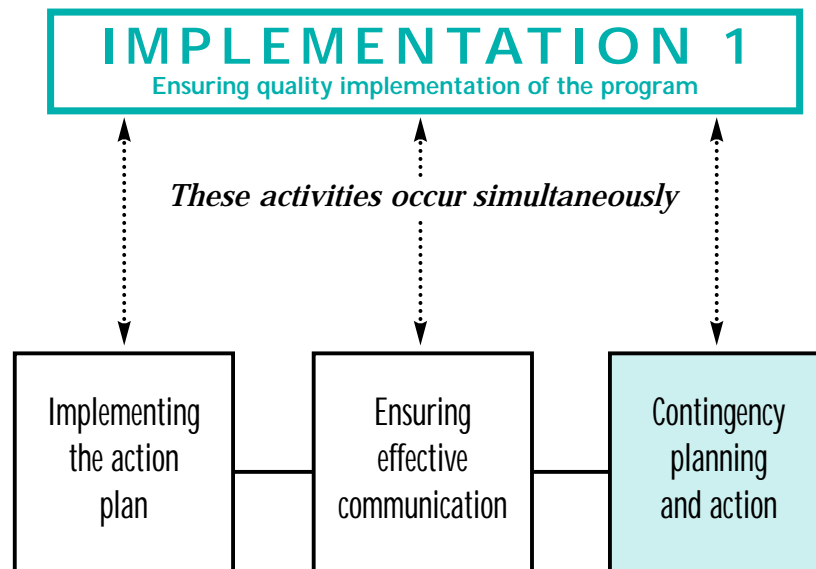
Assessing the situation and making changes

❖ Are there problem(s) or delays with a particular aspect of the program?

❖ What are the immediate implications of the problem or delay? Are there any consequences in terms of the overall time frame? Will the time frame need to be revised?

❖ What are the options for overcoming, minimising or avoiding the problems or delays?

❖ What resources are available to support the proposed options?

❖ What do the stakeholders feel is the most viable solution to the problem?

❖ What are the political/organisational ramifications of each of the possible options?

❖ Which option best enhances the program's credibility and legitimacy?

❖ Which option do people involved with the program consider is most feasible?

❖ To what extent is an immediate adjustment or decision possible? Does the program manager or co-ordinator need to be consulted about this decision, or more actively involved in making the decision?

❖ On the basis of this new information, will the revised or "new" strategy(s) enable the original objectives to be met? If not, do the objectives need to be revised or should the focus of the entire program be reconsidered?
[See Planning 1, p 23, Criteria for determining the focus of the program.]

❖ What are the consequences of changing the focus of the program? How will the change affect the level of available resources? How will it affect the stakeholders' role in the program? What will be the long-term impact?

IMPLEMENTATION 1
Ensuring quality implementation of the program

End of section checklist

☐ Action plan being implemented

☐ Clarified roles and responsibilities of people involved with the program

☐ Mechanismns in place to monitor progress of program

☐ Contingency planning and action, if required

☐ Ongoing process evaluation

IMPLEMENTATION 2
Following up additional opportunities

Effectively documenting and communicating the program's progress

Ensuring quality implementation of the program

Following up additional opportunities

IMPLEMENTATION 2
Following up additional opportunities

These activities occur simultaneously

| Identifying opportunities to raise the program's role | Maintaining support for the program | Identifying opportunities to broaden the impact of the program |
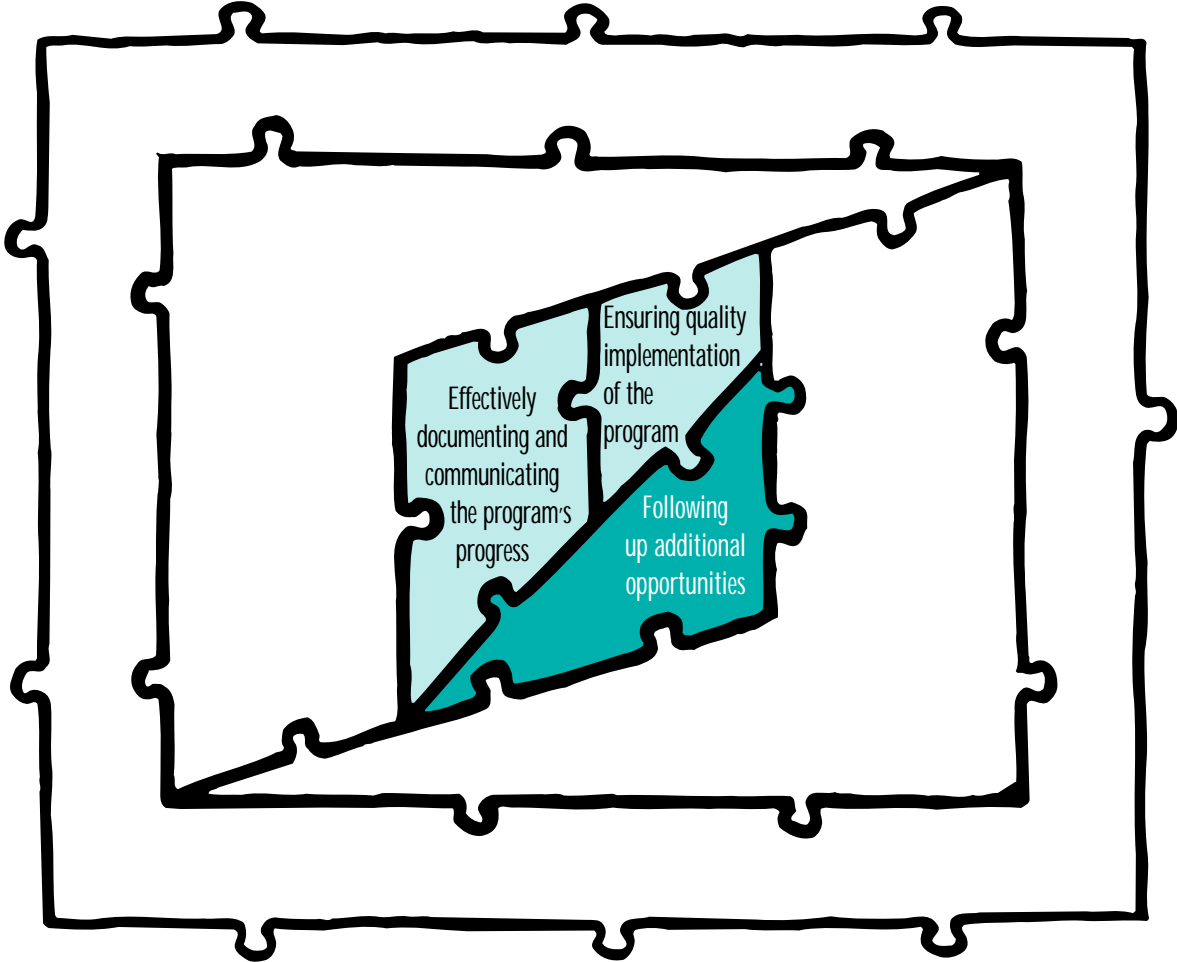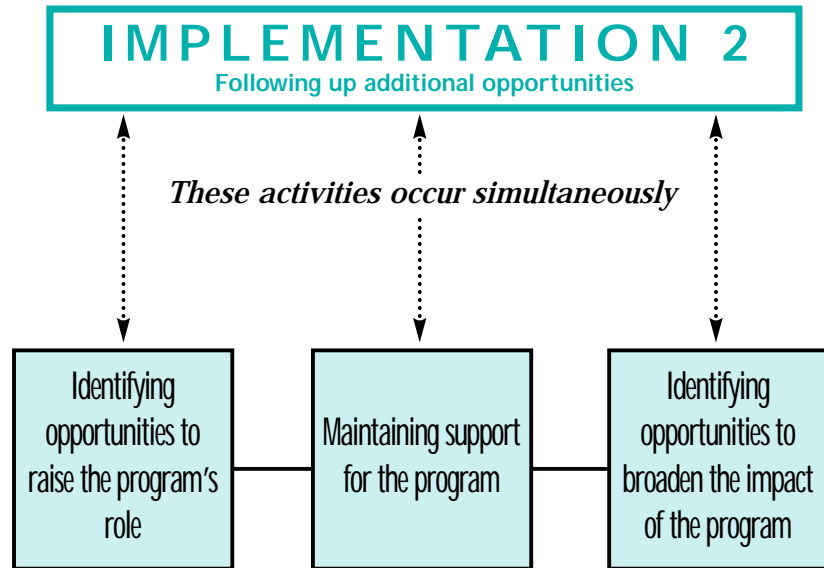
Following up additional opportunities involves:

➤ Raising the profile of the program or people involved.

➤ Maintaining links with stakeholders from a variety of backgrounds.

➤ Identifying opportunities to broaden the impact of the program by influencing policy development, the nature of service provision, and levels of community involvement.

The reasons for conducting this process are:

➤ To increase the impact of the program by broadening its scale and scope in response to changing circumstances.

➤ To increase the effectiveness of the program by using opportunities as they arise.

➤ To establish and strengthen networks which can benefit the program and which may help sustain it beyond the initial phase.

➤ To increase the skills of people involved with the program.

IMPLEMENTATION 2
Following up additional opportunities

These activities occur simultaneously

| Identifying opportunities to raise the program's role | Maintaining support for the program | Identifying opportunities to broaden the impact of the program |
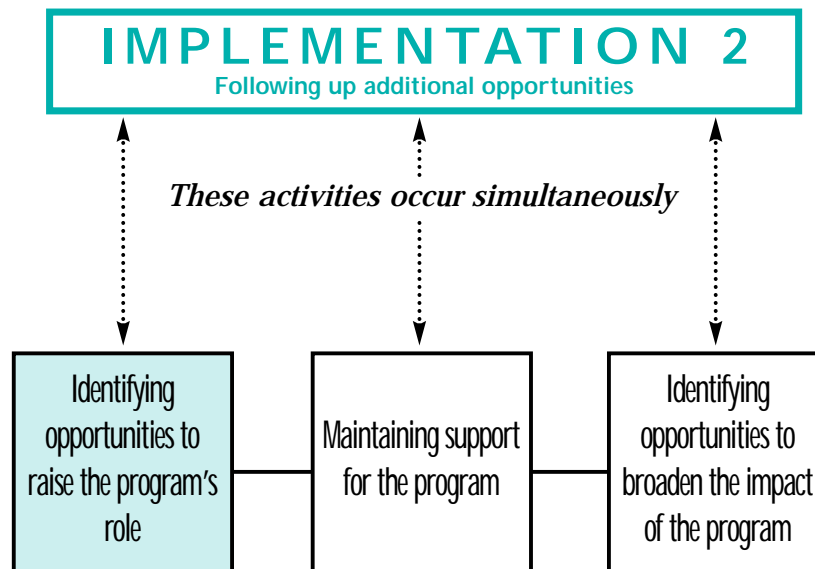
[See Planning 3, p 40, Developing a communication strategy.]

Identifying additional opportunities to raise the program's profile

❖ **Have any opportunities occurred as a result of the program's implementation, or circumstances in the wider community, which could raise the program's profile?**

For example:

- Higher than anticipated participation rates in a program activity

- Topical news headlines that the project team could positively respond to, eg, passive smoking claim successful in court.

- or a call for more sun protection in schools etc.

❖ **Have any stakeholders been involved with activities which could raise the program's profile?**

❖ **Have any celebrities or other prominent members of the community expressed an interest in the campaign or the issue being addressed?**

IMPLEMENTATION 2
Following up additional opportunities

These activities occur simultaneously

Identifying opportunities to raise the program's role	Maintaining support for the program	Identifying opportunities to broaden the impact of the program

Maintaining support for the program

❖ **Have any changes occurred in the organisational or wider environment which reinforce the importance of the issue being addressed by this program?**

For example:
• New legislation which supports the overall program objectives
• A new Chief Executive Officer who may support health promotion
• New research which reinforces the program strategies
• A high profile celebrity who has personal interest in the program's objectives, strategies, or intended outcomes.

❖ **Have any changes occurred which could weaken management support obtained for the program during the planning phase? If so, what can be done to regain the support?**

❖ **Have any changes occurred which could reduce external support? If so, what can be done to regain this support?**

❖ **Are there mutual benefits to be gained by linking the program with new initiatives in other organisations, for example:**

• Non-government organisations, such as the National Heart Foundation or QUIT
• Other government departments, such as the Roads and Traffic Authority.
[See Planning 2, p 29, Developing roles with key players.]

❖ **Are there mutual benefits in placing the program or components of it on other people's agendas?**
[See Planning 1, p21, Analysing the stakeholders.]

❖ **Does the program offer any training opportunities for students or volunteers?**

IMPLEMENTATION 2
Following up additional opportunities

These activities occur simultaneously

Identifying opportunities to raise the program's role	Maintaining support for the program	Identifying opportunities to broaden the impact of the program

Policy development

❖ During any stage of the program, has a weakness been identified in key policies or their implementation which could be addressed? (For example, problems implementing a smoke-free workplace.)

❖ Has the process of planning or implementing the program provided insight or a framework which could contribute to local or state-wide policy? (For example, identification of a product associated with injuries.) If so, what is the best way to respond to this?

❖ If the program targeted an institution or organisation, have any strategies had a significant impact on the organisational culture of the institution so that a workplace policy change may be recommended?

