

SECTION 1

PURPOSE AND OVERVIEW

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This resource is prepared to provide practical information to help public health units and community partners to plan and implement heart health programs.

The resource outlines a comprehensive heart health program planning approach and includes:

- Information about the steps involved in comprehensive program planning for heart health with examples of worksheets.
- Examples of existing heart health programs to illustrate the planning steps.
- An introduction to the logic model and its use for program description, and evaluation.
- A glossary of key terms used to describe comprehensive program planning including the elements of the 'cube' and other heart health processes.

To make the best use of this resource heart health coalitions should have begun the following:

- initial partnership development
- a situational assessment
- strategic planning for the first 15 months
- goal setting
- programming for awareness raising and/or education

.....a word about the words used in planning

In developing this resource, it became apparent that there are many different types of plans.

There are:

- five year plans
- annual plans
- long term plans
- short term plans
- strategic plans
- financial plans
- action plans
- operational plans etc.

To confuse an already complicated situation, the language used in planning is not used consistently. Some frequently used terms, such as goals, objectives, outcomes are used

in a variety of ways. Further, different words are sometimes used to describe similar tasks or processes.

How can we begin to address this? Definitions of key terms to help clarify the words used in this document are provided. These definitions are found in the Glossary on page 59.

This resource is not about the strategic planning process. However, products from strategic planning such as a project's mission statement contribute to program planning in significant ways. The mission statement from the project's strategic planning process guides the selection of audiences and programs.

The heart health demonstration sites found that they were involved in two processes that were occurring side by side. Heart health sites learned to balance the tasks necessary to build community involvement and commitment to a heart health agenda, while completing the tasks to develop and implement heart health activities or programs. This resource does not address the community mobilization component to any significant degree.

Although community mobilization and heart health programming occur simultaneously and support one another, this resource focuses on the programs or the 'doing' part of the experience. In many ways this separation is artificial since the processes interact in many ways. For example, community mobilization is a long-term ongoing process that impacts the choice and implementation of programs. Community members who form the coalition want to see some products and have successful experiences from implementing the programs. Celebrating an early success has been identified as one way to achieve publicity for the heart health project and to expand and strengthen the community coalition.

Heart health program planning is a sequential process. In early years, programs may be selected to raise awareness and build community understanding and commitment to heart health promotion. Several ways heart health projects have extended their early programs to wider client groups and expanded health promotion approaches (i.e. from awareness, to education, environmental support and policy) are described.

SOURCES OF MATERIALS SUPPORTING THIS MANUAL

The focus of this resource is to provide specific information to guide health units and community partners to prepare program plans. Throughout the resource examples from the Heart Health Action Program demonstration sites are included. These examples come from heart health materials available from The Heart Health Resource Centre.

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Internet: www.web.net/heart

SECTION 1: PURPOSE & OVERVIEW

Examples of worksheets are used in the text to illustrate steps. Most worksheets used in this resource are from the generic model for health promotion planning developed by The Health Communication Unit. Generic materials on program planning and health communication are available from:

The Health Communication Unit
100 College Street, Room 213
The Banting Institute
University of Toronto
M5G 1L5
Telephone: 416 978-0522
Fax: 416 971-2443
e-mail hc.unit@utoronto.ca
Internet: www.utoronto.ca/chp/hcu

This resource focuses on program planning, however materials are available to assist with building the community partnerships. Resources to support community development and community mobilization are available from:

The Ontario Prevention Clearinghouse,
180 Dundas Street West, Suite 1900
Toronto, Ontario, M5G 1Z8
Telephone: 416 408-2121 1-800 263-2846
Fax: 416 4082122
Internet: www.opc.on.ca

Information about the logic model is from:

Virgo Planning and Evaluation Consultants
30 Bruce Street
London Ontario N6A 2V8
Telephone: 519 663-2000

DESCRIPTION OF COMPREHENSIVE HEART HEALTH PROGRAM PLANNING

Planning for Heart Health involves a comprehensive, population-based approach. As outlined in the Application Guideline from the Ministry of Health (p. 7), Heart Health Sites are required to address the following components.

- A. A population based approach
- B. Audiences
- C. Channels
- D. Risk factors
- E. Approaches
- F. Sequencing of programs
- G. Sustainability

Each component will be discussed below.

- A. A population based approach aims to produce a large effect on the reduction of cardiovascular disease by creating a reduction in risk in a large number within the population. A population approach includes most, if not all people living in the community, not just those who are considered at highest risk.

