

Program Planning Framework

- Step 1 - Taking Stock
- Step 2 - Setting Direction
- Step 3 - Action Planning

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



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Step 3: Action Planning

Purpose:

- Selection of programs (existing and new) for primary / secondary audiences.
- Sequence of programs over 4 years (diffusion, sustainability, behaviour change, effective use of resources).
- Identify links between programs - the synergistic effect.



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Objectives - Direction of Change

Alleviated	Improved
Augmented	Increased
Decreased	Lessened
Diminished	Lowered
Eliminated	Prevented
Enlarged	Shortened
Expanded	Reduced
Extended	Raised



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OUTCOME OBJECTIVES

(Behavioural)

“By 2002, there will be a 5% increase in the number of girls aged 13-18 years in the community who are physically active for at least 30 minutes at least 5 days a week.”

Who: girls 13-18
Where: in (the community)
What: physical activity
How Much:
By When:



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OUTCOME OBJECTIVES

(Knowledge)

After 5 years, all girls aged 13-18 years attending school in the community will be able to:

- describe at least 3 benefits of being physically active;
- correctly demonstrate how to use their heart rates to monitor whether their physical activity has a training effect; and,
- follow a template to correctly produce a personal health plan for the benefit of the school.



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SUSTAINABILITY

“Sustaining grant-initiated programs over the long term on indigenous resources can be as or more difficult than introducing the program in the first place. All of this is further complicated by the problem of knowing which programs are worthy of sustaining and which are not.”

Maurice Mittlemark



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Sustainability - Descriptors

- Continuation
- Institutionalization
- Project → Core Service
- final stage of innovation diffusion process
- degree to which a program contributes to the local health system's sustainability
- durability or longevity
- "built-in-r"



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The Complexity of Sustainability

Strategies may differ to sustain:

- the issue of HH on the public agenda
- the community infrastructure of HH
- HH programs & services
- behaviour changes already made.



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Primary Sustainability Factors

(Newfoundland & Labrador HH)

- Integration of activities into the existing community health system.
- Strong leadership with continuity, particularly in the initial phases of the program.
- Cohesive partnership as evidenced by long term commitment & ability of the coalition to:
 - a) tolerate diversity of viewpoints;
 - b) maintain flexibility in response to unforeseen circumstances; and,
 - c) agree upon overall goals and approaches.
- Early successes, combined with an expectation of success which is firmly held by the majority of partners.
- Use of the community development / mobilization & community based approach.



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Sequencing of Programs

By risk factor

- a breakfast program adds a physical activity component

• By approach

- a workplace awareness campaign creates an internal committee that moves on to look at changes in the workplace environment

• By channel

- a heart health manual created for use by women's groups is adapted minimally for use in workplaces

• By audience

- participants in a Community Kitchen program, courses.



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