

# Evaluating Heart Health Projects – Objectives and Indicators

Workshop Manual  
October 2000

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# Purpose and Objectives of the Evaluation and Heart Health Resource

## Introduction

The Ontario Heart Health Program (OHHP), a five-year program of the Ministry of Health and Long Term Care (MOHLTC), was launched in January 1998. Under the OHHP, the MOHLTC set forth requirements for evaluation. The evaluation of the OHHP has two levels: provincial and local. The provincial evaluation is designed to evaluate the progress toward the OHHP provincial objectives in programming, knowledge and behaviour (see Appendix I Provincial Objectives). The local evaluation is designed to measure the reach, outputs and outcomes of local activities.

In February 2000, the heart health communities identified training for evaluation as a priority need. As a result, the Heart Health Resource Centre (HHRC) and the Health Communication Unit (THCU) joined forces to develop a resource and a workshop to address the evaluation needs specific to heart health projects across Ontario.

An Advisory Committee consisting of heart health coordinators, evaluation specialists and a representative of the MOHLTC was established to guide the content of the resource. The Committee identified the need to develop practical guidelines to assist heart health practitioners in formulating short-term and long-term evaluation plans. The Committee further recommended that the resource focus on the development of meaningful indicators of success specific to common settings (the workplace and community-at-large), for heart health activities.

This resource is intended to assist communities in meeting the local evaluation requirements of the OHHP. It was developed for heart health coordinators and community partners responsible for planning the local heart health evaluation.

Since many excellent resources addressing the entire evaluation cycle already exist, this document was not envisioned as a complete guide for evaluation methods. Rather, it builds on information already available to heart health communities, such as,

- Tips for Evaluation (HHRC and THCU);
- Evaluating Health Promotion Programs (THCU); and.
- A Program Evaluation Tool Kit (PHRED)

This resource is consistent with recommendations from evaluations of previous heart health programs. That is, the focus of local evaluations should be on assessing the quantity and quality of implementation, preferably for programs with proven effectiveness. Outcome evaluations can be considered for new and innovative programs, those receiving a heavy investment relative to other activities, or those under considerable scrutiny from local decision-makers.

## Objectives of this resource

- To raise awareness of the benefits of evaluating community-based heart health activities.
- To raise awareness of the importance of indicators in assessing the implementation and impact of community-based heart health activities.

- To increase the knowledge, skills and capacities for developing appropriate evaluation indicators for community-based heart health programs.
- To provide examples of good evaluation tools and practices for heart health projects.
- To identify resources and supports available to guide the evaluation of heart health projects.

## Evaluation: What is it? What does the OHHP require?

### Definition of Program Evaluation

Evaluation has been defined in different ways. The Public Health Branch of the MOHLTC defines evaluation as follows:

Program evaluation is the systematic collection, analysis and reporting of information about a program to assist in decision-making  
*Guiding Principles for Program Evaluation in Ontario Health Units, 1996*

Although a standard definition of evaluation does not exist, the following features are common to all definitions of program evaluation:

- Examines an initiative, which is any group of related, complementary activities intended to bring about specific results, changes or outcomes;
- Is a systematic process involving the collection and analysis of information;
- Judges a program against some standard or expectation for success (most often stated as objectives and assessed by indicators); and
- Is carried out to assist in decision making about ongoing implementation or continuation of a program.

### Benefits of Program Evaluation

Heart health programs are often delivered through structured initiatives. An initiative is any group of related, complementary activities or programs intended to bring about specific results or outcomes. For example, walking trails, cycling maps and exercise demonstrations could be components of a heart health initiative developed to promote active living.

To be successful in achieving objectives, heart health projects need to make ongoing decisions about the activities, programs and initiatives delivered, including decisions about the following issues:

- The optimal use of time and resources,
- Determining if the program is meeting the needs of participants,
- Ways of improving a program, and
- Demonstrating the impact of a program to funders and other stakeholder groups.