Reorientation of services

❖ Has implementation of any aspect of the program resulted in changes in the nature of service provision (ie, towards preventive, population health) by any other health services? If so, is there a positive way to respond to this?

❖ Has implementation of the program helped place the health issue on the agendas of other groups, eg, non-government organisations, local government or relevant industry groups? If so, how can this influence be maximised?

❖ Have people who have had contact with the program sought further information or expressed interest in it or its activities? If so, is there a positive way to respond to this?

Strengthening community action

❖ Has implementation of the program strengthened skills and knowledge of the target group and other stakeholders? How can this strengthen and maintain key elements of the program?

❖ Have any strategies helped create or increase a demand from the target group for change? (For example, better street lighting.) If so, how can this enthusiasm be tapped?

❖ Has the program been successful in placing the health problem on the public agenda? If so, how can this influence be maximised?

❖ Have any of the community groups involved in the program requested further information or support? If so, are there positive ways to respond to this?

IMPLEMENTATION 2
Following up additional opportunities

End of section checklist

☐ Local environment scanned and opportunities to raise program's profile acted upon

☐ Program linked to other organisations is appropriate

☐ Broad-based support for program established

☐ Potential for input into policy development reviewed

C A S E   S T U D Y

IMPLEMENTATION 2
Following up additional opportunities

The Scalds Campaign: Implementing a State-wide Initiative at the Local Level

Background

The Scalds Campaign is a state-wide program run by the NSW Health Department. The campaign is part of an injury prevention program and aims to reduce the incidence and prevalence of scalds in children aged 0-5 years.

Scalds are the fourth highest cause of hospitalisation for children aged 0-4 years in NSW. By five years of age, one in every 200 children will have been scalded seriously enough to require admission to hospital.

The most frequent cause of scalds is hot tea and coffee (48 per cent), hot tap water (12 per cent), liquid spilling from saucepans (1 2 per cent) and hot water from kettles (10 per cent).

The goal of the Scalds Campaign is to reduce the frequency and severity of scalds among children aged 0-5 years.

The objectives are to:

- Increase awareness of the scald injury issue.
- Increase the priority health services give scalds prevention.
- Promote public policy changes conducive to reducing scalds injury.
- Encourage modification of household products which are a factor in scald injury.
- Promote behaviour change which will help prevent scald injury prevention among carers of children.

The strategies include:

- Mass media.
- Implementing the campaign at a local level.
- Collaborating with Community Health Services.
- Liaison with general practitioners.
- Targeting NESB communities.
- Working with gas and electricity companies.

Each Health Promotion Unit receives $3,000 per year to support the scalds campaign at a local level. Central Office provides each Local Health Service with an information kit detailing the campaign's rationale, goals, objectives, strategies, time frame and action plan. The kit also includes background information on the target group and suggested activities for campaign support at a Local level. Each Local Health Service is also given resource material such as posters and pamphlets.

Each Health Service had developed a local campaign plan and had begun implementation. The entry point for using the guidelines is **"Following up Additional Opportunities"**.

IMPLEMENTATION 2
Following up additional opportunities

Having ensured the standard features of the program are being well implemented, it is now time to scan the local environment to identify and link in with opportunities which may be occurring at the local level which could broaden the impact of the campaign.

The relevant section of the guidelines is:

IMPLEMENTATION 2
Following up additional opportunities

These activities occur simultaneously

Identifying opportunities to raise the program's role	Maintaining support for the program	Identifying opportunities to broaden the impact of the program

❖ **Have any changes occurred in the organisational or wider environment which reinforce the importance of the issue being addressed by this program?**

> **For example:**
> New legislation which supports the overall program objectives
> A new Chief Executive Officer who may support health promotion
> New research which reinforces the program strategies
> A high profile celebrity who has personal interest in the program's objectives, strategies, or intended outcomes.

❖ **Have any changes occurred which could weaken management support obtained for the program during the planning phase? If so, what can be done to regain the support?**

❖ **Have any changes occurred which could reduce external support? If so, what can be done to regain this support?**

❖ **Are there mutual benefits to be gained by linking the program with new initiatives in other organisations, for example:**
> Non-government organisations, such as the National Heart Foundation or QUIT
> Other government departments, such as the Roads and Traffic Authority.

> *[See Planning 2, p 29, Developing roles with key players.]*

❖ **Are there mutual benefits in placing the program or components of it on other people's agendas?**

> *[See Planning 1, p21, Analysing the stakeholders.]*

❖ **Does the program offer any training opportunities for students or volunteers?**

CASE STUDY

IMPLEMENTATION 2
Following up additional opportunities

Scanning the local environment identified a key opportunity which could be used to raise the profile of the Scalds Campaign at the local level. The local hospital's Accident and Emergency Department was involved in early planning of the campaign and provided statistics on the number of children presenting with scalds in the previous year through its injury surveillance system.

The child of a high profile celebrity presented at the hospital with a scald. The Accident and Emergency Department contacted the Health Promotion Unit and helped persuade the celebrity to make a public statement supporting the Scalds Campaign.

Following the child's recovery, the celebrity agreed to speak on behalf of the campaign. This was a strong drawcard for the media. Press releases were written and distributed to all local newspapers. A segment was arranged on a radio talk-back program involving the celebrity, the child and the accident and emergency specialist who treated the child. The talk-back program concentrated on the correct first aid treatment and reinforced to parents the message that scalding can easily occur.

I M P L E M E N T A T I O N   3
Effectively documenting and communicating the program's progress
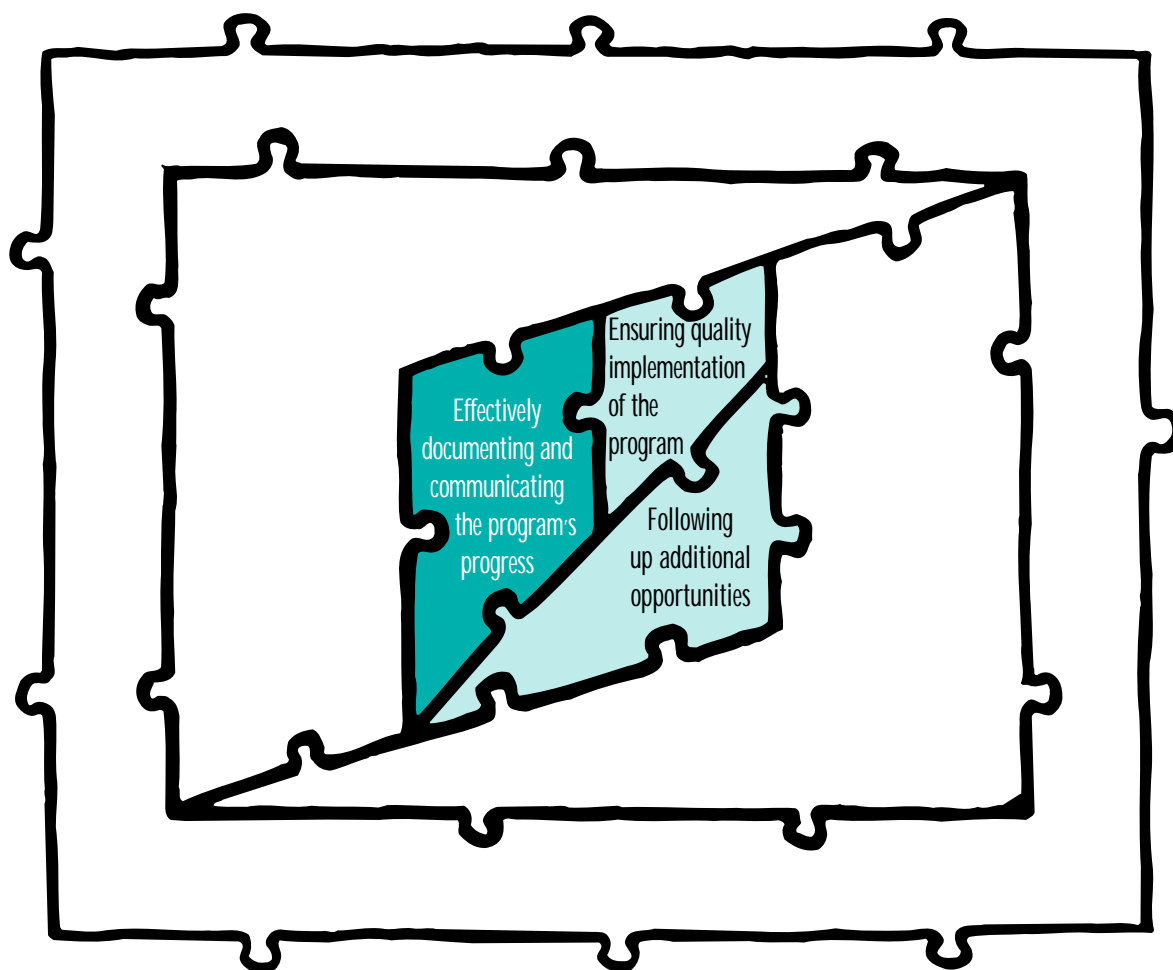
Effectively documenting and communicating the program's progress

Ensuring quality implementation of the program

Following up additional opportunities

IMPLEMENTATION 3
Effectively documenting and communicating the program's progress

These activities occur simultaneously

| Documenting the program's progress | — | Communicating the program's progress |
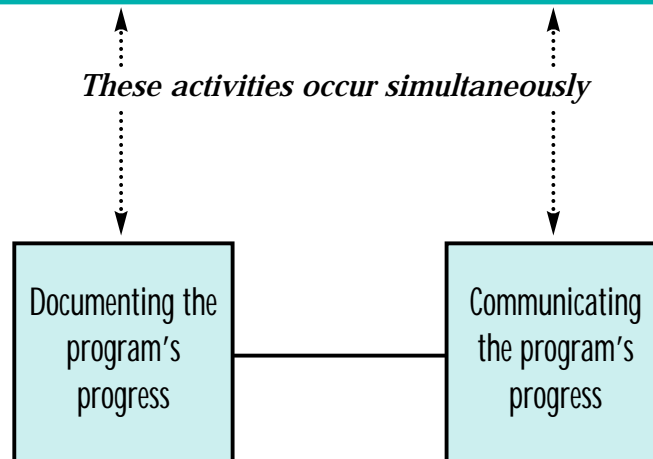
Effectively documenting and communicating the program's progress involves:

➤ Recording significant features of the program's progress as they occur.

➤ Communicating with the Local Health Service, stakeholders and the target group to keep them aware of the program's progress and ensure continuing support.

The reasons for conducting this process are:

➤ To increase the likelihood of the program's success and maintenance by establishing broad-based support.

➤ To contribute to the process of accountability.

➤ To provide relevant information for impact and outcome evaluation to help future planning.

IMPLEMENTATION 3

Effectively documenting and communicating the program's progress

These activities occur simultaneously

| Documenting the program's progress | Communicating the program's progress |
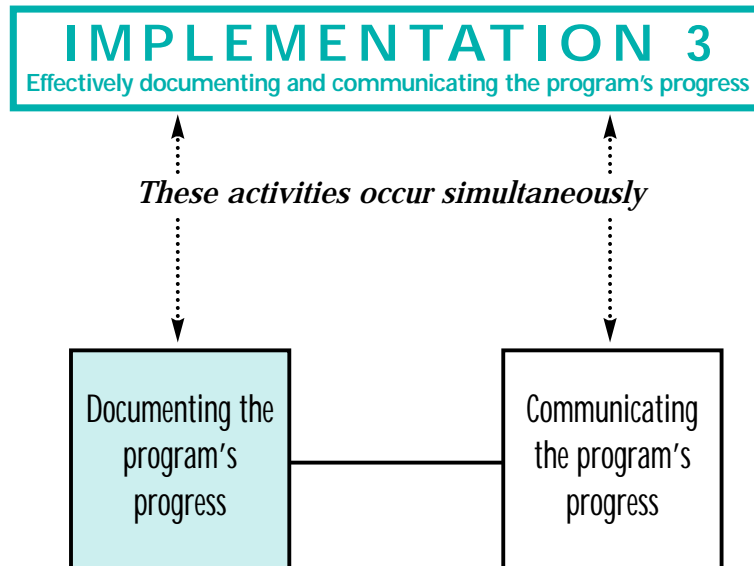
[See Planning 2, p25-33, Designing the intervention.]

Documenting the program's progress

❖ **Has the following information been documented?**
  Goals
  Objectives
  Strategies
  Action Plan
  Baseline data about the issue and target group
  Performance Indicators
  Evaluation methods
  [See Evaluation 1, p67, Developing the evaluation plan.]

