HEALTH PROMOTION PROGRAMS
• Foundations of health promotion programs
  – What are health promotion programs?
  – Theory in health promotion programs
• Planning health promotion programs
  – Needs assessment
  – Defining program goals and objectives
  – Using logic models
• Implementing health promotion programs
• Evaluating and sustaining health promotion programs
• Promoting health in schools and universities
Foundations of health promotion programs
Social Ecological Model

**Intrapersonal level**: individual characteristics that influence behavior (knowledge, attitudes, beliefs, personality traits)

**Interpersonal level**: interpersonal processes and primary groups, including family, friends, and peers, that provide social identity, support, and role definition

**Organizational factors**: rules, regulations, policies, and informal structures that may constrain or promote recommended behaviors

**Community factors**: social networks and norms or standards that may be formal or informal among individuals, groups, or organizations

**Public policy**: local, state, and federal policies and laws that regulate or support healthy actions and practices for prevention, early detection, control, and management of disease

**Intervention points**
What are health promotion programs?

- Provide **planned, organized, and structured activities** and events over time that focus on helping individuals **make informed decisions** about their health.

- **Promote** policy, environmental, regulatory, organizational, and legislative **changes at various levels** of government and organizations.

- The planned change in health promotion can be applied among individuals **in varied settings** and **at any stage** in the natural history of an illness or health problem.
What are health promotion programs?

• Designed to work with a **priority population** (target population)—a defined group of individuals who share some common characteristics related to the health concern being addressed.

• Programs are planned, implemented, and evaluated for their priority population.

• The foundation of any successful program lies in **gathering information** about a priority population’s health concerns, needs, and desires.

• **Engaging** the schools, workplaces, health care organizations, and communities where people live and work as partners in the process of promoting health is most effective.
Health Promotion Interactions

HEALTH PROMOTION
Planned change of health-related lifestyles and life conditions through a variety of individual and environmental changes

Individual Level
- Behavioral choices
- Lifestyles

Population Level
- Life conditions
- Physical and psychosocial environments

Health Education
- Social Marketing
- Mass Communication

Political Action
- Community Organization
- Community Development

Improved Health and Well-Being of Individuals, Families, Schools, Workplaces, Health Care Organizations, and Communities

Source: Adapted from O’Neill & Stirling, 2007.
Health Promotion vs. Health Education

- **Health promotion** has been defined as the combination of two levels of action:
  1. health education and
  2. environmental actions to support the conditions for healthy living.

- **Health promotion** definition:
  “The process of enabling people to increase control over their health and its determinants, and thereby improve their health.”
  *(Ottawa Charter, World Health Organization, 1986).*

- **Health education**
  - facilitate gaining new knowledge, adjusting attitudes, and acquiring and practicing new skills and behaviors that could change health status.
  - educational strategies are delivered through individual or group instruction or interactive electronic medias.
  - Mass communication strategies include public service announcements, webinars, social marketing techniques, and other new strategies from text messaging to blogging.
Components of **Health Promotion** Programs

<table>
<thead>
<tr>
<th>Health Education to Improve</th>
<th>Environmental Actions to Promote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health knowledge</td>
<td>• Advocacy</td>
</tr>
<tr>
<td>Health attitudes</td>
<td>• Environmental change</td>
</tr>
<tr>
<td>Health skills</td>
<td>• Legislation</td>
</tr>
<tr>
<td>Health behaviors</td>
<td>• Policy mandates, regulations</td>
</tr>
<tr>
<td>Health indicators</td>
<td>• Resource development</td>
</tr>
<tr>
<td>Health status</td>
<td>• Social support</td>
</tr>
<tr>
<td></td>
<td>• Financial support</td>
</tr>
<tr>
<td></td>
<td>• Community development</td>
</tr>
<tr>
<td></td>
<td>• Organizational development</td>
</tr>
</tbody>
</table>
Settings for health promotion programs

- **Schools**: child care; preschool; kindergarten; elementary, middle, and high schools; two-year and four-year colleges; universities; and vocational-technical programs.

- **Workplaces**: it makes financial sense to encourage and support employees’ healthy practices (smoking, lack of physical activity, and poor nutritional habits adversely affect the health and productivity of their employees).

- **Health care organizations**: community hospitals, specialty hospitals, community health centers, physician offices, clinics, rehabilitation centers, skilled nursing and long-term care facilities.

- **Communities**: places where people live; groups of people who come together for a common purpose.
Theories in health promotion programs

**Why** is theory important?

- Directs our research strategy
- Shapes and guide our intervention
- Explains our outcomes

**Theory, Research and Practice**
are integrally related

The theories in the field of health promotion have been derived from
- education, sociology, psychology, anthropology, and public health.
Theories in health promotion programs

What is theory?

“...a set of interrelated concepts, definitions, and propositions that present a systematic view of events or situations by specifying relations among variables, in order to explain and predict the events or situations.”