Program evaluation provides the information needed to address these issues. The results of the program's evaluation is intended to be used to make decisions about the future "look", components, elements, implementation processes etc. of a program. Given the limited time and resources of a heart health practitioner's time, program evaluation is a necessary component of the health promotion cycle to ensure that unnecessary or ineffective elements of a program are identified quickly and appropriately modified or removed. A good evaluation plan refines and focuses heart

health initiatives so that the intended changes in awareness, education, knowledge and behaviour are actually achieved.

Other benefits of program evaluation include the following:

- collecting evidence (for stakeholders, funders, potential sustainability adopters) on the effectiveness or impact of a program;
- identifying processes that improve the program by determining what works and what doesn't work; and
- permitting an informed comparison between programs when assessing programs for sustainability.

## **Types of Program Evaluation**

There are two main types of program evaluation:

- PROCESS evaluation which assesses design and implementation of heart health activities
  1. Reach: *those who took part in, or were exposed to, program activities*
  2. Outputs: *the products and services generated by the program*
  3. Program Delivery: *the ways in which program activities were implemented*
- OUTCOME evaluation which assesses changes that result from heart health activities
  1. Short-term
  2. Long-term (Impact evaluation)

**Local evaluations for the OHHP require process and outcome evaluations, with a primary focus on process evaluation measures (reach and outputs) and short-term outcomes.** In order to simplify the evaluation information presented in this resource, only evaluation measures required by the OHHP will be described.

## **Requirements of the OHHP for Local Evaluation**

The OHHP Guidelines state the following requirements for evaluation:

Local projects are expected to monitor and evaluate their activities. Regular monitoring will assist projects in determining the following:

- Whether programs are being implemented as planned;
- Whether the approaches used are reaching the intended audiences;
- The extent to which goals and objectives are being met; and
- How the project is perceived by the community.

It is expected that funds received from the Ministry of Health will be used to conduct the following types of activities:

- Formative evaluations (e.g., community needs assessments, pretesting resources); and
- Monitoring / evaluating reach, outputs (e.g., products resulting from each initiative) and outcomes (e.g., difference made by each initiative) identified in the Activity Plans.

*Heart Health Program Guidelines, MOHLTC, June 1997*

## Evaluation Components of OHHP Activity Planning Forms

The OHHP asks for evaluation to be considered during the program-planning phase. The three bolded columns in the OHHP Activity Planning Forms relate to evaluation as shown below:

### OHHP Activity Planning Forms

Initiative / Activity (title and brief description)	Community Involvement	Risk Factor	Approach OR Sust'y Component	Resource Allocation	Timing	<b>Audience / Intended Reach</b>	<b>Annual Projected Results</b>	<b>Monitoring / Evaluation Activities</b>
						•Reach	•Outputs •Outcomes	

**Reach:** For population impact, programs must be effective and achieve broad reach. Reach refers to the number of people or groups each initiative or activity is intended to reach. Reach corresponds to the intended audience, which could be individuals, groups or organizations. Although difficult to estimate in some instances, the reach of a program will shed new light toward understanding the relationship between the quantity or “dose” of a program and the changes achieved by a program. The community should attempt to quantify reach both as a number and as a portion of the total target population.

**Outputs:** The products or events that will result from each initiative and activity are called outputs. Outputs are a useful estimate of programming dose (that is, the amount of products or events delivered to an audience), which helps to understand the amount of programming necessary to result in change. Outputs also serve an important programming function. The tangible products produced during the OHHP will provide a rich collection of materials that can be used by other heart health promotion sites, as well as, other health promotion programs, both within and outside of Ontario. The HHRC is currently collecting all products developed during the OHHP and will organize them into a catalogue. This central housing of outputs will be accessible to communities, so that communities considering developing products to support one of their programs can review outputs developed elsewhere first. These can then be modified as needed. This central collection will eliminate the duplication of effort.