❖ **Has a system been set up to record the program's progress?**

❖ **Are the people involved with the program aware of, and satisfied with, the procedure for record keeping?**

❖ **Is the record keeping and reporting system contributing to the effective running of the program or is it creating an unnecessary workload for the workers?**

❖ **Does the recording system have the capacity and flexibility to record unexpected results as they occur? Can it track these results?**

❖ **Does it include detailed documentation of the methodology so that any aspect of the program can be repeated?**

IMPLEMENTATION 3

Effectively documenting and communicating the program's progress

These activities occur simultaneously

| Documenting the program's progress | — | Communicating the program's progress |
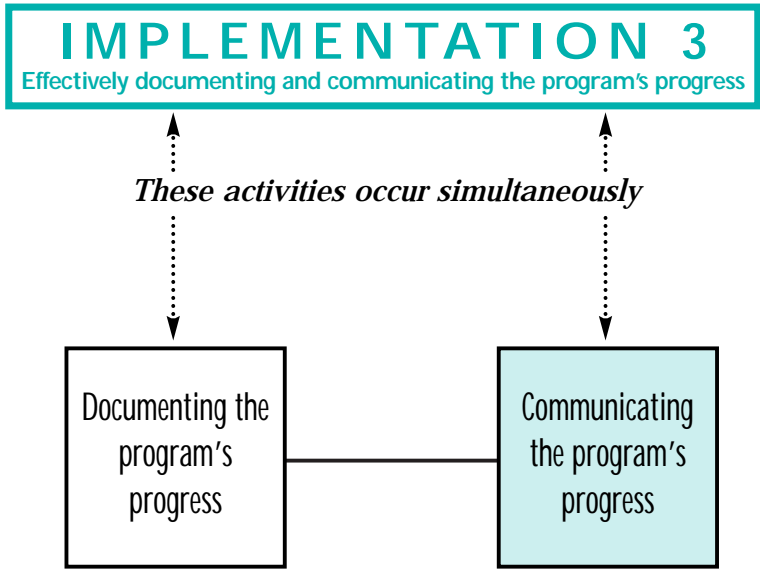
[See Implementation 1, p48, Ensuring effective communication: Sustainability 2, p98, Deciding how to market the program.]

Providing feedback to the Local Health Service

❖ **Are the Local Health Services executives, stakeholders and target groups being kept informed of the program's progress?**

IMPLEMENTATION 3
Effectively documenting and communicating the program's progress

End of section checklist

☐ Ongoing progress of program recorded

☐ Stakeholders informed of program's progress

☐ Local Health Service informed of relevant progress

Assessing the value of continuing the program

Identifying a specific issue, target group and focus for a program

Developing the action plan

Ensuring quality implementation of the program

Effectively documenting and communicating the program's progress

Communicating the evaluation results and recommendations

Marketing the program so others can use it

Designing the program

Following up additional opportunities

Assessing the program's results

Developing the evaluation plan

Establishing structures which help others to apply the program

EVALUATION

This section is organised into 3 parts:

Evaluation 1	Evaluation 2	Evaluation 3
Developing the evaluation plan	Assessing the program's results	Communicating the evaluation results and recommendations

EVALUATION 1
Developing the evaluation plan

Communicating the evaluation results and recommendations

Assessing the program's results

Developing the evaluation plan

EVALUATION 1
Developing the evaluation plan

These activities occur simultaneously

Clarifying the purpose of the evaluation	Selecting the scale and scope of the evaluation	Determining the methodology	Organising how the evaluation will be conducted

Developing the evaluation plan involves:

➤ Clarifying the purpose of the evaluation.

➤ Selecting the scale and scope of the evaluation.

➤ Determining the methodology.

➤ Planning implementation of the evaluation.

➤ Establishing protocols and quality control measures to ensure the evaluation produces valid and reliable results.

➤ Planning analysis of the data.

➤ Planning distribution of the evaluation findings.

The reasons for conducting this process are:

➤ To decide which aspects of the program will be evaluated and why.

➤ To assess the effect of the program over time.

➤ To ensure the methodology provides results which can be usefully interpreted.

➤ To ensure the evaluation contributes to accountability.

➤ To ensure the evaluation is efficiently and effectively conducted.

➤ To ensure the evaluation provides the information the various meets the needs of the various stakeholders.

➤ To ensure the results are documented and disseminated to relevant audiences.

EVALUATION 1
Developing the evaluation plan

These activities occur simultaneously

| Clarifying the purpose of the evaluation | Selecting the scale and scope of the evaluation | Determining the methodology | Organising how the evaluation will be conducted |
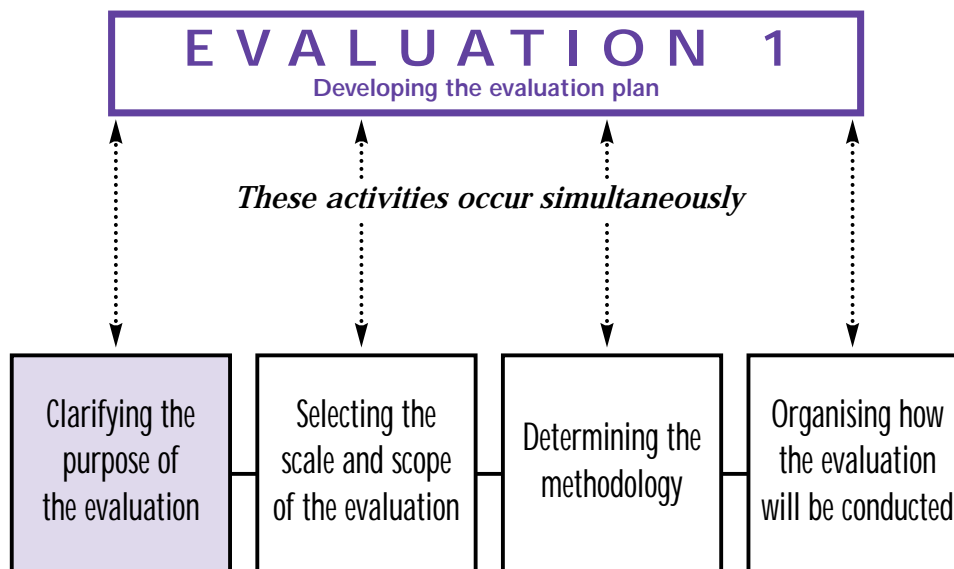
Clarifying the purpose of the evaluation

❖ **What is the primary purpose of conducting an evaluation of this program?**

Suggestions include:
- To check the extent and/or quality of the program's implementation.

- To provide feedback to key stakeholders, including the target group.

- To identify the extent performance indicators have been achieved.

- To identify ways the program could be improved.

- To establish the effectiveness of a particular program.

- To decide whether the program should be continued.

❖ **How will the evaluation of this program help monitor key health promotion objectives and widen our knowledge about effective strategies?**

❖ **Will evaluating the program provide new information about effective health promotion practice?**

❖ **Has a comparable program been evaluated elsewhere?**
Will the current evaluation add to existing information?

E V A L U A T I O N 1
Developing the evaluation plan

These activities occur simultaneously

| Clarifying the purpose of the evaluation | Selecting the scale and scope of the evaluation | Determining the methodology | Organising how the evaluation will be conducted |
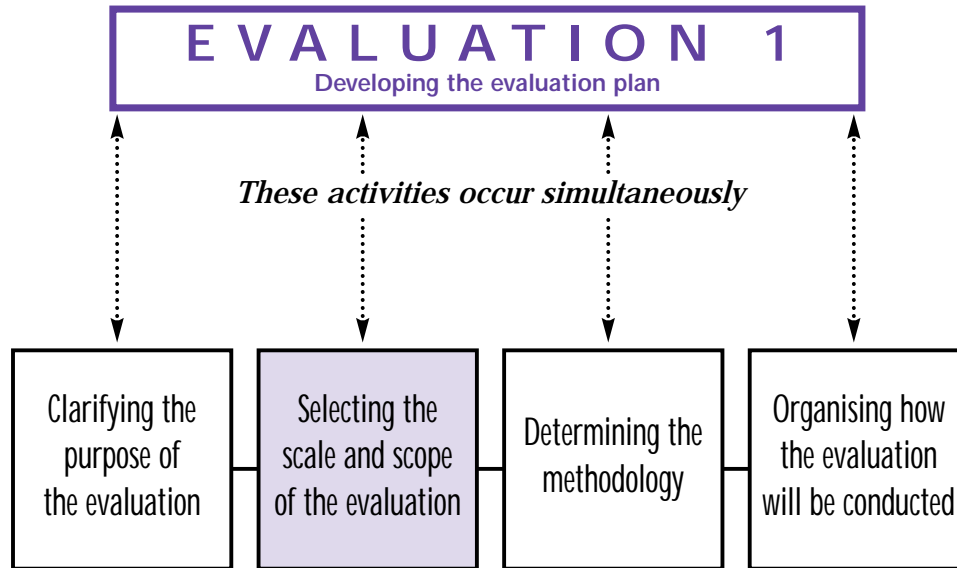
Selecting the scale and scope of the evaluation

❖ **How much time, money and staffing has been invested in this program? Is it sufficiently innovative to warrant evaluation or is it sufficient in the circumstances to monitor the quality of the program implementation?**

❖ **What level or types of outcomes correspond to the program's objectives and are most useful as the focus of the evaluation?**

For example:

Long term outcome (outcome measures)
A change in health status such as reduced mortality, morbidity or disability, or improved quality of life.

Intermediate outcome (impact measures)
Changes in:
- Knowledge, skills or attitudes
- Behaviour
- Public policy
- The extent of policy implementation
- The environment
- The nature of service provision
- Social support structures
- Patterns of community participation

Short term outcome (process measures)
Changes in:
- Levels of participation
- Participants' satisfaction with the program
- Program reach
- Recall of key messages
- The quality and accessibility of resources

E V A L U A T I O N 1
Developing the evaluation plan

These activities occur simultaneously

| Clarifying the purpose of the evaluation | Selecting the scale and scope of the evaluation | Determining the methodology | Organising how the evaluation will be conducted |
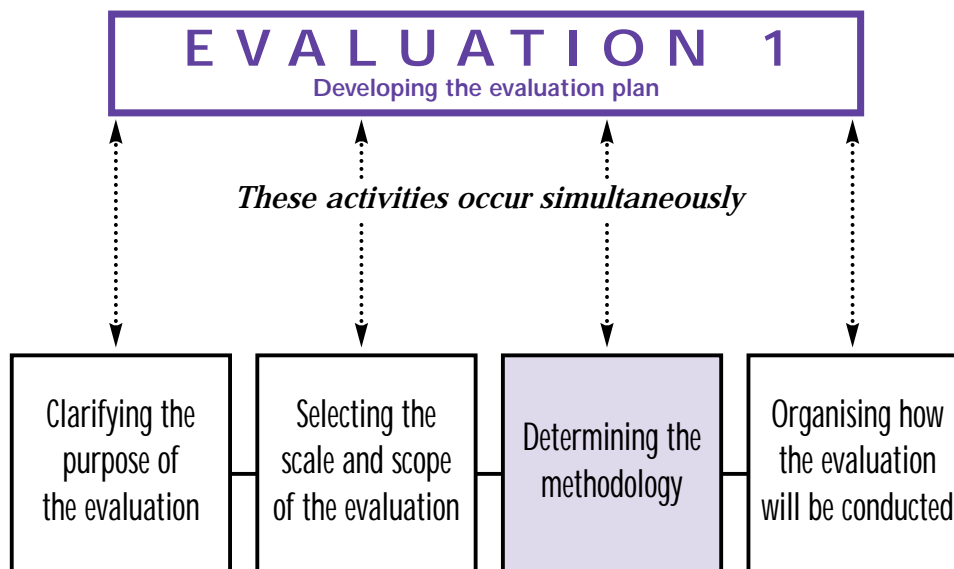
Determining the methodology

❖ **What characteristics define the success of the expected outcomes of this program? What are the indicators successful program?**

❖ **How can these changes be measured? What information is required?**

❖ **What standardised measures and/or other "tools" can be used to measure these changes?**

❖ **How have similar programs been evaluated? Can the same methods or data collection techniques be used for this evaluation?**

> **Suggestions include:**
> Existing questionnaires
> Items of existing questionnaires
> Established protocols

❖ **When will the information be collected?**

- Baseline (how long before?)
- Post (how long after?)
- Follow-up (how long after, how often?)

❖ **How will the information be collected?**

- Questionnaire, surveys, interviews - in person, by phone, by mail
- Morbidity statistics
- Analysis of documents or records
- Attendance and/or participation rates
- Environmental audit, survey, observation, eg, recording the number of children wearing hats in the playground
- Qualitative methods, eg, focus groups, video/audio recordings

❖ **Is it possible to use a methodology Which enables an assessment of the effectiveness of the program?**

Suggestions include:
Before and after comparisons
Program/non-program comparisons
Comparisons to existing population norms, eg, target groups' blood pressures compared to National Heart Foundation's Risk Factor Prevalence Survey

❖ **Has the choice of methodology been discussed with the research and evaluation officer?**

Selecting the sample population for the evaluation

If a sample population is required:

❖ **What sample size will be needed to determine if the program has resulted in significant changes?**

❖ **How will the sample population be recruited? What practical problems need to be overcome?**

❖ **How long will it take to gather the information from the sample population? Is this a reasonable time frame to expect the sample to participate and respond?**

E V A L U A T I O N   1
Developing the evaluation plan

These activities occur simultaneously

Clarifying the purpose of the evaluation	Selecting the scale and scope of the evaluation	Determining the methodology	Organising how the evaluation will be conducted
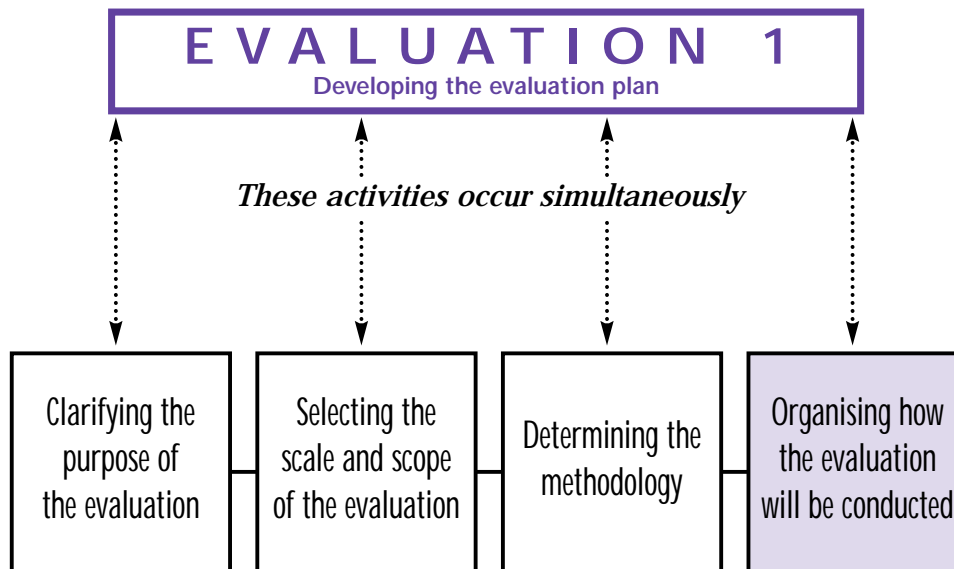
Organising how the evaluation will be conducted

❖ **What skills and/or experience are required to conduct the evaluation?**

❖ **What resources are required to conduct and write up the evaluation?**

Suggestions include:
Human resources - trained personnel to collect data, enter data, analyse data.