To achieve this, sites are required to set local objectives building on the provincial Heart Health Program objectives.

- B. Planning involves addressing the needs of priority audiences (e.g., children, youth, women, different cultural groups, audiences at different levels of risk, etc.),

"Initially, the vision for our community was to form strong partnerships with key community groups and to offer single-risk factor community based programming. Different models and organizational structures were attempted. In 1993, we established a vision through a Community Planning Day. Young families and those that influence them were selected as the target group; multi-risk factor community-based program planning was the model chosen to implement this vision. From this point, all activities were targeted to groups involved with or influencing young families..." (from, Our Stories, p.7)

- C. Heart Health sites are to work through various channels or sites to reach the intended audiences (e.g., schools, work sites, health care settings, homes, food establishments, retail establishments, etc.). Channels may vary depending upon the risk factor or specific behavior being addressed. Using multiple channels to reach the same audience can strengthen the message.

- D. Effective programming addresses different risk factors (e.g., general heart health, tobacco use/exposure, physical inactivity, unhealthy eating).

- E. Effective programming also uses a variety of program approaches to produce change (e.g., awareness raising, education and skill building activities, environmental support, and policy).

Most demonstration sites began by raising awareness about heart health in their communities. More specific educational approaches to increase knowledge and skill within the audience groups followed awareness raising. Changes in the physical or social situation (environmental support) enhanced the desired behavior changes. Policy development,¹ which requires considerable time and commitment as well as secure community support, usually was a later initiative.

- F. Heart health programming moves sequentially through the approaches beginning with awareness raising, into education and skill building and environmental support to policy. New heart health coalitions may need to begin by raising awareness within their own community but may need to establish heart healthy policy to promote long term sustainability.

A comprehensive planning approach creates an integrated plan for coordinating heart health activities. The result is a web of programs that build incrementally and sequentially to achieve synergy between programs and maximum impact for the effort.

- G. Local heart health projects are required to build on and develop clear links between the project and other heart health activities within the community. The intent is to support long term sustainability for heart health initiatives by using more long lasting approaches to health promotion and develop connections with existing structures to support heart health programs.

Program developers are recognizing the importance of considering issues of program sustainability early in the planning process. Programs that have long term viability and durability need to be given priority.

Sustainability is enhanced when the following factors are in place.

- Activities are integrated into the existing community health system whenever possible.
- Strong and continuous leadership is available especially in the initial phases of the program.
- Cohesive partnerships exist with a long term commitment to the task at hand, ability to tolerate diverse viewpoints, maintain flexible responses to unforeseen circumstances and agree upon overall goals and approaches.
- Early successes are accomplished combined with an expectation of success.
- Community development/mobilization approaches generate the community based components of the project. (From Newfoundland and Labrador Heart Health Final Report).

To illustrate sequential planning an example from Ottawa-Carleton's Heart Beat is summarized.

¹ See Working Towards Heart Healthy Public Policy at the Local Level by K. Badovinac, Heart Health Resource Centre, 1998.

E X A M P L E - Sequencing Of Programs

In Ottawa-Carleton, Heart Beat identified an opportunity to work with the food industry to shift the eating patterns of the population. Supermarkets were viewed as a possible channel to reach the population with healthy eating information since two-thirds of food buying decisions are made at the point of purchase. A partnership was formed with a supermarket chain and a combination of approaches were used to reach the audiences.

Two goals were stated for this program:

- To help create supportive environments that enable and support residents of Ottawa-Carleton in making healthier food choices.
- To increase awareness, build skills and change behaviors related to eating lower-fat, higher fiber foods.

A series of programs were planned and implemented over the next few years.

AWARENESS RAISING

Year 1:

The Heart Beat Hunt was a media launch that had a group of media personalities, and political figures, come to the store to hunt for lower fat foods. With a shopping list of major food categories they were asked to find the lowest fat foods. The event achieved significant positive media coverage and numerous requests by other communities for the Heart Beat Hunt materials.

A series of point of purchase messages and posters with the joint logo were displayed in various sections of the store.

EDUCATION – general public

Year 2:

Supermarket Feet Nutrition Tours were guided tours through the store led by a dietitian. Participants were invited to sample some of the foods and received a package of material.

EDUCATION – special groups

Year 3:

Supermarket tours were adapted to specific groups – such as low income, and weight control groups.

ENVIRONMENTAL SUPPORT

Year 4:

Stand-alone displays were developed for grains and legumes and circulated through the supermarket's stores.