**Outcomes:** The changes that occurred from each initiative or activity are called outcomes. The outcomes from individual heart health sites are anticipated to aggregate collectively to achieve the provincial objectives for the OHHP in programming, knowledge and behaviour change. The provincial objectives are listed

in Appendix I. Small changes in each unique community will contribute to changes at the provincial level.

**Monitoring / Evaluation Activity:** This column is intended to capture how a community will complete its evaluation. The tools or data collection mechanisms may include surveys, tracking, interviews, focus groups etc.

Definition and Examples of Reach, Outputs, Outcomes

The following chart provides the definition and examples of reach, outputs and outcomes as defined by the OHHP.

	Definition (From OHHP Guidelines, 1997)	Questions Answered	Examples
PROCESS EVALUATION: assesses the design and implementation of heart health initiatives			
Reach	<p><i>The following definition is on Page 3 of 4 of the OHHP Guidelines</i></p> <ul style="list-style-type: none"> <li>• Estimate the number of people that each initiative / activity is intended to reach</li> <li>• Estimate the proportion of the total individuals or groups represented (e.g., 10% of workplaces in the community)</li> <li>• Estimating the intended reach for an initiative / activity may be difficult in some cases; however, it will assist the community in planning their activities. In such cases, “best estimates” for intended reach should be provided</li> </ul>	<ul style="list-style-type: none"> <li>• What <u>number</u> of people or groups will be reached?</li> <li>• What <u>proportion</u> of the total does this number represent? (e.g., 10% of all workplaces in the community)</li> </ul>	<p><i>The following examples are modified from those on Page 3 of 4 of the OHHP Guidelines</i></p> <p>Awareness activities:</p> <ul style="list-style-type: none"> <li>• Media activities: estimated number of readers, listeners, viewers etc.</li> <li>• Events: number of people estimated to attend an event (e.g., Sneaker Day event)</li> </ul> <p>Education activities:</p> <ul style="list-style-type: none"> <li>• Self-help activities: number of people expected to receive materials/resources, etc. (e.g., number of students expected to receive quit smoking kits)</li> <li>• Skill-building activities: number of people expected to participate in a workshop, class etc.</li> </ul> <p>Environmental support:</p> <ul style="list-style-type: none"> <li>• Number of people expected to be affected by environmental support initiative / activity (e.g., number of people expected to attend a support group, number of</li> </ul>

	Definition (From OHHP Guidelines, 1997)	Questions Answered	Examples
			<p>people expected to use walking trails)</p> <p>Policy:</p> <ul style="list-style-type: none"> <li>• Number of people that the policy is expected to affect (e.g., all residents in the community where the non-smoking by-law will be implemented)</li> </ul>
Outputs	<p><i>The following definition is from Page 4 of 4 in the Guidelines</i></p> <p>The products that will result from each initiative. Consider both the qualitative and quantitative aspects of the products and events</p>	<ul style="list-style-type: none"> <li>• What was produced in this activity?</li> <li>• What events occurred?</li> </ul>	<ul style="list-style-type: none"> <li>• Resources produced (e.g., pamphlet, kit, manual, poster, T-shirts, pens etc.)</li> <li>• Events held (e.g., coalition meeting, forum, award ceremony, workshop etc.)</li> </ul>
<p><b>OUTCOME EVALUATION:</b> assesses the changes that resulted from heart health activities</p>			
Outcomes	<p>The changes that occurred as a result of an initiative and whether it was having the desired effect; this can be considered the immediate specific results that a program activity achieves. Consider both qualitative and quantitative aspects</p>	<ul style="list-style-type: none"> <li>• Has change occurred?</li> <li>• Is the change due in any part to the program activities?</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in number of heart health programs in community</li> <li>• Changes in number of programs addressing tobacco use, inactivity and unhealthy eating</li> <li>• Changes in a policy (e.g., new policy initiated in a workplace; municipal tobacco policy strengthened)</li> <li>• Changes in practice (e.g., reduced fat food available at meetings)</li> <li>• Changes in environmental supports available in a community to support heart healthy behaviours</li> </ul>