Computers with relevant software packages for data entry and analysis.

❖ **Are there any opportunities to involve the community in this phase of the program?**

Collecting the data

❖ **Who will collect the data?**

❖ **When will the data be collected? That is, what time of the day, which season?**

❖ **What precautions will be undertaken to minimise bias during the collection of data?**

❖ **What protocols will be required for the data collection? How will they be developed?**

❖ **How will the information be recorded? Will standardised formats be developed?**

❖ **When the raw data is collected, how will the information be coded or transcribed? Will there be reliability checks in these processes?**

❖ **If data entry is required:**
  • Who will be responsible for entering the data?
  • How much will this cost?
  • How long will it take?

❖ **Who is responsible for co-ordinating and monitoring data collection and analysis?**

Planning the analysis of the data

❖ **What set of analyses or comparisons will be made? Has the data been collected to allow for this?**

❖ **Who will do the analysis? What skills will he/she require? How long will the analyses take? Who will write up the analysis?**

❖ **Which software packages will be suitable to analyse the data, ie, EPI INFO, SAS, SPSS, PARADOX, NUDIST?**

❖ **Will the analysis enable an assessment of whether or not the program goals and objectives have been achieved?**

❖ **What kind of conclusions are likely to follow from the results?**

Planning documentation and distribution of evaluation findings

❖ **Who will require an evaluation report(s) or a report on the implementation of the program?**

❖ **What forms of communication or reporting are appropriate?**

❖ **When will the report(s) be required?**

❖ **Who will write the report(s)?**

❖ **How will the report(s) be distributed?**

❖ **Is any of this documentation suitable for a journal article or conference presentation? If so, what preparation is required at this stage?**

Suggestions include:
Obtaining information on the most suitable journals
Finding out details of the layout requirements
Submitting abstract(s) to relevant conferences

E V A L U A T I O N   1
Developing the evaluation plan

End of section checklist

☐ Purpose of the evaluation clarified

☐ Scale and scope of the evaluation selected

☐ Methodology selected

☐ Collection of data planned (including baseline information)

☐ Organisation of data collection

☐ Analysis of the information, planned

☐ Documentation and dissemination of evaluation findings planned

C A S E   S T U D Y

E V A L U A T I O N   1
Developing the evaluation plan

A Healthy Catering Initiative: An Aboriginal Training College

Background

The Aboriginal Training College is an independent, federally funded college for Aboriginal and Torres Strait Islanders, 18 years and over. The college aims to provide students with the opportunity to access education they may have missed out on.

Courses offered include: basic education, Higher School Certificate subjects, business studies and Aboriginal studies. The college has about 100 students from throughout Australia, about 20 of whom live on campus.

The college provides lunch for about 60 people each day, and breakfast and dinner for about 20 people. Lunch is served as the main meal of day.

Concerned about the nutritional quality and variety of the food being offered, college management contacted the dietitian at the Office for Aboriginal Health who suggested they contact the nutritionist at their Local Health Service.

After discussion with the Health Promotion Unit's nutritionist, it was decided that a needs assessment be conducted to identify the changes needed to improve the nutritional quality and variety of the food being provided to students and staff at the college. It was decided that a student dietitian embarking on work experience in the Health Promotion Unit would be suitably qualified to conduct the needs assessment.

The student dietitian remained on site at the college for two weeks during the needs assessment to review:

- Cooking practices
- Food supply
- Food wastage
- Customer satisfaction
- Nutritional value of the food.

On the basis of the needs assessment, short and long-term recommendations were made, including a suggested follow-up program.

Initially an evaluation was not planned as the needs assessment was not considered to be a program or "intervention", but rather an "incidental opportunity" which arose and happened to fit in to the Health Promotion Unit's strategic priorities of "Aboriginal health" and "nutrition".

However, it became clear that the needs assessment had evolved into an "intervention" of sorts as the college implemented some of the short-term recommendations resulting in changes in catering practices. This initial positive response created possibilities for systematically assessing and documenting these changes in the form of an evaluation with the hope of developing a follow-up program.
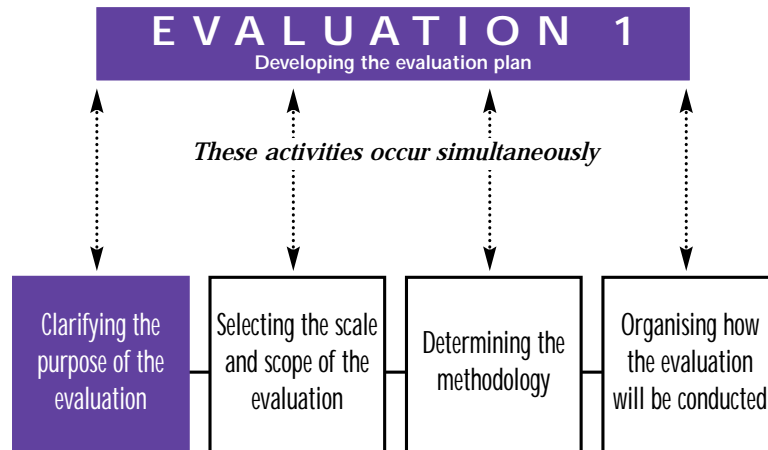
Using the guidelines

In this case the entry point to the guidelines is **"Developing the Evaluation Plan"**, a key process in the program cycle indicated on the jigsaw.

The first thing to do when developing the evaluation is work out why you are doing the evaluation and what it will achieve.

The relevant sections of the guidelines are:

E V A L U A T I O N 1
Developing the evaluation plan

These activities occur simultaneously

Clarifying the purpose of the evaluation	Selecting the scale and scope of the evaluation	Determining the methodology	Organising how the evaluation will be conducted

❖ **What is the primary purpose of conducting an evaluation of this program?**

   Suggestions include:
   To identify the extent to which the performance indicators have been achieved.
   To provide feedback to key stakeholders.
   To decide whether the program should continue.
   To check the extent and/or quality of the program's implementation.
   To establish the effectiveness of a particular program.

❖ **How will the evaluation of this program help monitor key health promotion objectives and widen our knowledge of effective strategies?**

❖ **Will evaluating the program provide new information about effective health promotion practice?**

❖ **Has a comparable program been evaluated elsewhere? Will the current evaluation add to existing information?**

The primary purposes of the evaluation will be:
- To determine if the needs assessment was successful in identifying how catering practices at the college can be improved and
- To assess the impact of the needs assessment on catering at the college, ie, which recommendations were implemented and what effect have they had.

The evaluation will contribute to the body of knowledge in health promotion by increasing our understanding of how standard approaches to conducting needs assessments of food services can be applied in different settings and with different target groups, in this case Aboriginal people in an educational institution. To our knowledge, few of the numerous catering improvement programs developed elsewhere have been evaluated and written up.

CASE STUDY

EVALUATION 1
Developing the evaluation plan

Using the guidelines

Having determined the main reasons for conducting an evaluation, the next step is to decide on its size. Will it be a large-scale evaluation measuring several variables, or will it operate on a smaller scale, perhaps monitoring the implementation of a program?
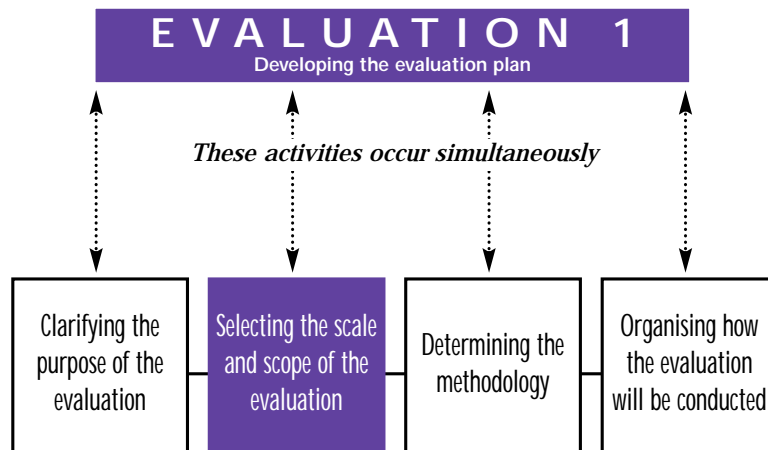
EVALUATION 1
Developing the evaluation plan

These activities occur simultaneously

| Clarifying the purpose of the evaluation | Selecting the scale and scope of the evaluation | Determining the methodology | Organising how the evaluation will be conducted |

❖ **How much time, money and staffing has been invested in this program? Is it sufficiently innovative to warrant a large-scale evaluation or is it sufficient in the circumstances to monitor the the quality of the program implementation?**

❖ **What level or types of outcomes correspond to the program's objectives and are most useful as a focus of the evaluation?**

This program will not warrant a large-scale evaluation as it was not an "intervention" as such, but rather a means of identifying what the need would be for an intervention.

However, because of the college's positive response following the needs assessment, the health promotion unit was keen to document the process and results.

In this context the outcomes to be measured include:

- The short term outcomes in this context would be to monitor the quality of the needs assessment.
- The intermediate outcomes would be to assess the changes in behaviour and attitudes of the target group, and changes to the catering environment.