• A theory presents a systematic way of understanding events or situations.
• A set of concepts, definitions, and propositions that explain or predict events or situations by illustrating the relationships between variables.
• They should be general, theories must be applicable to a broad variety of situations.
• They are abstract, don’t have a specified content or topic area.
Important terms in theory

- **Concepts** are the building blocks—the primary elements—of a theory.
- **Constructs** are concepts developed or adopted for use in a particular theory. The key concepts of a given theory are its constructs.
- **Variables** are the operational forms of constructs. They define the way a construct is to be measured in a specific situation. Match variables to constructs when identifying what needs to be assessed during evaluation of a theory-driven program.
- **Models** may draw on a number of theories to help understand a particular problem in a certain setting or context. They are not always as specified as theory.
Theories in health promotion programs

*How theory can help in program planning?*

- Provides a **road map** for studying problems, developing appropriate interventions, and evaluating their successes.
- Help to **explain the dynamics** of health behaviors.
- Help planners identify the most suitable **target audiences**, methods for fostering change, and **outcomes** for evaluation.
- Guides the **search for reasons** why people do or do not engage in certain health behaviors;
- Helps pinpoint **what planners need to know before they develop public health programs**;
- Suggests **how to plan program strategies** that reach target audiences and have an impact.
- Theory also helps to identify **which indicators should be monitored** and measured during program evaluation.
Theories in health promotion programs

Theoretical explanation of three levels of influence (based on the ecological perspective)

- **POPULATION**
  - Communication Theory
  - Diffusion of Innovations Model
  - Community Mobilization

- **INTERPERSONAL**
  - Social Cognitive Theory
  - Social Network and Social Support Theory

- **INDIVIDUAL (intrapersonal)**
  - Health Belief Model
  - Theory of Planned Behavior
  - Theory of Reasoned Action
  - Transtheoretical Model
Theories in health promotion programs

Health Belief Model

- Focus: Individuals’ perceptions of the threat posed by a health problem, the benefits of avoiding the threat, and factors influencing the decision to act.
- Six main constructs influence people’s decisions about whether to take action to prevent, screen for, and control illness.
# Theories in health promotion programs

## Health Belief Model

<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
<th>Potential Change Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived</td>
<td>Beliefs about the chances of getting a condition</td>
<td>• Define what populations(s) are at risk and their levels of risk</td>
</tr>
<tr>
<td>susceptibility</td>
<td></td>
<td>• Tailor risk information based on an individual’s characteristics or behaviors</td>
</tr>
<tr>
<td>Perceived</td>
<td>Beliefs about the seriousness of a condition and its consequences</td>
<td>• Help the individual develop an accurate perception of his or her own risk</td>
</tr>
<tr>
<td>severity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived</td>
<td>Beliefs about the effectiveness of taking action to reduce risk or</td>
<td>• Specify the consequences of a condition and recommended action</td>
</tr>
<tr>
<td>benefits</td>
<td>seriousness</td>
<td></td>
</tr>
<tr>
<td>Perceived</td>
<td>Beliefs about the material and psychological costs of taking action</td>
<td>• Explain how, where, and when to take action and what the potential positive results will be</td>
</tr>
<tr>
<td>barriers</td>
<td></td>
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</tr>
<tr>
<td>Cues to action</td>
<td>Factors that activate “readiness to change”</td>
<td>• Offer reassurance, incentives, and assistance; correct misinformation</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>Confidence in one’s ability to take action</td>
<td>• Provide “how to” information, promote awareness, and employ reminder systems</td>
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<td></td>
<td></td>
<td>• Provide training and guidance in performing action</td>
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<tr>
<td></td>
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<td>• Use progressive goal setting</td>
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<tr>
<td></td>
<td></td>
<td>• Give verbal reinforcement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Demonstrate desired behaviors</td>
</tr>
</tbody>
</table>
Theories in health promotion programs

**Transtheoretical Model (Stages of Change)**

Individuals’ motivation and readiness to change a problem behavior across time.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Definition</th>
<th>Potential Change Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Has no intention of taking action within the next six months</td>
<td>Increase awareness of need for change; personalize information about risks and benefits</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Intends to take action in the next six months</td>
<td>Motivate; encourage making specific plans</td>
</tr>
<tr>
<td>Preparation</td>
<td>Intends to take action within the next thirty days and has taken some behavioral steps in this direction</td>
<td>Assist with developing and implementing concrete action plans; help set gradual goals</td>
</tr>
<tr>
<td>Action</td>
<td>Has changed behavior for less than six months</td>
<td>Assist with feedback, problem solving, social support, and reinforcement</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Has changed behavior for more than six months</td>
<td>Assist with coping, reminders, finding alternatives, avoiding slips/relapses (as applicable)</td>
</tr>
</tbody>
</table>
Theories in health promotion programs

Theory of Planned Behavior
Theory of Reasoned Action

Individuals’ attitudes toward a behavior, perceptions of norms, and beliefs about the ease or difficulty of changing.
Theories in health promotion programs

Social Cognitive Theory

(Bandura, 1986)

Human behavior is an interaction of personal factors, behavior, and the environment.

Individuals learn from their interactions and observations.

An individual’s behavior is uniquely determined by each of these three factors:

1. **Personal factors**: A person’s expectations, beliefs, self-perceptions, goals, and intentions shape and direct behavior.

2. **Environmental factors**: Human expectations, beliefs, and cognitive competencies are developed and modified by social influences and physical structures within the environment.