## Developing a Local Evaluation Plan for the OHHP

An overall heart health plan has a number of components. Some are directly related to evaluation (e.g., Long Term Goal, Overall Project Objectives etc.) and some provide direction or guidance for the overall heart health project (e.g., Vision and Mission). A brief description is provided for each component:

- The **Vision Statement** answers the question, “Why do we exist?”
- the **Mission Statement** answers the question, “What is the primary purpose of our coalition?”
- The **Long Term Goal** states the broad intention or purpose of the heart health project; it provides the rationale for the existence of the heart health project in the community.
- The **Overall Project Objectives** are the intended results of the activities of the heart health projects. As indicated earlier, the OHHP has established provincial objectives in programming, knowledge and behaviour change. Since the local projects are expected to contribute toward the achievement of provincial objectives, the overall project objectives can be stated in terms of programming, knowledge and behaviour change. However, the local project is not expected to evaluate and measure these objectives. The OHHP provincial evaluation will address these objectives. (see Appendix I).
- The **Channel-specific Objectives** indicate the overall desired results in the channel over the 5-year OHHP. Although not required by the OHHP, channel-specific objectives establish parameters needed to select specific activities within each channel. Channel-specific objectives provide the rationale between all activities implemented in the channel.

The channel-specific objectives can be developed according to programming, knowledge and behaviour change to remain consistent with the remainder of the OHHP objectives. An example of programming, knowledge and behaviour change objectives for the Workplace channel is:

- By 2003, to implement awareness, education, environmental and policy activities in 10 workplaces in the community.
- By 2003, to increase employee’s level of knowledge in 10 community workplaces about the risk factors associated with heart disease.
- By 2003, to increase the proportion of employees in 10 community workplaces who are active for a cumulative 30 minutes daily, eat less fat and are not smoking.

Again, the channel-specific objectives are not a requirement of the OHHP and local communities are not required to measure or evaluate these objectives, except as they apply to individual programs.

- Finally, **Activity / Program Objectives** are developed. As stated in the previous section, the OHHP requires that activities be evaluated in terms of reach, outputs and outcomes. Typically, the progression is from:

1. Program Objectives (what do we want to change for whom by when?)
2. Indicators for the objectives (how do we know if we have met our objective; that is, what is the measure of success?);
3. Data collection tools (based on the indicators, how do we gather the data to show we met our objectives?);
4. Gathering the information and summarizing the results of the evaluation;  
and
5. Interpreting and using the results to make informed decisions about the program.

Although objectives and indicators are not required by the OHHP, they form a critical foundation for developing good measures and data collection tools for reach, outputs and outcomes. Without program objectives, it will be difficult to establish whether the program was successful or not, because no clear intention for the program was established. Without meaningful indicators, the extent to which local objectives were met cannot be measured or assessed. The combination of objectives and indicators ensure the evaluation will be a useful decision making tool.

An illustration showing the Vision, Mission, Long-Term Goal, Overall Project Objectives and Workplace Channel Objectives is presented below:

OBJECTIVES FOR WORKPLACE CHANNEL	<p>Programming By 2003, to implement awareness, educational, environmental supports and policy activities in 10 workplaces in the community</p>	<p>Knowledge By 2003, to increase employee's level of knowledge about the risk factors associated with heart disease in 10 workplaces.</p>	<p>Behaviour Change By 2003, to increase the proportion of employees in 10 workplaces adopting heart healthy lifestyle choices at their place of work.</p>
OVERALL PROJECT OBJECTIVES	<p>Programming To increase the number of programs that: -address more than one risk factor; -can be accessed in a variety of settings; and -progress from building awareness to policy.</p>	<p>Knowledge To increase the level of knowledge of risk factors associated with CVD To increase the level of awareness of the appropriate actions to be taken to reduce the risks associated with CVD. To increase the level of knowledge of programs and services that can be accessed.</p>	<p>Behaviour Change To reduce the proportion of youth, women and men who smoke daily. To increase the proportion of adults, children and youth who include at least 30 minutes of accumulated, moderate physical activity on most, if not all, days of the week. To reduce the dietary fat intake among people aged 18 years and older To slow the decrease of the proportion of adults with a BMI between 20 – 27.</p>
LONG-TERM GOAL	<p>To reduce the prevalence of the modifiable risk factors (physical inactivity, unhealthy eating, smoking) associated with cardiovascular disease.</p>		
MISSION	<p>Heart health partners working together to improve the health of our community.</p>		
VISION	<p>Our vision is that our community values, fosters and practices heart healthy living.</p>		

