

Program Planning Framework

1. **Taking Stock**

What are the implications for planning from what we know?

2. **Setting Direction**

What do we hope to accomplish here during the project?

3. **Action Planning**

What do we do each year to achieve our long term goals?

4. **Implementation**

How do we bring the plan into reality?

5. **Evaluation**

How will we know if we achieved our goals?



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Program Planning Framework

- Step 1 - Taking Stock

What are the implications for planning from what we know now?



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Step 1: Taking Stock

Purpose:

To examine & identify implications of what we know in order to bring the group to a point of readiness to make decisions regarding their directions & actions.



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6 Elements of “Taking Stock”

- Community Information (including results of Needs Assessments)
- existing & potential programs from which to choose
- Provincial goals
- strategic directions already est'd (eg. Vision, Guiding Principles)
- Evidence of good practice - theory, lessons learned.
- local capacities, skills, contributions



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CHHIOP SCAN

Measured factors that facilitate or impede *predisposition* (collective motivation to engage in heart health promotion) & organizational *capacity* (skills & resources to implement programs) to implement community-based heart health promotion in public health departments in Ontario.

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CHHIOP Facilitators

- Support from health unit management
- appropriate staff experience/knowledge/skills
- sufficient staff assigned to HH programming
- Coordination of programs within health unit
- opportunity to apply for provincial funding
- resources (dollars, materials)
- provincial priority given to hh
- evidence that HH activities are effective
- collaborating with other agencies
- community in

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CHHIOP Barriers

Lack of:

- resources
- sufficient staff assigned to HH
- provincial priority given to HH
- evidence that HH activities are effective
- evidence that HH activities meet community needs
- public interest
- support from health unit management
- appropriate staff experience/knowledge/skills
- coordination of programs within health unit
- collaborating



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CHHIOP - Activities with lowest levels of implementation

- Recognition awards
- incentives for school staff to quit smoking
- healthy eating contests
- incentives for employees to adopt healthy eating patterns
- food policies in workplace & health care settings
- training for restaurant staff in healthy cooking methods
- incentives to buy healthy foods
- advocacy for policy change for physical activity promotion (federal & provincial & federal)
- training for pr



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Programming Objectives

To increase the:

- number of initiatives addressing tobacco, physical activity and healthy eating.
- level of multi-risk factor hh programming.
- number of initiatives using a combination of approaches.
- number of hh initiatives in key channels / sites.
- number of people reached by initiatives.



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Knowledge Objectives

To increase the level of:

- knowledge of the risk factors associated with CVD and their consequences.
- awareness of the appropriate actions to be taken to reduce the risks associated with CVD.
- knowledge of programs & services that address CVD risk factors.



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Behaviour Objectives

To reduce the:

- proportion of youth, women and men who smoke daily.
- Dietary fat intake among people aged 18 & over

To increase the proportion of

- children, youth & adults who include at least 30 min. of accumulated, moderate physical activity on most if not all days of the week

To slow the decrease in the proportion of adults (20-64) with :



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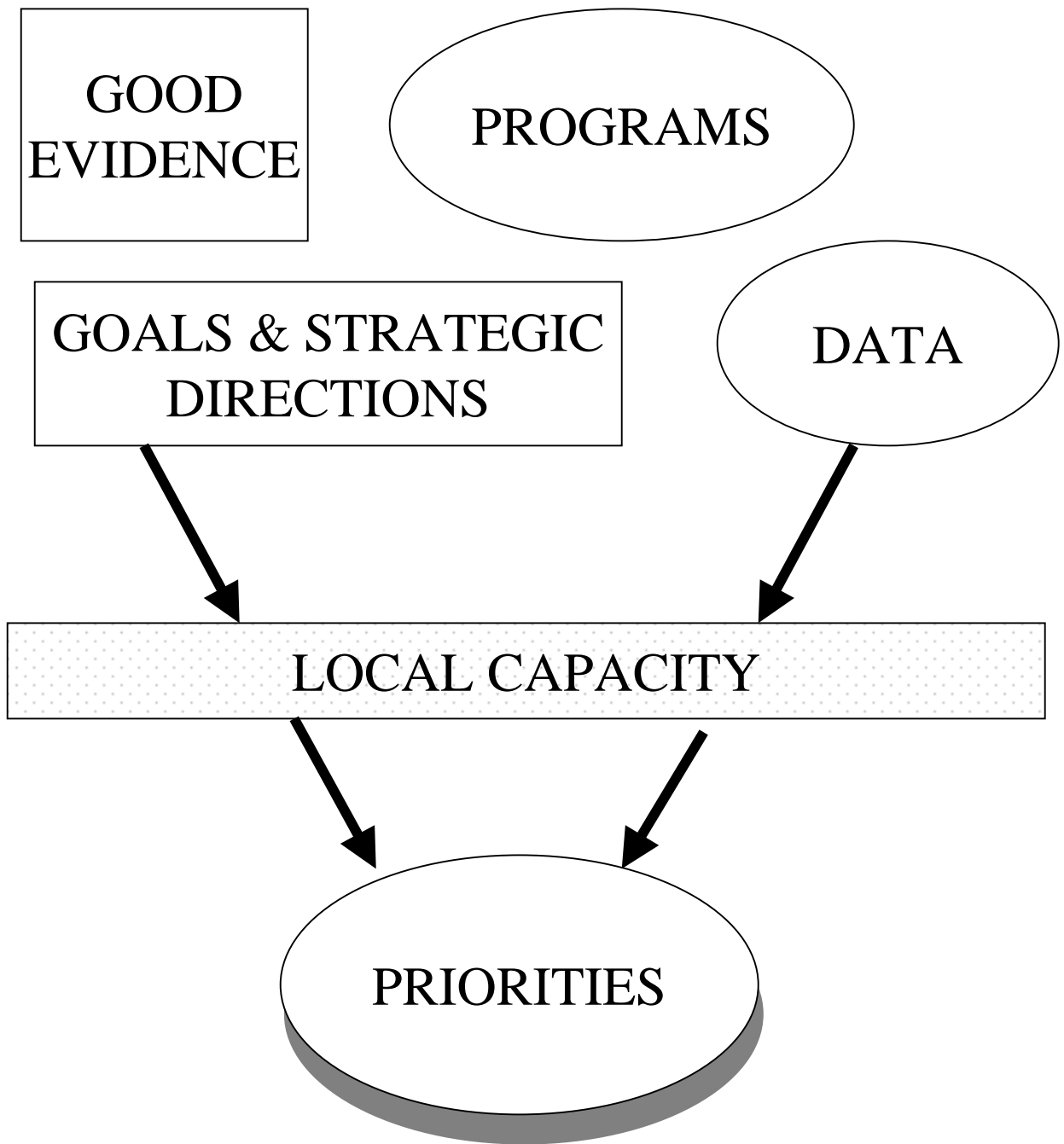
BEST PRACTICES...

“the set or sets of continually evolving actions & associated attitudes which are most likely to achieve health promotion goals in a given situation, and which are consistent with the values of health p



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