3. **Behavioral factors**: A person’s behavior will determine the aspects of the person’s environment to which the person is exposed, and behavior is, in turn, modified by that environment.
# Theories in health promotion programs

## Social Cognitive Theory

<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
<th>Potential Change Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reciprocal determinism</td>
<td>The dynamic interaction of the person, behavior, and the environment in which the behavior is performed</td>
<td>Consider multiple ways to promote behavior change, including making adjustments to the environment or influencing personal attitudes</td>
</tr>
<tr>
<td>Behavioral capability</td>
<td>Knowledge and skill to perform a given behavior</td>
<td>Promote mastery learning through skills training</td>
</tr>
<tr>
<td>Expectations</td>
<td>Anticipated outcomes of a behavior</td>
<td>Model positive outcomes of healthful behavior</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>Confidence in one’s ability to take action and overcome barriers</td>
<td>Approach behavior change in small steps to ensure success; be specific about the desired change</td>
</tr>
<tr>
<td>Observational learning (modeling)</td>
<td>Behavioral acquisition that occurs by watching the actions and outcomes of others’ behavior</td>
<td>Offer credible role models who perform the targeted behavior</td>
</tr>
<tr>
<td>Reinforcements</td>
<td>Responses to a person’s behavior that increase or decrease the likelihood of reoccurrence</td>
<td>Promote self-initiated rewards and incentives</td>
</tr>
</tbody>
</table>
Social influences on health and behavior.

Social support definition: the physical and emotional comfort given to us by our family, friends, co-workers, and others (House, 1981).

Social support is typically divided into five subtypes (constructs):

<table>
<thead>
<tr>
<th>Subtypes</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional support</td>
<td>Conveying that a person is being thought about, appreciated, or valued enough to be cared for in ways that are health-promoting</td>
</tr>
<tr>
<td>Instrumental support</td>
<td>Provision of tangible aid and services such as gifts of money, moving furniture, food, assistance with cooking, or child care</td>
</tr>
<tr>
<td>Appraisal</td>
<td>Provision of information that is useful for self-evaluation purposes: constructive feedback, affirmation, and social comparison</td>
</tr>
<tr>
<td>Sharing points of view</td>
<td>Offering opinions about how one views a particular situation or how one would handle a situation, in order to suggest ways that a person can address a particular situation</td>
</tr>
<tr>
<td>Informational support</td>
<td>Provision of advice, suggestions, or information that a person can use to address a particular situation</td>
</tr>
<tr>
<td>Population level</td>
<td>Communication theory</td>
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<td></td>
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<tr>
<td>Diffusion of innovations model</td>
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<tr>
<td>Community mobilization</td>
<td>Community-driven (or setting-driven) approaches to assessing and solving health and social problems</td>
</tr>
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</tbody>
</table>
### Using Theory to Plan Multilevel Interventions

<table>
<thead>
<tr>
<th>Change Strategies</th>
<th>Examples of Strategies</th>
<th>Ecological Level</th>
<th>Useful Theories</th>
</tr>
</thead>
</table>
| Change people’s behavior| • Educational sessions  
                          • Interactive kiosks  
                          • Print brochures  
                          • Social marketing campaigns | Individual (intrapersonal) | • Health belief model  
                          • Theory of planned behavior  
                          • Theory of reasoned action  
                          • Transtheoretical model |
|                         | • Mentoring programs  
                          • Lay health advising  
                          • Goal setting  
                          • Enhancing social networks or improving social support  
                          • Creating new organizational policy and procedures | Interpersonal | • Social cognitive theory  
                          • Social network and social support theory |
| Change the environment  | • Media advocacy campaigns  
                          • Advocating changes to public policy | Population               | • Communication theory  
                          • Diffusion of innovations model  
                          • Community mobilization |
Planning health promotion programs
1. Needs assessment
2. Defining program goals and objectives
Needs assessment

Understanding how the health of a group of individuals at a site might be improved

Information on their current health status

Information on their ideal health status

What to measure?
Needs assessment – What to measure?

<table>
<thead>
<tr>
<th>Indicators of Physical Health</th>
<th>Indicators of Social Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morbidity rates</td>
<td>Hospitalization rates for mental illness</td>
</tr>
<tr>
<td>Life span</td>
<td>Number and types of mental health professionals</td>
</tr>
<tr>
<td>Number of prescriptions</td>
<td>Number and types of mental health institutions</td>
</tr>
<tr>
<td>Nutritional status</td>
<td></td>
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<tr>
<td>Health care expenditures</td>
<td></td>
</tr>
<tr>
<td>Environmental quality</td>
<td>Poverty levels</td>
</tr>
<tr>
<td>Level of physical disability</td>
<td>Educational status</td>
</tr>
<tr>
<td>Self-assessed health status</td>
<td>Crime rates</td>
</tr>
<tr>
<td>Prevalence of health risk factors</td>
<td>Divorce rates</td>
</tr>
<tr>
<td>Number and types of health procedures</td>
<td>Out-of-wedlock pregnancies</td>
</tr>
<tr>
<td>Rate of premature births</td>
<td>Social supports</td>
</tr>
<tr>
<td>Prevalence of health insurance</td>
<td>Social roles</td>
</tr>
<tr>
<td>Health promotion or disease prevention programs</td>
<td>Drug abuse</td>
</tr>
<tr>
<td>Number and types of health professionals</td>
<td>Unemployment rates</td>
</tr>
<tr>
<td>Number and types of health institutions</td>
<td></td>
</tr>
<tr>
<td>Indicators of Environmental Health</td>
<td>Number and type of social service agencies</td>
</tr>
<tr>
<td>Built environment</td>
<td></td>
</tr>
<tr>
<td>Environmental toxins</td>
<td></td>
</tr>
<tr>
<td>Pollutants (air, water, noise)</td>
<td></td>
</tr>
<tr>
<td>Population density</td>
<td></td>
</tr>
<tr>
<td>Transportation options</td>
<td></td>
</tr>
<tr>
<td>Recreational facilities</td>
<td></td>
</tr>
<tr>
<td>Housing facilities</td>
<td></td>
</tr>
</tbody>
</table>