## Activity / Program Objectives

### Program Objectives – the Definition

Heart health programs are implemented with the intent of creating a change in the intended audience. The OHHP requires communities to measure this intended change in terms of reach, outputs and outcomes. However, to develop meaningful measures of reach, outputs and outcomes, communities should first develop the objectives for each program.

Program objectives clearly specify the intended effect or change that will occur as a result of the program (that is, How much of What will happen, to Whom and by When).

Program objectives focus the evaluation process, because objectives clearly articulate the intent of the program. That is, what will be different in the audience because of this program? Objectives state what change will result from the activity. When developing objectives, remember that **the actual intent of what will change as a result of the program (not the objective wordsmithing exercise!) is important.**

### The Intended Change – The Crux of Objectives

Two pivotal questions can guide the conceptualization of the intended changes.

- Who or What is the intended audience?
  - This can be individuals, groups, organizations or subsets of any of these. To ensure a coordinated effort that maximizes the potential impact, the intended audience must be established at the beginning.
  - The audience may change intentionally over the five years (e.g., first year employers would be targeted; second year the employees etc.) or the audience may change because unexpected outcomes occur and the program needs to be modified to achieve the intended results.
  
- What change is desired during the five-year OHHP?
  - What are the desired awareness, education, environmental support and policy changes during the five-year OHHP period?
  - What are the processes that you would like to change during the five-year OHHP?

Answering these two questions will establish the intended changes anticipated within a channel and help select potential programs to achieve the changes.

Example of Intended Changes for the Workplace Setting

The following chart illustrates how answering the two above questions helps focus on the possible programs for a setting and clearly states the intended changes that will occur as a result of each program.

Who or What?	Intended Change over the Five Years of OHHP	Possible Activity / Program
Employers / Workplaces	Active partnership established with 10 workplaces in community	Developing partnerships with 10 workplaces
	Heart healthy supportive environment created in 10 community workplaces	Workplace environmental support program
	Heart healthy policies created in 10 community workplaces	Workplace policy program
Occupational Health Nurses or Equivalent	Train OHN or person involved in disseminating heart health information in the workplaces	Workplace OHN training program
Employees	Increase employee awareness about the risk factors	Workplace awareness program
	Increased employee skills to make heart healthy choices	Workplace educational program

**Program Objectives – Developing them**

Characteristics of good program objectives include specificity, credibility, measurability, continuity, compatibility and freedom from data constraints. The **SMART** acronym is an easy way to remember the key features of well-written program objectives.

**Specific** (clear and concise)

**Measurable** (amenable to evaluation)

**Appropriate** (consistent with purpose/goal of program)

**Reasonable** (i.e., realistic)

**Timed** (specific time frame provided for achievement of objectives).

Two other features of well-written objectives are:

- using action words, such as "increase" or "decrease"; and
- identifying a specific target group or audience.

Examples of poorly- and well-written objectives are:

Poorly-written Objective	Well-written Objective
To increase the knowledge of the risk factors associated with CVD	<p>By 2003, to increase the knowledge of the three risk factors associated with CVD in employees in 10 workplaces.</p> <p><i>(Note: although this objective is written using SMART wording, it may not be realistically measurable at the community level because it assumes that you have baseline information about the knowledge of the employees at the 10 workplaces)</i></p>
To increase the number of heart health programs in schools.	By 2003, to increase the number of class instruction in 5 secondary schools of heart health behaviour choices to one per grade per semester.