E V A L U A T I O N   2

Assessing the program's results

Communicating the evaluation results and recommendations

Assessing the program's results

Developing the evaluation plan

E V A L U A T I O N   2
Assessing the program's results

These activities occur simultaneously

Interpreting the results	Making conclusions and recommendations
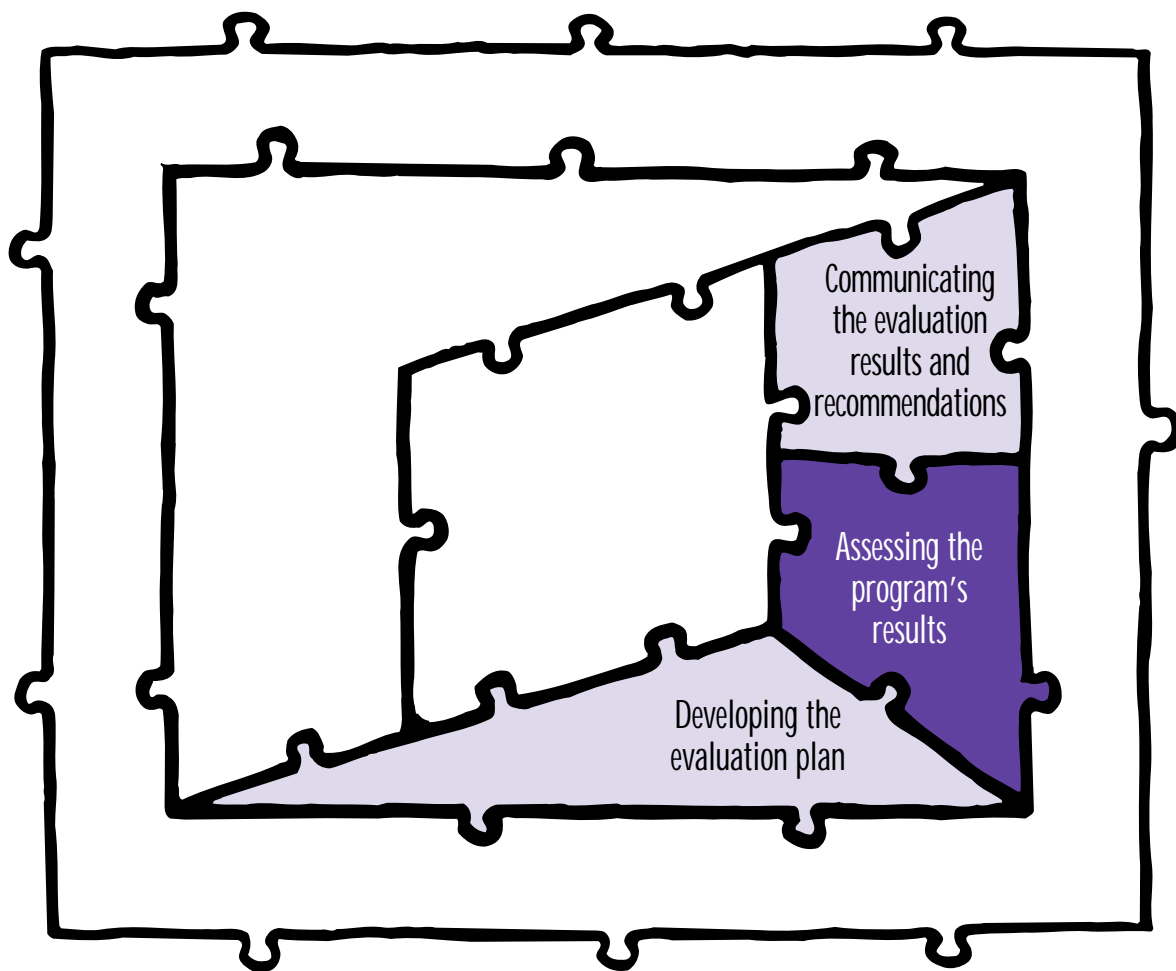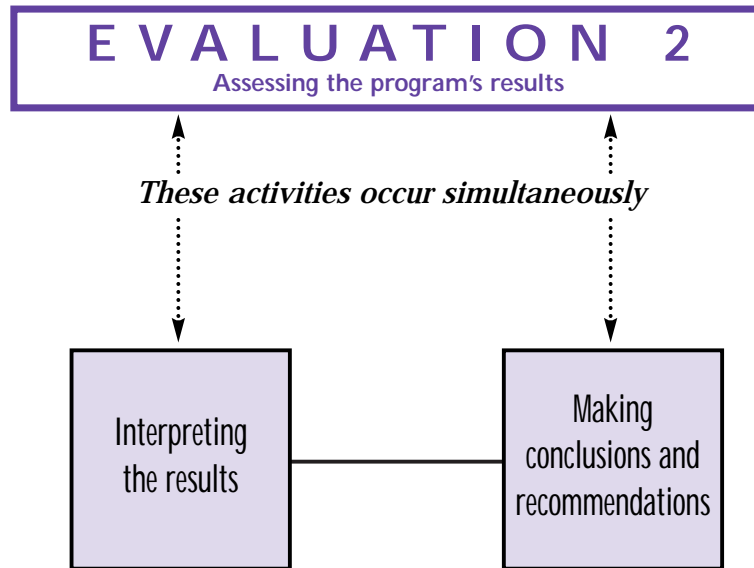
Assessing the program's results involves:

➤ Measuring the results in relation to each objective and performance indicator.

➤ Analysing the data for patterns, trends, consistencies and inconsistencies.

➤ Interpreting the results to determine how they can be attributed to the program and/or to other factors.

The reasons for conducting this process are:

➤ To enable a judgment to be made about the effectiveness of the program.

➤ To ensure the people working on the program are accountable for their "output" and outcomes.

➤ To assess whether the program is worth continuing in its current format or in a modified version.

EVALUATION 2
Assessing the program's results

These activities occur simultaneously

| Interpreting the results | | Making conclusions and recommendations |
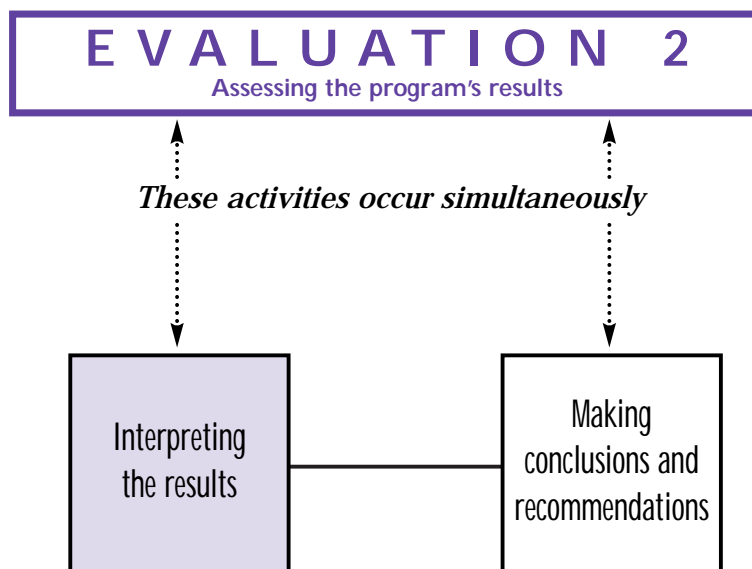
**Measuring
short-term outcomes**

❖ Did the program reach the desired target group?

❖ What was their reaction to it?

❖ Were the program materials culturally appropriate?

❖ Did implementation of the program create any problems or prompt observations which should be considered when interpreting the results?

**Measuring
intermediate or
long-term outcomes**

❖ What were the results or key outcomes of the program?

❖ What were the patterns of change?

❖ Were any of these changes statistically significant?

❖ To what extent could these changes be attributed to the program?

❖ Did the change(s) occur evenly across the target group, or did some groups respond differently to others? What does this imply?

❖ What were the unexpected outcomes? How significant was their impact? What does this imply for the conclusions and for further program development?

❖ To what extent did the results indicate that the program goals, objectives and performance indicators had been achieved?

❖ Is assistance required to further analyse or interpret the findings? If so, where can you get help?

E V A L U A T I O N   2
Assessing the program's results

These activities occur simultaneously

Interpreting the results	Making conclusions and recommendations
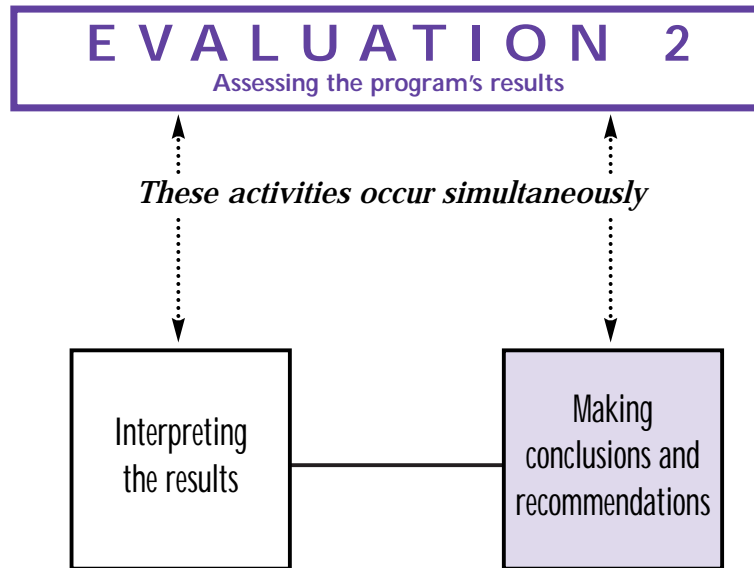
**Making conclusions
and recommendations**

❖ Was the program effective in producing significant change(s)?
If so, why? If not, why not? What does this imply about the
choice of strategies and/or execution of the program?

❖ Did any other factors have a significant influence on program
outcomes? If so, what were they? How did they affect the program?

❖ What advice or comments could be made to people interested in a
program like this?

❖ What recommendations could be made based on the findings?

EVALUATION 2
Assessing the program's results

End of section checklist

☐ Analysis of results completed

☐ Program objectives and performance indicators assessed

☐ Conclusions and recommendations made

☐ Program's effectiveness determined, based on the evaluation findings

Page
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E V A L U A T I O N   3

Communicating the evaluation results and recommendations

Communicating
the evaluation
results and
recommendations

Assessing the
program's
results

Developing the
evaluation plan

E V A L U A T I O N   3
Communicating the evaluation results and recommendations
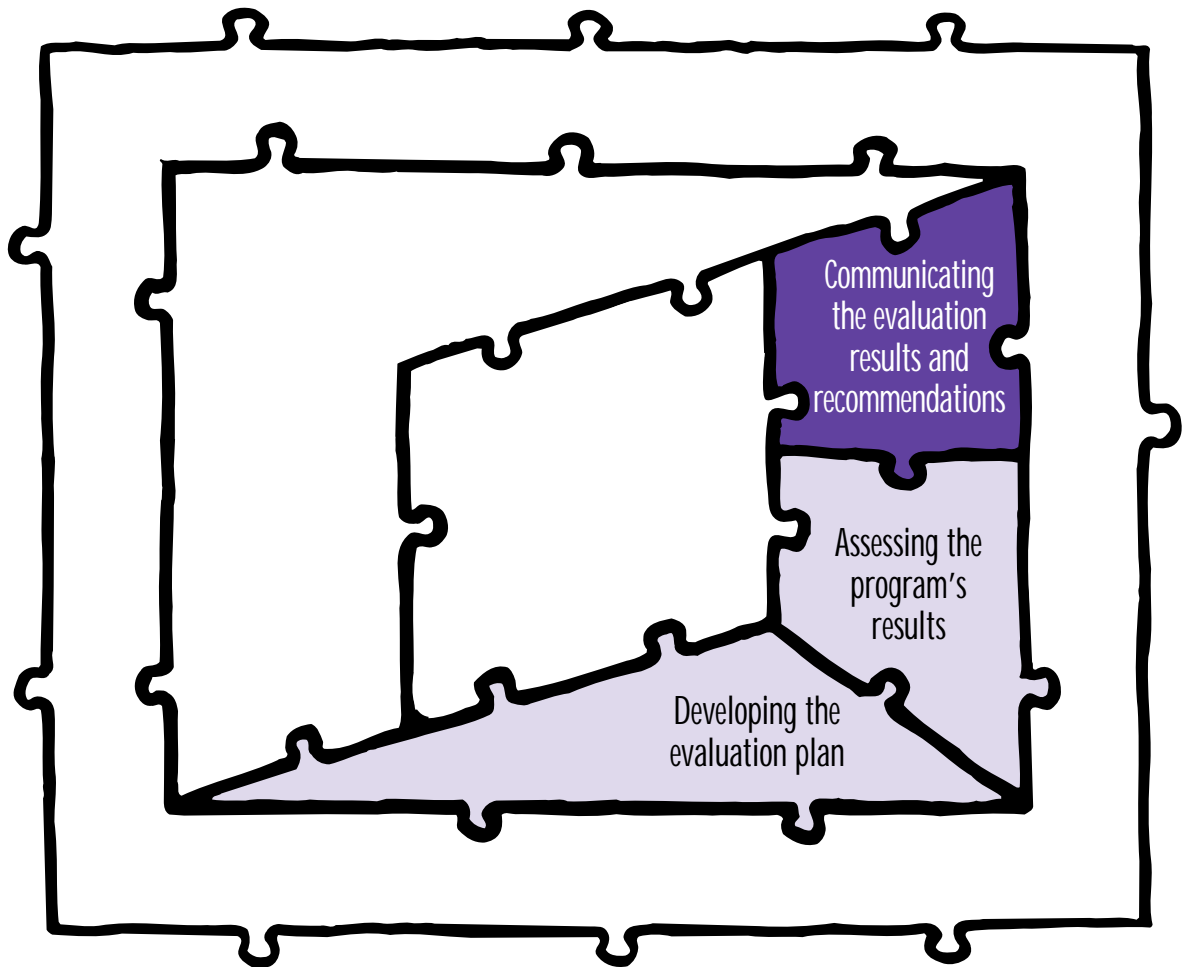
Communicating
the evaluation
findings
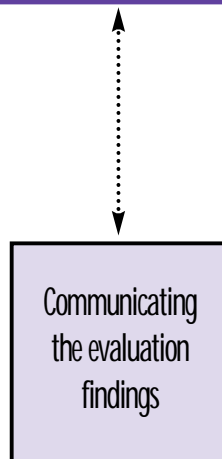
**Designing the
program involves:**

➤ Reporting the findings of the evaluation to stakeholders and
   other interested parties.

➤ Publishing results and conclusions in refereed journals or
   presenting them at conferences.

➤ If appropriate, disseminating the results and conclusions to
   the public through the mass media, in newsletters, and/or at
   seminars.

**The reasons for
conducting this
process are:**

➤ To provide feedback to key players.

➤ To build on the body of knowledge in health promotion
   regarding effective ways to produce positive change.

➤ To inform the public about progress in improving the
   community's health.

E V A L U A T I O N 3
Communicating the evaluation results and recommendations

Communicating
the evaluation
findings
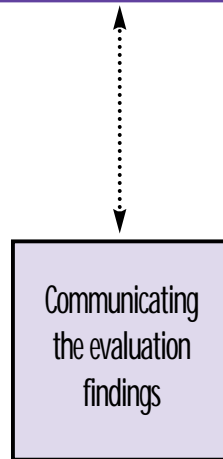
Written and
oral communications

Written communication

[See Implementation 3, p 64, Communicating the program's progress: Evaluation 1, p 74, Planning for the documentation and distribution of the evaluation findings; Planning 3, p 40, Developing a communication strategy.]