| Indicators of Mental Health                   |                                                                 |
| Mortality rates                               |                                                                 |
| Morbidity rates                               |                                                                 |
| Life span                                     |                                                                 |
| Number of psychotropic prescriptions          |                                                                 |
| Mental health care expenditures               |                                                                 |
| Number and types of mental health services    |                                                                 |
| Prevalence of insurance coverage for mental illness |                                         |
| Self-assessed mental health status            |                                                                 |

| Indicators of Spiritual Health                |                                                                 |
| Level of sense of purpose in life            |                                                                 |
| Number and types of religious institutions   |                                                                 |
| Level of life satisfaction                   |                                                                 |
| Level of prejudice                           |                                                                 |
Conducting a needs assessment

1. Determining the scope of the assessment
   – Work with the key informants and stakeholders (that is, an advisory committee) to determine the scope of the work and the purpose of the needs assessment.
   – Ask who will be involved and what decisions will be based on the needs assessment.
   – Think carefully and critically about what information is needed in order to make the decisions.

2. Gathering data
   – Gather only the needed data.
   – Consider culturally appropriate data-gathering approaches tailored to the target population and setting.

3. Analyzing the data

4. Report and share the findings.
Needs assessment – Data collection

Primary data
- new, original data that did not exist before,
- Obtained directly from individuals at the site,
  - surveys,
  - interviews,
  - focus groups,
  - direct observation.
- More expensive and time consuming

Secondary data
- already exist because they were collected by someone for another purpose.
- The data may or may not be directly from the individual or population that is being assessed.
  - vital records,
  - census data,
  - peer-reviewed journals.
- some information may not exist for some settings,
- the data may be old,
- the data may not have been correctly collected.

Data: qualitative or quantitative
Needs assessment – **Data analysis**

- Mostly descriptive
- Discussion and decision on program priorities
- Grouping data
  - types of death or disability,
  - behavioral risk factors,
  - nonbehavioral risk factors (social, physical, environmental factors)
Factors to consider in establishing program priorities at a site.

- How large is the discrepancy between the incidence of the health problem locally and the incidence at state or national levels?
- How many individuals are affected by the health problem?
- Which problem has the greatest impact on disability or mortality?
- What are the leading perceived health problems of the stakeholder?
- What will be the consequences if the health problem is not corrected?
- Would not correcting the problem cause other health-related problems?
- Would other health-related problems be reduced if this health problem were reduced?
- What is the potential impact on others at the site if the health problem is reduced?
- How difficult would it be to correct the health problem?
- Which problems are already being addressed by other groups and organizations?
- How many resources would be required to solve the health-related problem?
- How effective are available interventions in preventing or reducing the health-related problem?
- Do you have the expertise to resolve the health-related problem?
- What are the barriers (obstacles) to correcting the health-related problem?
- Will the stakeholders want and accept the proposed solution to the health-related problem?
- Do current laws permit the proposed health-related program activities to be conducted?
Simple method of establishing priorities

**Numerical weighting**

### Importance and Feasibility

#### Importance factors
- The number of people affected, mortality rate, and potential impact on the population.

#### Feasibility factors
- How difficult it will be to correct the problem, availability of resources, effectiveness of available interventions, and potential acceptance of solutions at the site.

<table>
<thead>
<tr>
<th>Importance</th>
<th>Feasibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High (3)</td>
</tr>
<tr>
<td>High (3)</td>
<td>6 points</td>
</tr>
<tr>
<td>Moderate (2)</td>
<td>5 points</td>
</tr>
<tr>
<td>Low (1)</td>
<td>4 points</td>
</tr>
</tbody>
</table>
Needs assessment –
Final report and dissemination

Contents of a final report:
• executive summary,
• acknowledgments,
• table of contents,
• demographics of the community,
• methods of data collection,
• main findings,
• established priorities,
• references,
• appendixes.

Dissemination
• printing the entire report;
• preparing special reports or brochures for particular groups of individuals and stakeholders (such as funders or program participants);
• posting the report on the Web;
• informing people about the report through e-mail, public meetings, board and staff meetings, newspaper reports, radio and television interviews.
Goals & Objectives

GOAL...

is a broad statements that describe the desired longer-term impacts of what you want to accomplish.