Trained volunteers conducted taste test booths. Supermarket sales of the ingredients significantly increased.

For more information see *What Worked For Us*, pg. 127 – 131.

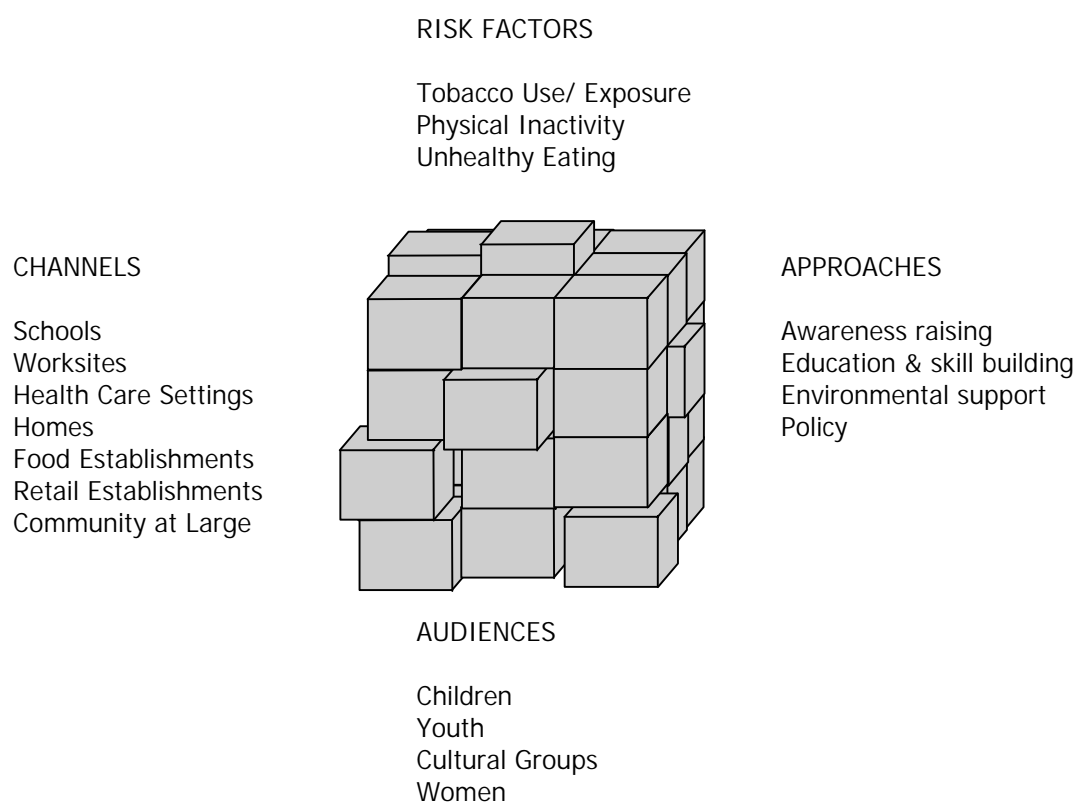
E X A M P L E - Building Sustainability

Day camp programming was a collaborative initiative between Vaughan Parks & Recreation Department and Heart Action. The common goal was to support and increase heart healthy youth programs and activities around nutrition, active living and being smoke-free. With the Lung Association, a Camp Program was developed based on the model of Happy Heart Goes Wild program developed by Heart Beat in Ottawa Carleton. Training was offered to camp counsellors and the program was pilot tested in four camps. Evaluations of the pilot project led to a decision to extend the program to all campers. Heart Action revised the counsellor training and resource package.

Based on the experience, Vaughan Recreation chose to sustain and expand the program to all its day camps. (See *What Worked For Us*, P. 200)

In summary:

A multidimensional cube is used to illustrate the complexity of the comprehensive model, including different audiences and channels for reaching the audiences, multiple risk factors, and various health promotion approaches.



Examples of some comprehensive programs from the Heart Health Demonstration Sites are listed in the following table. These programs are considered to be comprehensive since they address multiple risk factors and use a variety of approaches to reach their audiences.

In the table the names of programs are listed with the page where the program is described in the *What Worked For Us* document, the risk factors addressed and the approaches and channels used for the programs.