Oral and other communication

❖ **Is it appropriate to submit an article based on the results or recommendations to a refereed journal or for a conference paper, workshop or poster?**

❖ **Can the findings or recommendations be used as a basis for training and skill development?**

❖ **Can the findings or recommendations be used as an impetus or leverage for policy development?**

❖ **Are the evaluation findings being communicated to the target group?**

❖ **Are any of the findings or recommendations of interest to the media? For example, could they provide the basis for a radio interview or feature article?**

EVALUATION 3
Communicating the evaluation results and recommendations

End of section checklist

☐ Conclusions and recommendations documented and disseminated to:

- ❖ Stakeholders
- ❖ Target group
- ❖ Other relevant individuals or groups
- ❖ The public, if appropriate

☐ Papers submitted to refereed journals

☐ Abstract(s) submitted to relevant conferences

Assessing the value of continuing the program

Identifying a specific issue, target group and focus for a program

Developing the action plan

Ensuring quality implementation of the program

Communicating the evaluation results and recommendations

Marketing the program so others can use it

Effectively documenting and communicating the program's progress

Designing the program

Following up additional opportunities

Assessing the program's results

Developing the evaluation plan

Establishing structures which help others to apply the program

SUSTAINABILITY

This section is organised into 3 parts:

Sustainability 1	Sustainability 2	Sustainability 3
Assessing the value of continuing the program	Marketing the program so others can use it	Establishing structures which help others to apply the program

SUSTAINABILITY 1

Assessing the value of continuing the program

Assessing the value of continuing the program

Marketing the program so others can use it

Establishing structures which help others to apply the program

SUSTAINABILITY 1
Assessing the value of continuing the program

These activities occur simultaneously

Deciding if the program should be ongoing or repeated	Identifying the need and scope for program modification	Assessing the cost-benefit of program modification

Assessing the value of continuing the program involves:

➤ Deciding whether or not the program should be discontinued, ongoing or repeated.

➤ Determining what changes the program will need to continue successfully.

➤ Deciding whether the benefits of modifying the program outweigh the associated costs.

The reasons for conducting this process are:

➤ To ensure that only effective programs are sustained.

➤ To increase the likelihood of successful health promotion programs being sustained.

➤ To maximise the use of resources by investing in programs which have been shown to be effective at achieving desired outcomes.

➤ To increase the likelihood of achieving significant outcomes by extending the scale and scope of the program.

SUSTAINABILITY 1
Assessing the value of continuing the program

These activities occur simultaneously

Deciding if the program should be ongoing or repeated	Identifying the need and scope for program modification	Assessing the cost-benefit of program modification

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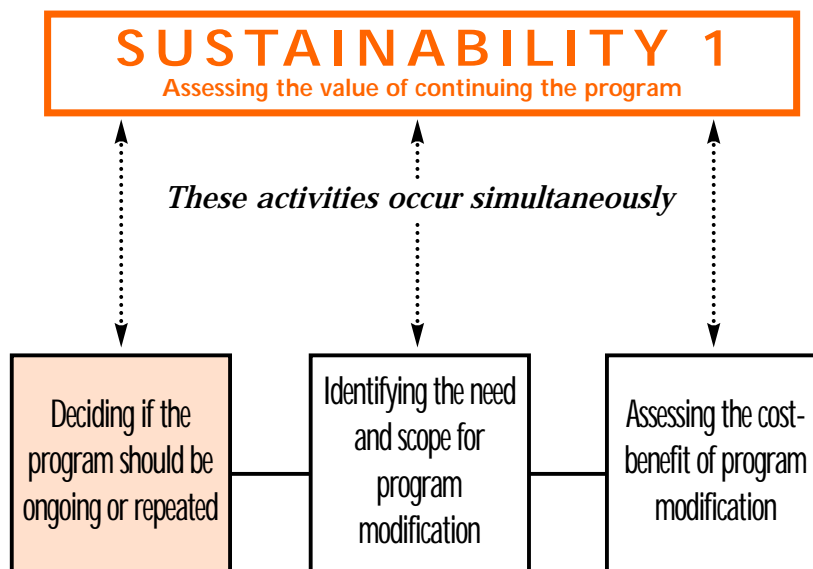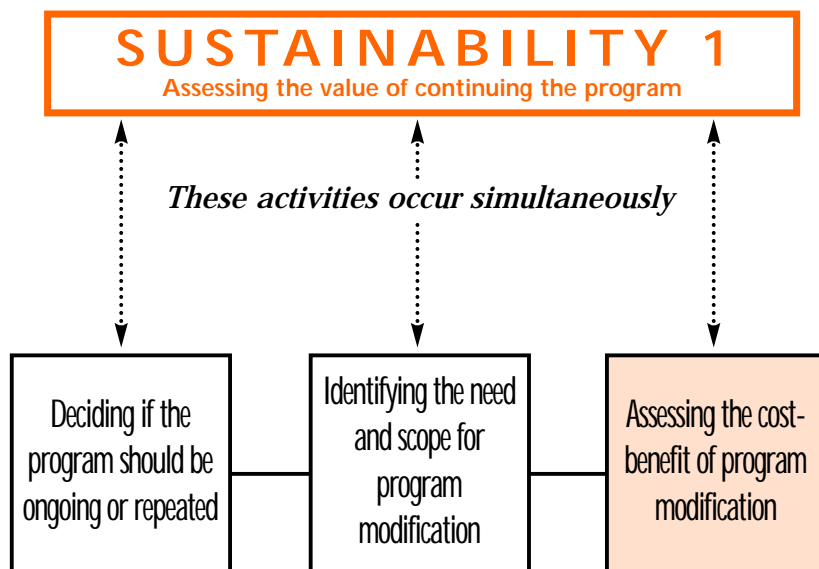
Deciding if the program should be ongoing or repeated

❖ **Has the program been running long enough to allow the expected outcomes to be achieved? Should it be allowed to continue in its current form or should it be modified and then re-assessed? Has it been shown to be unsuccessful? If so, should it be discontinued?**

❖ **Can the program's effectiveness be substantially improved? Is it worth further research and development?**

❖ **What is the likelihood of increasing the program's success by implementing it on either a larger or smaller scale? If so, what needs to be done to achieve this?**

❖ **Which stakeholder(s) will get value from the program or program components? Are any other groups or individuals suitably placed to sustain the program or parts of it?**
[See Sustainability 2, p 97, Determining who to market the program to.]

❖ **Did the program result in any unplanned outcomes which could be capitalised on?**
[See Implementation 2, p51- 58, Following up additional opportunities.]

SUSTAINABILITY 1
Assessing the value of continuing the program

These activities occur simultaneously

Deciding if the program should be ongoing or repeated	Identifying the need and scope for program modification	Assessing the cost-benefit of program modification
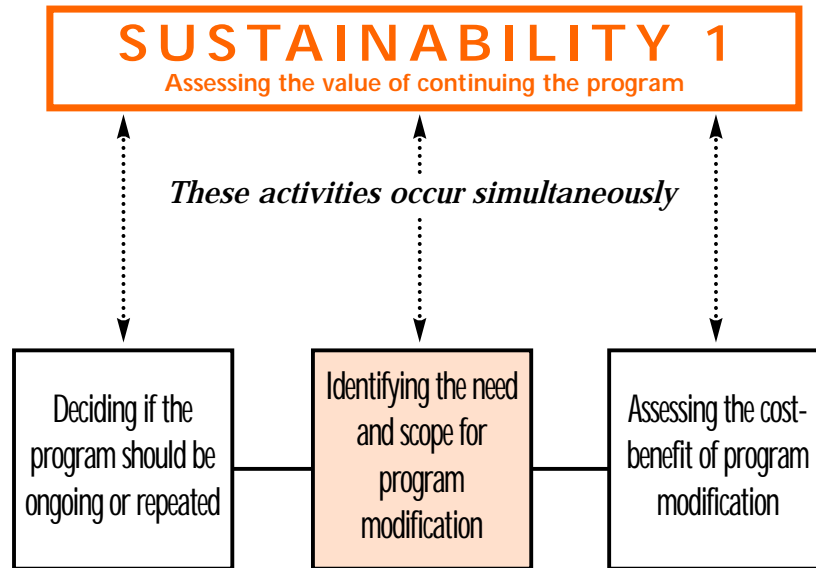
[See Planning 2, p 31, Ensuring the program is realistic and achievable.]

Identifying the need and scope for program modification

❖ **What are the strengths and weaknesses of the program? Is there any way to overcome the weaknesses?**

❖ **What circumstances or criteria does the program require to operate? That is, is it possible to transfer the program to a different environment or a different target group?**

❖ **What range and level of resources does the program require?**

SUSTAINABILITY 1
Assessing the value of continuing the program

These activities occur simultaneously

Deciding if the program should be ongoing or repeated	Identifying the need and scope for program modification	Assessing the cost-benefit of program modification

**Assessing the
cost-benefits of
program modification**

❖ **What resources are needed to make required changes? Are these
resources available?**
*[See Planning 2, p 30, Reviewing available resources;
Planning 3, p 39, Constructing a time frame.]*

❖ **Is there any support from other units, health service staff or
agencies to modify the program? Will there be any funding
available to assist with this process, such as research and
development grants or seeding grants?**

❖ **If the changes were made, what is the likelihood of the program
being picked up or sustained?**

❖ **What are the costs and benefits (direct and indirect) of allocating
resources to modify the program?**

❖ **Will the benefits of making the required changes outweigh the
costs involved?**

❖ **What are the criteria for monitoring and assessing the ongoing
effectiveness of the program?**
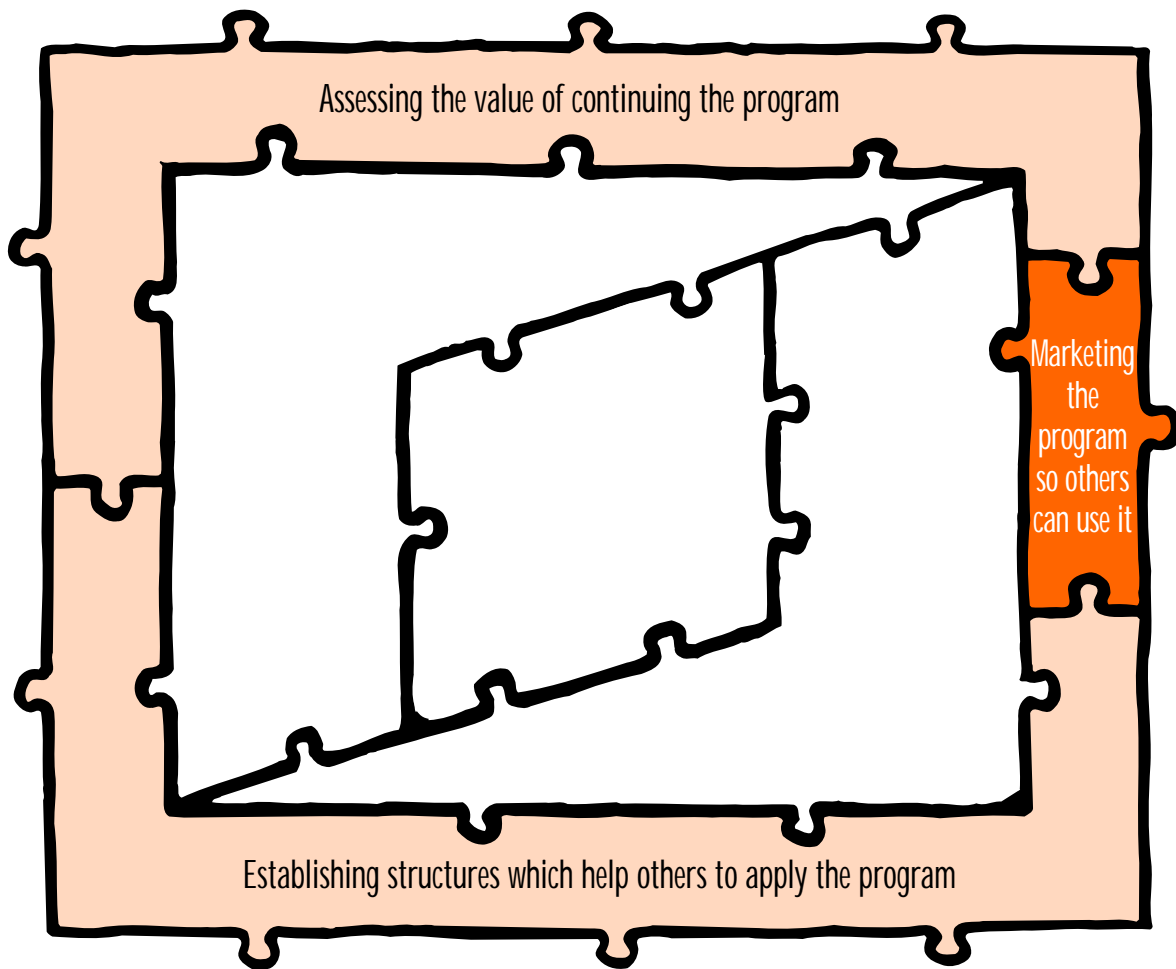
SUSTAINABILITY 1
Assessing the value of continuing the program