OBJECTIVES...

or desired outcomes are the specific changes expected in your target population(s) as a result of your program.
Goals & Objectives

GOAL

• Sets a program’s direction and intent
• Provide the foundation for specific objectives and activities
• Clarify what is important in the health promotion program and state the end results of the program.
• Includes the program’s target population.
• Uses action words such as *reduce*, *eliminate*, or *increase*.

• „A goal of the American Lung Association’s Freedom From Smoking program is to decrease the number of smokers by helping people who already smoke to stop smoking.‟
Goals & Objectives

OBJECTIVE

• specific steps (or subgoals) that need to be achieved in order to attain the goal.
• specific → An objective statement specifies
  – who,
  – what,
  – when,
  – where
  – how much, how many, or how often
• Measurable
Overall Goal

Objective 1
- Sub-objective
  - Sub-objective
- Sub-objective

Objective 2
- Sub-objective

Objective 3
- Sub-objective
  - Sub-objective
- Sub-objective

Objective 4
- Sub-objective
  - Sub-objective
- Sub-objective
Types of Objectives

• **Process (or administrative) objectives**: identify the needed changes or tasks in the administration of the program itself (e.g. hiring staff, providing professional development for staff, seeking additional funding). These types of objectives are used to evaluate progress in the implementation of the program
  – „By the end of the year, smoking cessation programs for college students will have been initiated in fifteen of the thirty-three institutions of higher education in the state.”

• **Action (or behavioral) objectives** are used to identify needed changes in the actions or behaviors of the target population (knowledge, attitude, skill, behavior).
  – „By the end of the program, 50 percent of the participants will increase their exercise activities to at least thirty minutes a day, three times a week.”

• **Outcome objectives** are used to identify the long-term accomplishments of a health promotion program
  – „New cases of HIV among Hispanic women ages 18 to 25 will be reduced by 25 percent by the year 2015.”
Have you ever used "S.M.A.R.T." to reach an objective? On second thought, have you ever had an objective? OK, have you ever heard the word "smart?"
4 W’s rule:
**Who** or what is expected to change or happen?
**What** or how much change is expected?
**Where** will the change occur?
**When** will the change occur?

The **OBJECTIVE** should **SPECIFY**:
*What will change* (e.g., certain risk factors, attitudes);
*for whom* (e.g., seventh grade students)
*by how much* (e.g., decreased approval of peer smoking by 10 percent);
*by when* (e.g., by the end of your program, at a six-month follow-up);
*where* (in a certain county/town).
The focus is on “how much” change is expected. Objectives should quantify the amount of change expected. The objective provides a reference point from which a change in the target population can clearly be measured.

Objectives should be achievable within a given time frame and with available program resources.

Objectives are most useful when they accurately address the scope of the problem and programmatic steps that can be implemented within a specific time frame.

Objectives should provide a time frame indicating when the objective will be measured or a time by which the objective will be met.
Examples for SMART objective

Non-SMART objective:
90% of youth participants will participate in lessons on assertive communication skills.

SMART objective:
By the end of the school year, district health educators will have delivered lessons on assertive communication skills to 90% of youth participants in the middle school HIV-prevention curriculum.
Deciding on program interventions

• The most effective interventions are culturally appropriate and based on health theories and models.

• An intervention is any set of methods, techniques, or processes designed to effect changes in behaviors or the environment.

• Identifying the interventions explains how you intend to achieve the objectives.

• Match the intervention to the specific needs of the target population.
Deciding on program interventions

Selecting health promotion materials

- **Existing materials**
  - **Adaptation?**
    - **Yes**
      - **Acceptable?**
        - **Yes**
          - Pilot-tested by a sample group of the target population
        - **No**
    - **No**

Do the program materials enable the objectives to be met?
Do they deliver the intended theoretical methods and practical strategies?
Do the materials fit with the target population?
Are the materials attractive, appealing, and culturally appropriate?
Are the messages delivered by the materials consistent with the program objectives?
Deciding on program interventions

Using evidence-based interventions

- provide to practitioners interventions that are critically appraised and that incorporate scientific evidence into clinical practice.
- PubMed database
  ( [http://www.pubmed.gov](http://www.pubmed.gov) )
- National Registry of Evidence-Based Programs and Practices (NREPP)
- Research-Tested Intervention Programs (RTIPs)
- Exchange on Drug Demand Reduction Action (EDDRA)
Research-tested Intervention Programs (RTIPs)

RTIPs - Moving Science into Programs for People

Use the link below to select a number of criteria, and see a list that contains programs from several topics.

Select from 151 Intervention Programs

RTIPs is a searchable database of cancer control interventions and program materials and is designed to provide program planners and public health practitioners easy and immediate access to research-tested materials.

Register your program now and be part of the RTIPs Community.

For more information on how to participate in a RTIPs review, read the RTIPs Submission and Review Process: A Guide for Program Developers.

Search Research to Reality R2R, NCI’s online community of practice that links cancer control practitioners and researchers, for discussions, cyber-seminars, and much more.

New Programs on RTIPs:

- Informed Decision Making
  - Thinking About Continuing Mammography Screening for Breast Cancer? A Decision Aid for 70-Year-Old Women (Post date: oktober, 2014)

- Survivorship
  - Project ENABLE II (Post date: szeptember, 2014)

- Colorectal Cancer Screening
  - Healthy Colon, Healthy Life (Post date: augusztus, 2014)

- New programs are released periodically. Please check for updates.