### The OHHP and Objectives for Reach, Outputs and Outcomes

The OHHP requires that activities be evaluated according to reach, output and outcomes. The intended changes and measures of success for each program are to be defined in terms of reach (who is the audience), outputs (what event or product is produced) and outcomes (what changes occurred).

In order to fully meet the requirements of the OHHP, objectives should be developed for each activity or program according to the reach, output and outcomes. It is important to note that:

- some activities may be evaluated more intensively than others,
- some programs may not have objectives in each of the three areas, and
- a relatively easy (low cost and labour) measure can be developed for each of the three areas.

### Objectives for Reach, Output and Outcome for the Workplace

The programs suggested previously for the workplace will be used as examples for developing objectives. The first suggested program, Developing Partnerships with Workplaces, is the typical first activity undertaken in any initiative.

- Objective for Reach:
  1. *By 2003, to establish a partnership with 10 community workplaces including at least one large employer (100 employees).*

The objective for Reach meets the SMART criteria:

Specific	This community determined that it had the capacity to work with 10 workplaces over the five-year OHHP and that at least one large workplace should be included, where a large workplace was one with more than 100 employees.
Measurable	This objective clearly states the expected measures for reach (10 workplaces). The concept of “partnership” must be further defined so that it is measurable. This is accomplished with the outputs and outcomes and the indicators.
Appropriate	Developing a partnership is consistent and appropriate for a workplace heart health program.
Reasonable	This community has determined that this level of activity is reasonable and doable in the five-year OHHP.
Timed	The objective has a specific time associated with it, so that workplaces can be added in stages over the five years.

- Objectives for Output
  1. *By 2003, to identify a contact person within each workplace.*
  2. *By 2003, to develop profiles of participating workplaces.*
- Objectives for Outcome
  1. *By 2003, to establish a cost-shared working arrangement with 10 community workplaces.*
  2. *By 2003, plans to implement heart health activities are developed in at least 50% of participating workplaces.*

Example Objectives for Workplace Program

Objectives were created for a comprehensive workplace program. These are presented in the table below.

Program	Objectives		
	Reach	Output	Outcome
Developing partnerships with workplaces	By 2003, establish a partnership with 10 community workplaces including at least one from a large employer (100 employees)	By 2003: To identify a contact person within each workplace  To develop profiles of participating workplaces	By 2003: Establish a cost-shared working arrangement with 10 workplaces in the community.  Plans to implement heart health activities are developed in at least 50% of participating workplaces.
Workplace awareness campaign	By 2003, to reach all employees within 10 community workplaces with an awareness campaign for heart health	By 2003, to develop and implement a 4-week awareness campaign in 10 workplaces that: <ul style="list-style-type: none"> <li>• Addresses all risk factors</li> <li>• Uses multiple workplace communication channels and vehicles</li> </ul>	By 2003, 50% of employees in 10 workplaces are aware of heart health
Occupational Health Nurse (OHN) Training Program	By 2003, to train at least one OHN or person responsible for disseminating heart health information from each of 10 workplaces	By 2003, to develop a 6-session training program for workplace dissemination personnel that: <ul style="list-style-type: none"> <li>• Addresses supports available to workplaces</li> <li>• Addresses all three risk factors</li> <li>• Uses a train-the-trainer model for the employee educational program</li> </ul>	By 2003:  To increase knowledge about heart health behaviours and programs in workplace dissemination personnel  To increase skills to develop and deliver workplace heart health promotion programs.
Workplace educational program	By 2003, to reach 25% of employees at 10 workplaces	By 2003:  To develop materials for a workplace Lunch-&-Learn series  To deliver up to 5 L&L presentation in each of 10 workplaces that address general heart health and the three risk factors.	By 2003:  To increase knowledge about heart health behaviours and programs among L&L participants  To increase interest in additional programming in participating workplaces