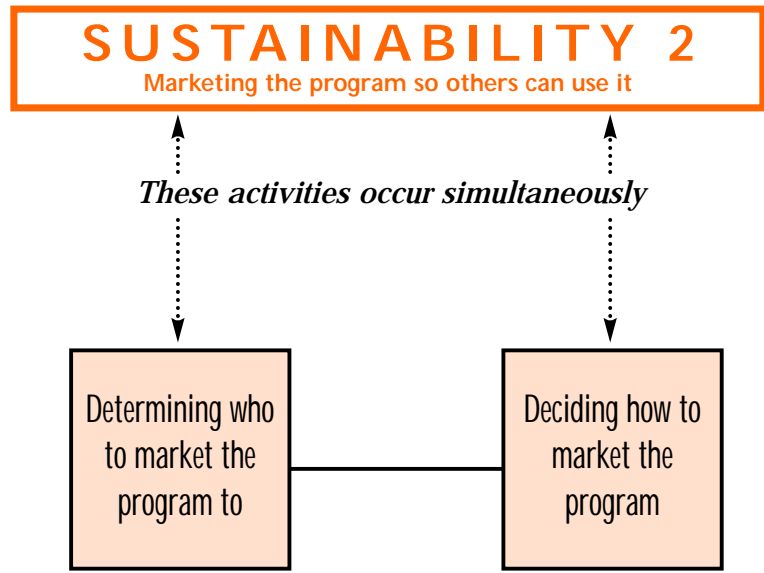**End of section checklist**

☐ Future of program decided

☐ Steps taken to modify program

☐ Stakeholder(s) committed to sustaining the program or program components

S U S T A I N A B I L I T Y   2
Marketing the program so that others can use it

Assessing the value of continuing the program

Marketing the program so others can use it

Establishing structures which help others to apply the program

SUSTAINABILITY 2
Marketing the program so others can use it

These activities occur simultaneously

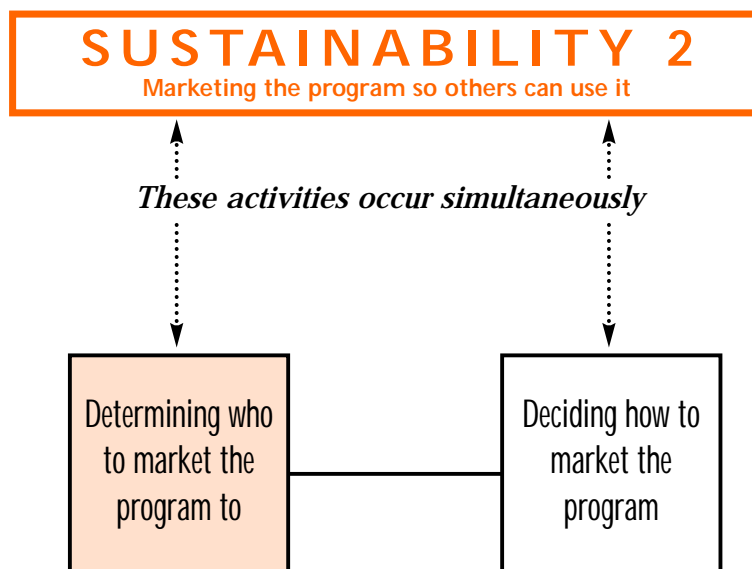| Determining who to market the program to	Deciding how to market the program

Marketing the program so others can use it involves:

➤ Determining who may be interested in - or able to sustain - the program.

➤ Determining what could motivate others to sustain the program.

➤ Deciding how these circumstances could be created or enhanced to encourage others to take up the program.

The reasons for conducting this process are:

➤ To increase the benefits of the program by extending its scope and reach.

➤ To reduce unnecessary duplication of work and avoid "re-inventing the wheel".

➤ To increase the number and range of organisations which may be interested in sustaining the program.

SUSTAINABILITY 2
Marketing the program so others can use it

These activities occur simultaneously

Determining who to market the program to		Deciding how to market the program

[See Planning 2, p 54, Maintaining support for the program.]

Identifying groups or individuals who may be interested in sustaining the program

❖ **Have any stakeholders, other government sectors or agencies expressed an interest in sustaining the program?**

❖ **Are any other groups or individuals suitably placed to sustain the program or parts of it?**

These include:
Other Health Promotion Units
Community health centres
Ethnic health workers
Non-government organisations, eg, Heart Foundation, Cancer Council
The private sector, eg, relevant industry groups
Volunteer groups
Community groups
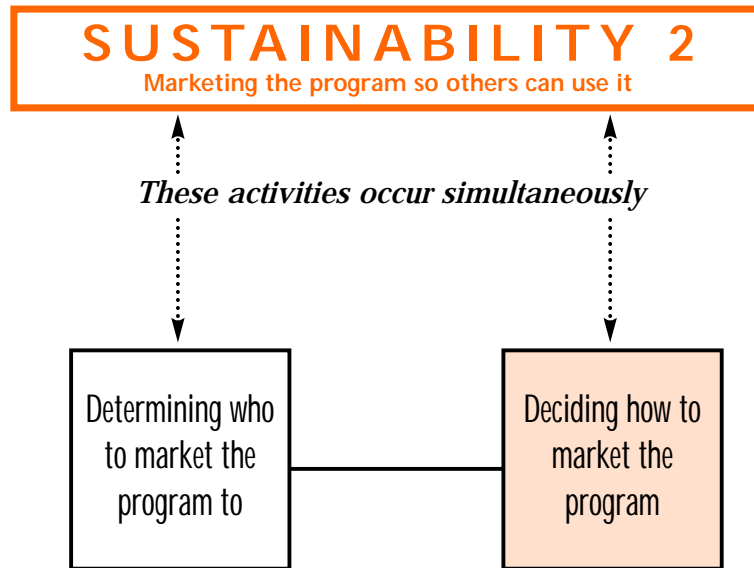Other government organisations, eg, Roads and Traffic Authority, Drug and Alcohol, Department of Education
Local councils

❖ **Do any of these organisations have an organisational philosophy and/or core operations which are compatible with the aims and methods used in the health promotion program?**

❖ **Do any of these organisations have structures - or are they willing to introduce structures - which would facilitate incorporation of the program into their work practice.**
[See Sustainability 3, p 106, Determining the best methods of offering support.]

❖ **Do any of these organisations have management support for sustaining the program.**
*[See Sustainability 3, p 105, Management support.]*

SUSTAINABILITY 2
Marketing the program so others can use it

These activities occur simultaneously

Determining who to market the program to

Deciding how to market the program

Deciding how to market the program

❖ **What will motivate others to sustain the program?**

❖ **What kind of information do they need to convince them the program is worth sustaining?**
[See Implementation 3, p 64, Communicating the program's progress.]

❖ **What is the best way to convey this information?**

- Personal contact?
- Written report(s)?
- Conference presentations or proceedings?
- Newsletter?
- On-site visits?
- Consumer/customer testimonials?

❖ **Who will be responsible for co-ordinating this?**

❖ **How much time and other resources will be required to market the program?**

❖ **What other circumstances might encourage people to sustain the program?**

- The opportunity for training and/or staff development?
- The opportunity to work in a partnership?

SUSTAINABILITY 2

Marketing the program so others can use it

End of section checklist
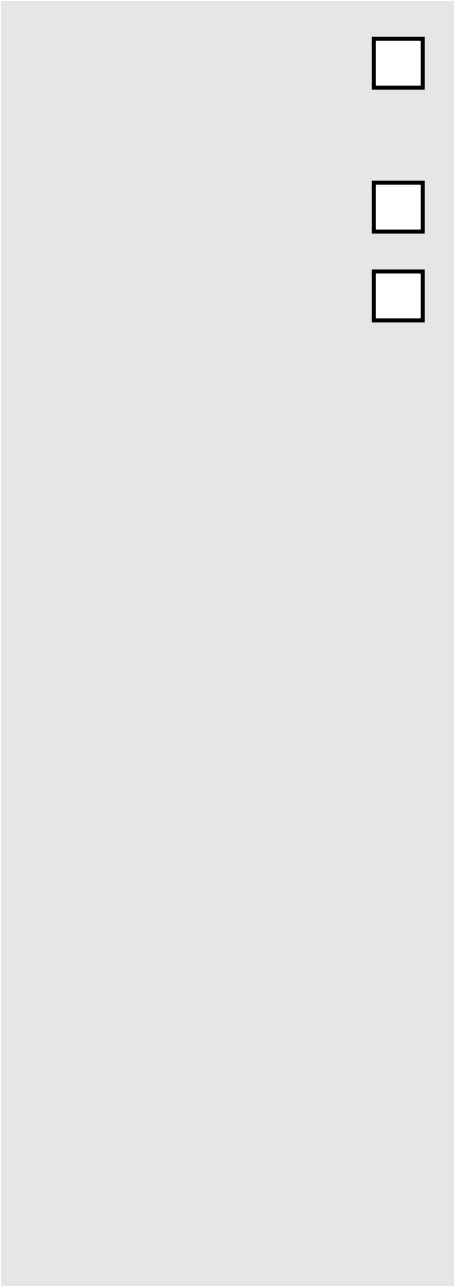
☐ Individuals or groups interested in sustaining the program, committed to the program

☐ Structures to sustain the program in place

☐ Strategies implemented to create or enhance an environment suitable to sustain the program

CASE STUDY

Wellness Centres: Establishing a regional network

Background

In 1990 the NSW Better Health Program provided funding for six "wellness projects for older people" in NSW. Although each project was unique in its approach and settings, they all aimed to enhance the wellbeing of older people through developing personal skills.

This case study is based on one of the six projects, a "Wellness Centre" in rural NSW.

"Wellness" is a holistic concept which aims to enhance the quality of life rather than merely ensuring the absence of disease and ability to be self reliant. The "Wellness Centre" was established by a community nurse, modelled on a Canadian program. It aimed to provide a friendly environment where older people could have their physical health monitored (blood pressure, height, weight etc), participate in gentle exercise and relaxation programs, update their knowledge on nutrition and general health issues, and enjoy social interaction with peers.

The clinic entailed a weekly two-hour session. After every four to six sessions, an afternoon tea was held and the previous sessions discussed.

Process evaluation and casual observation of the Wellness Centre 12 months later indicated it had been well received. Attendance rates were monitored - showing a steady increase - and records from the feedback sessions were very positive.

Based on process evaluation and casual observations, the possibility of extending the Wellness Centre to other rural locations and making them self-sustaining was proposed.

The value of continuing the program was systematically assessed. A project officer was employed by the Health Promotion Unit to assess what would be required to establish a network of self-sustaining Wellness Centres throughout the region.

The entry point for the guidelines is Sustainability 2: **"Marketing the program so that others can use it".**

Having assessed the value of extending the centres, the Health Promotion Unit allocated additional funds to employ a registered nurse for a 1 2-month period to establish a regional network of centres. To enable the centres to operate independently (ie, staffed, funded, and resourced) it was important to gain widespread support from the rural health services and rural communities, and especially older people.

These activities occur simultaneously

Determining who to market the program to

Deciding how to market the program

SUSTAINABILITY 2
Marketing the program so others can use it

[See Implementation 2, p 54, Maintaining support for the program.]

Identifying groups or individuals who may be interested in sustaining the program

❖ **Have any stakeholders, other government sectors or agencies expressed an interest in sustaining the program?**

❖ **Are any other groups or individuals suitably placed to sustain the program or parts of it?**

> **These include:**
> Other health promotion units
> Community health centres
> Ethnic health workers
> Non-government organisations. eg. Heart Foundation, Cancer Council
> The private sector, eg, relevant industry groups
> Volunteer groups
> Community groups
> Other government organisations, eg, Roads and Traffic Authority,
> Drug and Alcohol, Department of Education
> Local councils

❖ **Do any of these organisations have an organisational philosophy and/or core operations which are compatible with the aims and methods used in the health promotion program?**

❖ **Do any of these organisations have structures - or are they willing to introduce structures which would facilitate the incorporation of the program into their work practice?**
[See Sustainability 3, p 106, Determining the best methods of offering support.]

❖ **Do any of these organisations have management support for sustaining the program?**
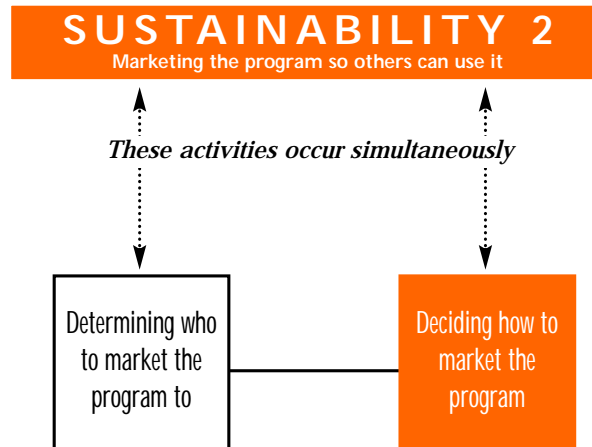*[See Sustainability 3, p 105, Management support.]*

Soon after the initial Wellness Centre was established, a number of older people's organisations, other health promotion units and branches of Community Health Services indicated support and interest in the centre.

Some of these groups were better equipped to take on the role of sustaining the program than others. Although the health services were well placed to sustain the wellness centres as they already employed suitable staff, had good infrastructure and access to suitable venues, they were not entirely convinced of the centre's worth. At the same time, the older people's organisations were very enthusiastic, but did not have the infrastructure or resources to maintain or support the centres alone.

Having identified key people and groups within the health services and community who would be well placed to support the extension of the Wellness Centres, it was now time to "sell" the concept, to secure their support.