RTIPs and Research Reviews

The Guide to Community Preventive Services evaluates the effectiveness of types of interventions (as opposed to individual programs) by conducting systematic reviews of all available research in collaboration with partners. The Task Force on Community Preventive Services then uses the systematic review findings as the basis for their recommendations for practice, policy, and future research. The symbol to the right links to Community Guide findings. Many Research-tested Intervention Programs (RTIPs) are directly linked to associated Community Guide findings.

If you use tobacco and are trying to quit, please visit Smokefree.gov.

Looking for general information about cancer? Please visit Cancer.gov or call the Cancer Information Service at 1-800-4-CANCER.
Search

Select program attributes (if you like) and then click the button at the bottom of the page to get a list of relevant programs. Multiple selections within a category expand your criteria; selections in different categories narrow them.

**Topics**
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Diet/Nutrition
- Informed Decision Making
- Obesity
- Physical Activity
- Public Health Genomics
- Sun Safety
- Survivorship
- Tobacco Control

**Setting**
- Community
- Religious establishments
- Rural
- Suburban
- Urban/Inner City
- School-based
- Clinical
- Workplace
- Home-based
- Day care / Preschool

**Materials**
- Available on RTIPs
- Partially available on RTIPs
- Available from third party only

**Origination**
- Canada
- United States

**Race/Ethnicity**
(of Any % of the study population)
- Alaskan Native
- American Indian
- Asian
- Black, not of Hispanic or Latino origin
- Hispanic or Latino
- Pacific Islander
- White, not of Hispanic or Latino origin

**Age**
- Children (0-10 years)
- Adolescents (11-18 years)
- Young Adults (19-39 years)
- Adults (40-65 years)
- Older Adults (65+ years)

**Gender**
- Male
- Female
Examples of evaluated practices: EDDRA

Welcome to the Exchange on Drug Demand Reduction Action (EDDRA), which provides details on a wide range of evaluated prevention, treatment and harm reduction interventions, as well as interventions within the criminal justice system. More about EDDRA...

Find projects by characteristics

By type of intervention
- Prevention: environmental strategy, universal, selective, indicated
- Treatment: drug-free treatment, pharmaceutically assisted treatment, withdrawal treatment
- Social reintegration: education, employment, housing
- Harm reduction: reduction of overdoses, prevention of infectious diseases, drug consumption rooms

Interventions in the criminal justice system
- Assistance to drug users in prison, alternatives to prison

Other criteria
- By target group (universal): general population, children/young people, adults, family/parents
- By type of approaches: offenders, ethnic, family/first childhood, gender, telephone help-line, mass media campaign, peer, community involvement, training for professionals, networking, self help
- By type of evaluation: process evaluation, outcome evaluation

Substance-specific interventions
- Some interventions are targeted at a specific substance (in contrast to the majority of projects which cover a range of substances). Click on a substance to see the associated projects:
  - alcohol, tobacco, cannabis, cocaine and derivatives, opiates, ecstasy

Related links
- EDDRA quality levels
- EDDRA resources
- Evaluation Instruments Bank (EIB): A database that contains 170 evaluation instruments in the treatment field and 70 in the prevention field
- Glossary of best practice terms:
  - Contains definitions for the terms used within EDDRA
- External links:
  - EDDRA and PERK as prevention instruments (Prevention Notes - Quaderni di Prevenzione, in Italian)
Using Logic Models
What is Logic Model?

• A visual depiction of the underlying logic of a planned initiative.
• It shows the relationship between the program’s
  • resources (inputs),
  • its planned activities (outputs),
  • and the changes that are expected as a result (outcomes).
• They all are designed to provide a simple graphic illustration of the relationships assumed between the actions that will be initiated and the results anticipated.
• The components illustrate the connection between your planned work and your intended results.
1. **Resources**: human, financial, organizational, and community resources a program has available to direct toward doing the work. Sometimes is referred to as *Inputs*.

2. **Program Activities**: what the program does with the resources. *Activities* are the processes, tools, events, technology, and actions that are an intentional part of the program implementation. These interventions are used to bring about the intended program changes or results.

3. **Outputs**: the direct products of program activities.

4. **Outcomes**: the specific changes in program participants’ behavior, knowledge, skills, status and level of functioning. Short-term outcomes should be attainable within 1 to 3 years, while longer-term outcomes should be achievable within a 4 to 6 year timeframe. The logical progression from short-term to long-term outcomes should be reflected in impact occurring within about 7 to 10 years.

5. **Impact**: the fundamental intended or unintended change occurring in organizations, communities or systems as a result of program activities within 7 to 10 years.
Why use a Logic Model?

- Because they are pictorial in nature, they require systematic thinking and planning to better describe programs.

- You can adjust approaches and change courses as program plans are developed.

- Can produce better program design and a system to strategically monitor, manage, and report program outcomes throughout development and implementation.

- The logic model approach helps create shared understanding of and focus on program goals and methodology, relating activities to projected outcomes.

- Using a logic model throughout your program helps organize and systematize program planning, management, and evaluation functions.
Why use a Logic Model?