Program	Objectives		
	Reach	Output	Outcome
Workplace environmental support program	By 2003, to reach 100% of employees in at least one workplace with over 100 employees.	<p>By 2003:</p> <p>To adapt existing materials on environmental support programs for workplaces. Materials will include at least one option for each risk factor.</p> <p>To provide at least one presentation to each of 10 workplaces for options for workplace environmental change programs.</p> <p>To provide follow-up consultations with all workplaces.</p>	By 2003, to implement one environmental support in each of the 10 workplaces
Workplace policy program	To reach 100% of employees within a workplace with the heart health policy.	By 2003, to develop one sample workplace policy for each of the three risk factors	By 2003, to establish one heart health policy in each of the 10 workplaces.

## Activity / Program Indicators

### **Program Indicators – The Definition**

Once the activity objectives have been established, the indicators can be developed. The indicators determine whether or not an objective has been met. Thus, it is the indicators that are used as the criteria for the “success” of the initiatives within a channel.

The success indicators are key – they convert an objective into a set of questions or measures that capture what made the initiative effective. A success indicator identifies what you need to know in order to assess whether or not you have met your objectives successfully. Indicators reflect three things:

- What is considered effective;
- What is considered a success; and
- What change is expected.

For the program of “Developing Partnerships within the Workplace”, the following is an example of an objective for reach:

*By 2003, to establish a partnership with 10 community workplaces, including at least one large employer (100 employees).*

We know whether or not we have met this objective by:

- Determining the number of active partnerships working on heart health promotion in 2003,
- Determining the % of workplaces with active partnerships in the community,
- Determining the % of adult population in workplaces with partnerships, and
- Identifying the characteristics of participating workplaces (e.g., number of employees, municipality).

These four measures are the indicators for the objective; the indicators define whether or not the objective was successfully achieved.

### **Program Indicators – Developing Them**

Program indicators are developed from the program objectives. The following example of a workplace awareness program will outline the steps involved in developing the corresponding indicators

Steps to develop Indicators

Step	Example
<ul style="list-style-type: none"> <li>Start with the program objective. Program: Workplace Employee Educational Program: Lunch and Learn Series</li> </ul>	<p>The objective for the <u>reach</u> of the program is the following: <i>By 2003, to reach all employees within 10 community workplaces with an awareness program for heart health.</i></p>
<ul style="list-style-type: none"> <li>Conceptualize the intended result or change of the objective.</li> </ul> <p><b>This step is crucial because it determines the ultimate clarity and relevance of the indicators.</b></p> <p>Consider the following questions:</p> <ol style="list-style-type: none"> <li>Can the intended result be divided into separate components (e.g., healthy eating depends on knowledge, motivation and resources)? How can the intended result be quantified or measured?</li> <li>Are the sources of data required to assess the intended result readily available and accessible? If not, what can be done?</li> </ol>	<p>In this example, the intended result is to <u>REACH 100% of the employees at the workplaces</u>. The indicators therefore need to “define” who the employees are and what 100% represents (that is, how many people were reached? How many people in the population does this represent?).</p>
<ul style="list-style-type: none"> <li>Define how the objective will be measured.</li> </ul>	<p>As stated above, in this example we need to define who is reached and what 100% of employees represent. Thus, the indicators are:</p> <ul style="list-style-type: none"> <li># of employees at each workplace;</li> <li>% of total adult population this represents; that is, what % of the population was reached with this program;</li> <li>characteristics of the audience: now that we know how many people we reached, and what % of the total it represents, we should know a bit about them, such as, gender, age, income level etc.</li> </ul>
<p>4. Review the indicators. Ensure that they</p> <ul style="list-style-type: none"> <li>Yield the information that is required to measure the objective and</li> </ul>	

Step	Example
<ul style="list-style-type: none"> <li>Accurately measure the information that defines success for the objective.</li> </ul>	

When developing indicators, ensure that the resources (time, human and financial) necessary to gather the information are available. If the resources to gather the information required for an indicator are not available, then select a different indicator that can be realistically captured. Once developed, indicators should be reviewed periodically to ensure that they continue to be valid. If an indicator no longer collects meaningful data, then either modify it or eliminate it. It is inefficient to collect unnecessary information.