TABLE 1 EXAMPLES OF COMPREHENSIVE PROGRAMS FROM 'WHAT WORKED FOR US'

| PROGRAMS | RISK FACTORS | APPROACHES | CHANNEL |
|--|--------------|---|-------------------------------------|
| Code Blue (p. 82) | multiple | Awareness Education Environmental support Policy | Community & Municipal leaders |
| Healthy BP Campaign (p.143) | multiple | Education Environmental support | Health Care Settings |
| Adventure into Heartland (p.20) Heart Healthy School Kit(p.194) | multiple | Awareness Education & Environmental support | Schools |
| Happy Heart Goes to Camp (p. 205) | multiple | Education Environmental support | Camps |
| Day Camp Programming (p. 200) | multiple | Awareness Education & Environmental support | Camps |
| Healthy Schools, Healthy Kids (p.210) | multiple | Education (staff) Environmental support (committees) Policy (School Board) | Schools |
| Worksite Program (p.249) | multiple | Awareness Education and skill Building Environmental support | Workplaces |

There are other examples of single risk factor programs that use a comprehensive approach, such as This Business Loves Kids (p. 87) and Family Heart Active (p. 221).

Use of comprehensive program planning ensures that heart health programs are part of an integrated plan coordinated with and augmenting existing heart health activities within the community. This enhances the chance for long term sustainability of heart health initiatives, even when heart health funding is over.

BENEFITS OF COMPREHENSIVE PROGRAM PLANNING

The comprehensive program planning process for heart health has a number of benefits. Comprehensive program planning:

- Helps organize a complex array of activities in a logical sequence to support the major aims of the heart health project and achieve the heart health outcomes
- Provides opportunities for input from many sectors in shaping the activities
- Creates a tool (the logic model) for communicating with and attracting new community partners with program activities clearly laid out
- Helps prioritize allocation of funds and use of resources in an effective way to achieve the long term goals
- Creates a system to monitor and assess progress toward your long term goals
- Provides an opportunity to build on earlier activities creating a greater impact with limited resources.
- Provides continuity through changes in leadership, staff and volunteers
- Promotes accountability by identifying areas of responsibility and bench marks for performance
- Helps break down complex processes to identify resource needs and specific tasks

However, one of the learnings from the demonstration sites was that *“planning a comprehensive, multiple risk factor strategy has been one of the most challenging aspects of the HHAP”* (Lessons Learned p.10). Each year, the sites found the process a little easier.

This resource builds on the learning experiences of the heart health demonstration sites. The following quote from the document, *Our Stories*, illustrates the process frequently used for planning.

“At each site, planning for programs evolved from the Annual Action Plan (AAP). This plan was often developed from ideas garnered during the equivalent of an annual general meeting of the coalition; after that, project staff usually had a role to play in taking the AAP and putting it into a form that could be approved by the project’s governing body.”

Once the plan and budget were approved, specific programs were assigned *“to committees, task groups or partners for implementation. The annual planning exercise usually included an evaluation of the past year’s activities and reference to the project’s vision and mission statement if one existed.”* (Our Stories, p.24)

REFERENCES

Heart Health documents include:

Celebrating Change, Heart Health Action Program, Proceedings of the Heart Health Showcase, February, 1995.

Our Stories, Heart Health Action Program, The Experiences and Learnings of the Heart Health Action Program Demonstration Sites, November 1996.

Partnering for Heart Health 98, Proceedings of the Heart Health Event, 1997.

Report on A Scan of International Heart Health Projects for Best Practices, by Roy Cameron, Rosemary Walker, Mari Alice Jolin, Ontario Heart Health Resource Centre, 1997.

The Heart Health Action Program, Final Evaluation Report, December 1995.

What Worked For Us, A Catalogue of Programs from Ontario's Heart Health Demonstration Sites & Two Healthy Lifestyle sites, November 1997.

Working Towards Heart Healthy Public Policy at the Local Level, by Kim Badovinac, Heart Health Resource Centre, April 1998.

Other resources include:

Building Effective Coalitions – Training Module, Ontario Prevention Clearinghouse, 1995.

Community Action Handbook and Video, Ontario Prevention Clearinghouse, 1995.

Health Promotion at the Community Level, N. Bracht, Sage Publications, Inc. 1990.

Introduction to Health Promotion Planning, Health Communication Unit.

Overview of Health Communication Campaigns, Part 1 & Part 2, Health Communication Unit.

The Use of Social Science Theory to Develop Health Promotion Programs, Centre for

Health Promotion. Available from ParticipACTION, (416) 954-1212

Program Evaluation Tool Kit, a blueprint for public health management, by N.L. Porteous, B.J. Sheldrick, P.J. Stewart, Public Health Research, Education and Development program, Ottawa-Carleton Health Department, 1997.