1. In **Program Design and Planning**, a logic model serves as a planning tool to develop program strategy and enhance your ability to clearly explain and illustrate program concepts and approach for key stakeholders, including funders.

2. In **Program Implementation**, a logic model forms the core for a focused management plan that helps you identify and collect the data needed to monitor and improve programming.

3. For **Program Evaluation and Strategic Reporting**, a logic model presents program information and progress toward goals in ways that inform, advocate for a particular program approach, and teach program stakeholders.
1. Program Planning Template

1. Problem or Issue
   - Describe the problem(s) your program is attempting to solve or the issue(s) your program will address.

2. Community Needs/Assets
   - Specify the needs and/or assets of your community that led your program to address the problem(s) or issue(s).

3. Desired Results (outputs, outcomes, and impact)
   - Identify your desired results, or vision of the future, by describing what you expect to achieve, near- or long-term, if your program is funded.

4. Influential Factors
   - List the factors (e.g., protective or risk factors, existing policy environment, or other factors) you believe will influence change in your community.

5. Strategies
   - List general, successful strategies or “best practices” your research identified that have helped communities like yours achieve the kinds of results your program promises.

6. Assumptions
   - State the assumptions behind how and why the identified change strategies will work in your community (e.g., principles, beliefs, ideas).
Program Planning Template - Example

**Strategies**
- Create a free clinic staffed primarily by volunteer physicians, nurses, and pharmacists as in Anywhere, USA
- Ask doctors to see patients for free in their own practices/Columbia, SC

**Assumptions**
- Mytown has a history of successful volunteer programs
- The Medical Society will encourage volunteers and provide on-going support
- The clinic can find and operate in donated space
- The hospital will support a free clinic to improve patient health and to save money

**Influential Factors**
- Chamber predicts increase in # of small businesses unable to offer employee health insurance
- There is a strong community support for a free clinic generated by the Uninsured Task Force
- 3 major corporate leaders have expressed interest in a free clinic

**Problem or Issue**
- Increased #’s of uninsured workers
- Local plant closings limit jobs
- Costs of uninsured ER care are rising
- Hospitals cannot fund free ER care forever

**Community Needs/Assets**
- Memorial Hospital’s Annual Report states that 28% of uninsured, male patients are seen in ER
- United Way Assessment lists health care for uninsured as a top priority
- Memorial & Medical Society formed Task Force on uninsured to research solutions

**Desired Results (outputs, outcomes, and impact)**
- Increased access to affordable health care for uninsured Mytown residents
- Create a free clinic to offer affordable health care + education
- Decrease # of uninsured patients seeking care in ER
- Increase # of uninsured patients with a medical home
2. Program Implementation

Schematic Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Short-Term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-Term Outcomes</th>
<th>Goal (or Goals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is needed to implement program objectives</td>
<td>The intervention strategies or specific activities</td>
<td>The immediate results of the activities</td>
<td>Results of the activities that are expected a little later</td>
<td>Longer-term results that might not be seen until long after the program has ended</td>
<td>Overall purpose for the initiative</td>
</tr>
</tbody>
</table>

1–3 years | 4–6 years | 7–10 years
## Logic Model for Preventing the Initiation of Tobacco Use Among Young People

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Short-Term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-Term Outcomes</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>Internet-based multimedia literacy programs focused on youth</td>
<td>Increased media awareness and skills to evaluate</td>
<td>Smoking denormalized among youth</td>
<td>Improved quality of life for youth</td>
<td>Reduced tobacco-related morbidity and mortality</td>
</tr>
<tr>
<td>Funding</td>
<td>School-based life skills training and tobacco, alcohol, and other drug</td>
<td>Changes in knowledge, attitudes, behavior, and skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td>Policy and regulatory action to enforce restrictions of sale of tobacco</td>
<td>Decreased access to tobacco products in all</td>
<td>Schools and communities promoting and supporting</td>
<td>Reduced initiation of tobacco use among youth</td>
<td></td>
</tr>
<tr>
<td>Materials</td>
<td>products to minors in disparate populations</td>
<td>neighborhoods and communities</td>
<td>tobacco-free youth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partnerships</td>
<td>Community partnerships to improve youth community activities and supports</td>
<td>Increased access to community-based youth programs and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Space</td>
<td></td>
<td>activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Gantt Chart of an Educational Activities

**Gantt chart = timeline** (Henry Gantt, mechanical engineer)
- Which activities need to be **done before others**?
- What are the critical **deadlines** for each activity?
- How much **time** will be needed for each activity?
- Are there any scheduled holidays, vacations, or other predictable periods in which **less work** might get accomplished or activities won’t be successful?
- When are our **evaluation and progress reports** due?

<table>
<thead>
<tr>
<th>Activity</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan</td>
</tr>
<tr>
<td>Hire and train staff</td>
<td></td>
</tr>
<tr>
<td>Secure curricula and resources for participants</td>
<td></td>
</tr>
<tr>
<td>Initial workshop (3 weeks)</td>
<td></td>
</tr>
<tr>
<td>Skill-building sessions</td>
<td></td>
</tr>
<tr>
<td>Short-term outcome evaluation and report</td>
<td></td>
</tr>
<tr>
<td>Follow-up workshops</td>
<td></td>
</tr>
<tr>
<td>Final evaluation and report</td>
<td></td>
</tr>
</tbody>
</table>
3. Program Evaluation

• **Program evaluation** is the systemic collection of information about a health promotion program in order to answer questions and make decisions about the program.