CASE STUDY

SUSTAINABILITY 2
Marketing the program so others can use it

These activities occur simultaneously

Determining who to market the program to	Deciding how to market the program

❖ **What will motivate others to sustain the program?**

❖ **What kind of information is needed to convince them the program is worth sustaining?**
   [See Implementation 3, p 63, Documenting the program's progress.]

❖ **What is the best way to convey this information?**
   - Personal contact?
   - Written report(s)?
   - Conference presentations or proceedings
   - Newsletter?
   - On-site visits?
   - Consumer/customer testimonials?

❖ **Who will be responsible for co-ordinating this?**

❖ **How much time and other resources will be required to market the program?**

❖ **What other circumstances might encourage people to sustain the program?**
   - The opportunity for training and/or staff development
   - The opportunity to work in partnership

The Centres were marketed to the district's community health teams, hospital management and the district executives, as a low-cost, resource-efficient and effective way to positively influence the quality of life for older people.
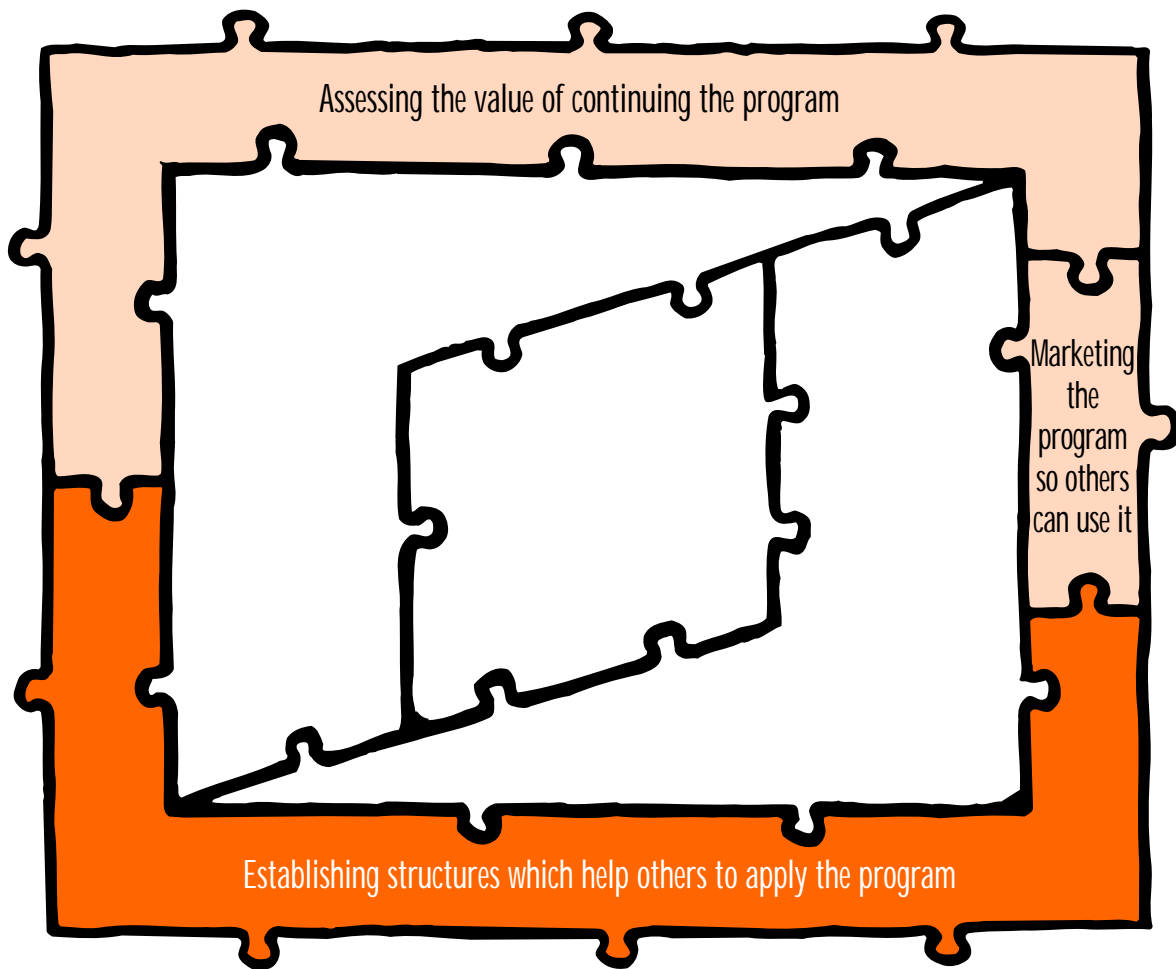
An open day was arranged at the centre and stakeholders were personally invited to attend. Each stakeholder was shown around the centre by one of the participants, which enabled them to see first hand how the centre functioned, how it met the needs of older people and how the participants themselves enjoyed the centre. The stakeholders were invited to have their blood pressure, weight and height measured, to sample nutritious snacks and to loin in a relaxation class. The local media and other prominent members of the community were also invited.

At the open day, reports were made available outlining the problems facing our aging society and how the health of older people had become a priority issue at a state and national level.

Following the successful open day, participants of the Wellness Centre wrote to the hospital management, district executive and prominent community members thanking them for attending and urging them to offer their support for a regional network of self-sustaining wellness centres.

S U S T A I N A B I L I T Y   3

Establishing structures which help others to apply the program

Assessing the value of continuing the program

Marketing the program so others can use it

Establishing structures which help others to apply the program

SUSTAINABILITY 3
Establishing structures which help others to apply the program

These activities occur simultaneously

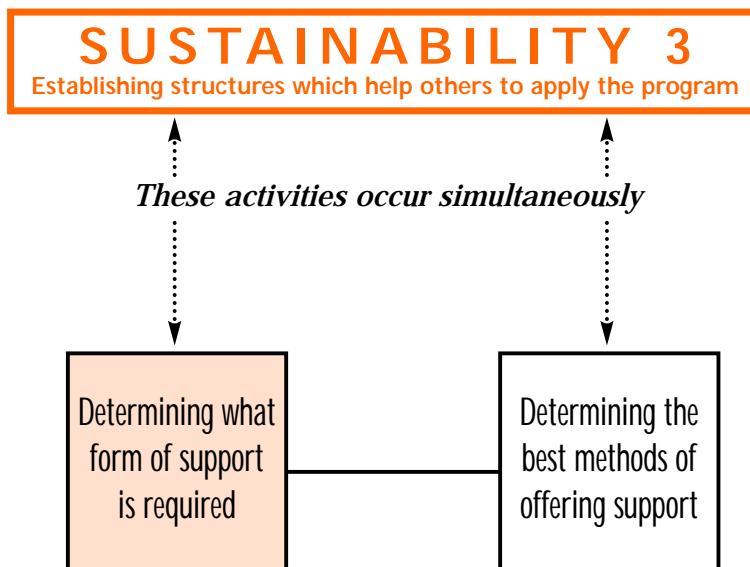| Determining what form of support is required | Determining the best methods of offering support |
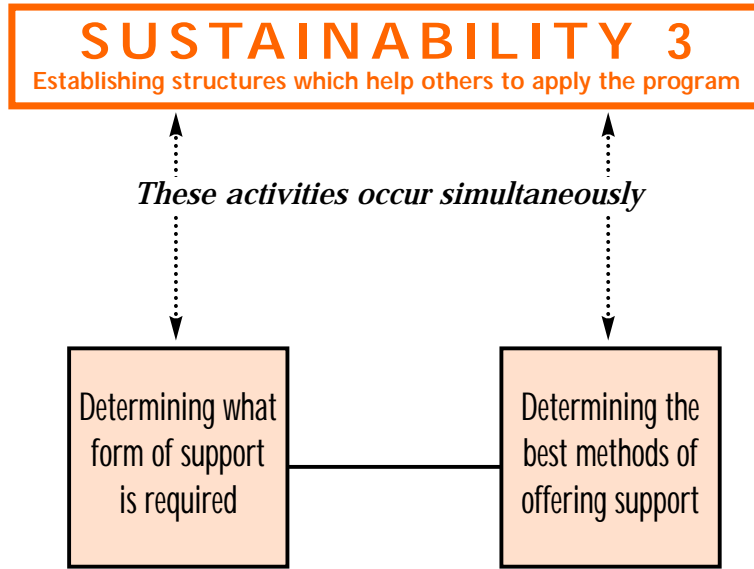
Establishing structures which help others apply the program involves:

➤ Determining what form of support organisations will require to successfully sustain the program.

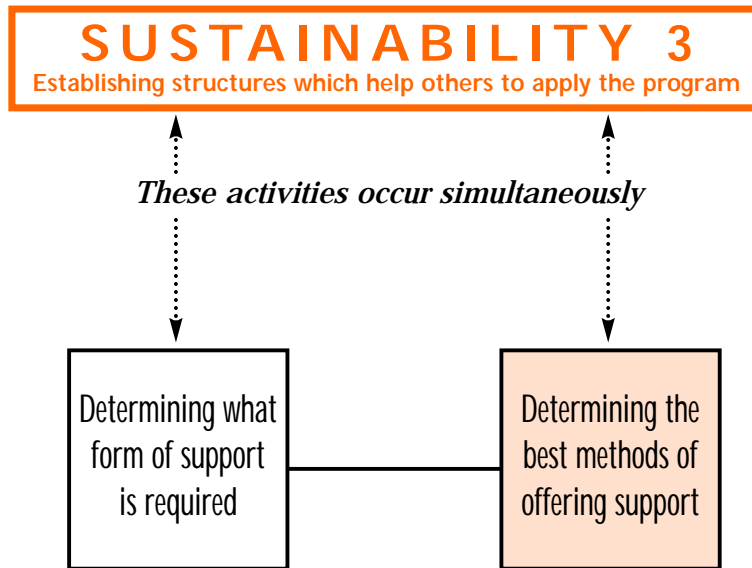➤ Determining how this support will best be offered.

The reasons for conducting this process are:

➤ To establish suitable organisational structures which will increase the likelihood of the program being successfully sustained.

SUSTAINABILITY 3
Establishing structures which help others to apply the program

These activities occur simultaneously

Determining what form of support is required	Determining the best methods of offering support

[See Implementation 2, p 54, Maintaining support for the program.]

Support required	❖ **What type of support is required for a group or organisation planning to sustain this program?**
	Suggestions include: Training courses to enable the development of appropriate skills Resources Political/organisational support Funding
Management support	❖ **How can middle or senior management support for sustaining the program be achieved? What benefits would this level of management get from implementing the program?**
	Suggestions include: Effective use of time and resources as a lot of the leg work has been done. The benefits of working in collaboration, eg, the increased availability of resources, increased access to expertise, the opportunity to increase the program's reach.
Organisational support	❖ **What kind of organisational support will help sustain the program?**
	Suggestions include: The introduction of policies, eg, in a workplace, in a local government area, a school, etc. The introduction of organisational changes, eg, new staff position, redefinition of job descriptions, reallocation of funding etc. The introduction of relevant training schemes.
Community Support	❖ **Is there community support to sustain parts, or all of, the program?**
	❖ **How can this support be mobilised to increase the likelihood of the program being sustained?**
	Suggestions include: Lobbying "power brokers", eg, local councillors, school principals, local industry, media Offering support in the form of resources

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SUSTAINABILITY 3
Establishing structures which help others to apply the program

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These activities occur simultaneously

Determining what form of support is required	Determining the best methods of offering support

[See Implementation 2, p 54, Maintaining support for the program.]

Determining the best methods of offering support

❖ **Is the organisation in a position to provide or develop these necessary support structures? What support will your organisation be able to provide or develop? Who else could provide support?**

Suggestions include:
Other government departments
Non-government organisations
Community groups

❖ **Are resources available to provide the required support, ie, time, money, people?**
[See Sustainability 1, p93, Assessing the cost-benefits of program modifications.]

❖ **How will the required support best be given?**

- Consultations

- Structured training programs?

- Resource material?

- Funding?

SUSTAINABILITY 3
Establishing structures which help others to apply the program

End of section checklist

☐ Support mechanisms required to sustain the program, identified and in place

☐ Support being provided as required

GLOSSARY

Contributing factors	Describes the range of factors, including social, behavioural, individual and environmental, which influence or contribute to a health issue or problem. Contributing factors need not be direct causal factors, which are commonly referred to as a risk factor. In this document "contributing factor" is used to encompass what Lawrence Green refers to as "reinforcing, enabling and predisposing factors". The term is also used to describe what Hawe et al refer to as risk factors.
Health Outcome	A health outcome is a change in the health of an individual, group or population which is attributable to an intervention or series of interventions. Health outcome can refer to death, injury or disease. It can also refer to factors which are themselves determinants of health such as contributing factors.
Program	An overall cycle of processes which involves planning, implementing and evaluating a set of structured activities in order to achieve specified objectives.
Strategy	A set of actions or activities designed to achieve specified objectives. In selecting the strategy, potential barriers and available resources are anticipated and accounted for.
Stakeholder	People who have an interest or investment in the process or outcome of a program. In the guidelines, the term stakeholders, generally refers to the health service management and staff, local community groups, local industry, local retailers, local government departments, non-government organisations etc.
Sustainability	Describes a "new" dimension of the program cycle which is concerned with the extension or maintenance of successful programs.
Target Group	A specified population group whose behaviour, environment, and/or health is expected to change as a result of the program.

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