• The types of program evaluation are
  – formative evaluation,
  – process evaluation,
  – impact evaluation,
  – outcome evaluation

• Evaluation is not a one-time report card but, ideally, an ongoing process that a health promotion program incorporates into its operation and management systems.
3. Program Evaluation

- **Formative evaluation**: gathering information and materials during program planning and development. It can be used to understand the needs assessment data gathered during the program planning process.

- **Process evaluation**: systematically gathering information during program implementation. Helps to understand the elements that contributed to a health promotion program’s success or the ways it could be improved in order to better achieve intended results.

- **Impact evaluation**: measures the immediate effects of a health promotion program and whether impacts were achieved that could lead to the program’s ultimate desired outcome.

- **Outcome evaluation**: examines the changes in people during or after their participation in the health promotion program. It can examine changes in the short term (e.g. hours or days after program participation), intermediate term (1 to 6 months), and long term (6 months to a few years). In effect, program outcomes are often observable and measurable milestones toward an ultimate goal that may take many years if not decades to accomplish.
<table>
<thead>
<tr>
<th>Evaluation Focus Area</th>
<th>Audience</th>
<th>Question</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relationships</strong></td>
<td>Funders</td>
<td>Is the program cost effective?</td>
<td>Cost benefits/fundraising</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Are volunteers &amp; patients satisfied with Clinic services?</td>
<td>Program promotion/fundraising</td>
</tr>
<tr>
<td></td>
<td>Medical Volunteers</td>
<td>What is the most common diagnosis?</td>
<td>Quality assurance/Planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How will medical volunteers be protected from lawsuits?</td>
<td>Volunteer recruitment</td>
</tr>
<tr>
<td></td>
<td>Patients</td>
<td>Am I receiving quality care?</td>
<td>Program improvement &amp; planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How long can I receive care here?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>Are we reaching our target population?</td>
<td>Evaluation/program promotion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How do patients find us? What's our best promotional approach?</td>
<td>Evaluation and/or improvement</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Funders/Donors</td>
<td>Program Budget?</td>
<td>Cost benefit analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cost/visit?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Volunteers</td>
<td>Visits/month/year?</td>
<td>Annual Report/program promotion/public relations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cost savings for Memorial Hospital?</td>
<td>Annual Report/program promotion/fundraising</td>
</tr>
<tr>
<td></td>
<td>Patients</td>
<td>Volunteers/year?</td>
<td>Annual Report/volunteer recruitment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient satisfaction</td>
<td>Program improvements/staff training</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>Patient &amp; volunteer satisfaction</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Common DRG(?)</td>
<td></td>
</tr>
<tr>
<td><strong>Focus Area</strong></td>
<td><strong>Question</strong></td>
<td><strong>Indicators</strong></td>
<td><strong>Technical Assistance Needed</strong></td>
</tr>
<tr>
<td>---------------</td>
<td>-------------</td>
<td>----------------</td>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
| **Outcomes**  | Are volunteers & patients satisfied w/ clinic care? | • Patient satisfaction surveys  

• Volunteer satisfaction tests | Anywhere’s patient satisfaction surveys  

Anywhere’s volunteer survey |
|               | Are we reaching our target population? | • % of clinic patients vs. % of uninsured citizens in Mytown, USA  

• # of qualified clinic patients/year | Reports from Chamber of Commerce  

Patient database creation |
|               | How do patients find the clinic? | • Annual analysis of telephone referral log  

• Referral question on patient intake form | Telephone log database  

Anywhere’s patient intake form |
|               | Does the clinic save the community $? | • Cost/visit  

• # of uninsured patients seen in hospital ER – beginning the year before clinic opened | Budget figures; patient service records  

Tracking database software  

Strategic direction for analysis |
|               | What does the clinic provide? | • Most common diagnosis  

• Hospital cost/visit for common diagnosis | DRG workbook/tables (hospital staff)  

Input from hospital billing staff |
|               | How has volunteering affected doctors, nurses, administrators and patients? | • Annual volunteer survey  

• Patient satisfaction survey  

• # of volunteers/year  

• # of volunteers donating to clinic operations | Anywhere surveys and analysis instruments  

Volunteer management database  

Donor database (Raise’s Edge?) |
Types of evaluation

**Needs/asset assessment:**
- What are the characteristics, needs, priorities of target population?
- What are potential barriers/facilitators?
- What is most appropriate to do?

**Process evaluation:**
- How is program implemented?
- Are activities delivered as intended? Fidelity of implementation?
- Are participants being reached as intended?
- What are participant reactions?

**Outcome evaluation:**
- To what extent are desired changes occurring? Goals met?
- Who is benefiting/not benefiting? How?
- What seems to work? Not work?
- What are unintended outcomes?

**Impact evaluation:**
- To what extent can changes be attributed to the program?
- What are the net consequences?
- Is program worth the resources it cost?

[http://www.uwex.edu/ces/odande/evaluation/evalloe](http://www.uwex.edu/ces/odande/evaluation/evalloe)
References