Some common indicators for heart health projects are summarized below:

Objectives	Indicators and Brief Definitions
Process Objectives	<ul style="list-style-type: none"> <li>Members participating: new members, affiliates, partners of initiative</li> <li>Financial resources generated: grants received, donations, in-kind professional services and other resources received by the initiative</li> <li>Services provided: classes, workshops, newsletters, support groups or other informational or service programs</li> <li>Member satisfaction with aspects of the initiative (e.g., leadership)</li> </ul>
Outcome Objectives	<ul style="list-style-type: none"> <li>Changes in channel: changes in policies, practices (e.g., enhanced enforcement of non-smoking regulations), ongoing programming, employee support for heart healthier lifestyle choices</li> </ul>

### Indicators: Key Questions For OHHP Implementers to Consider

The ultimate purpose in conducting program evaluation is to assist in decision making. Thus, the indicators should contribute information that can be applied to make strategic decisions for the program. Some of the strategic decisions, and hence information to be collected through indicators, that can be considered by the implementers of the OHHP are the following:

- Should the program be sustained or discontinued?
  - Who is truly being reached by the program (reach)?
  - How much and what quality of programming is occurring for this audience? (the outputs)
  - Is this level of programming, this “dose”, making the change expected?
  - If not, how much more programming would be required for the expected change to occur?
  - Given the available resources (time, human, financial), is this level of programming realistic?
- Who needs what information?

1. The funders of the OHHP, the MOHLTC require reach, output and outcome data
  2. What information do other stakeholders want or need? Do partners need impact information to convince their organization to become the new lead agency for a program? Do municipalities require information to consider new policies? Does the Board of Health require information to consider public health priorities?
- What difference did the program make?
    1. Did the program do what it was intended to do?

### **Key Characteristics of Good Indicators**

Good indicators share the following characteristics:

- *Measurable*: the indicator must be measurable, either quantitatively (i.e., counted) or qualitatively (i.e., assessed);
- *Data is accessible and available*: the sources of data required for an indicator are readily available;
- *Understandable*: the indicator is understood by all stakeholder groups, such as the partners, funders, and implementers;
- *Balance*: there is an appropriate mix of process and outcome indicators;
- *Continuity*: Indicators complement one another and contribute to a comprehensive understanding of the program; and
- *Compatible*: where possible, the same or similar indicator is used for multiple programs.

### **Indicators for the Workplace Channel**

As described above, indicators are developed for each objective to provide a way to assess whether or not the objective was actually reached. In accordance with the OHHP, local evaluations are to measure the reach, outputs and outcomes of activities. Thus, indicators are needed for reach, outputs and outcomes for each activity. Again, the indicators can be information that is readily available or already collected. If a program is being evaluated intensely, the indicators will correspondingly be more involved and require more time, energy and money to collect the data.

The table below shows the indicators developed for the workplace programs and objectives developed earlier in this resource.

Example Indicators for Workplace Program

Program: Developing Partnerships with Workplaces

	Objective	Indicator
Reach	By 2003, to establish a partnership with 10 workplaces within the community, with at least one large employer from each municipality	# active workplace partnerships working on heart health promotion  % of total workplaces in community with active partnerships  % of adult population in workplaces with partnerships  Characteristics of participating workplaces: # employees, municipality
Output	By 2003: To identify a contact person within each workplace  To develop profiles of participating workplaces	List of workplace contacts  Profiles of participating workplaces, including existing heart health programs, employee health needs
Outcome	By 2003: To establish a cost-shared working arrangement with 10 workplaces in the community      Plans to implement heart health activities are developed in at least 50% of participating workplaces	# workplaces with cost-shared agreement  In-kind or direct contribution from workplace for <ul style="list-style-type: none"> <li>• Staff time</li> <li>• Materials</li> </ul> Ratio of contributions from health unit and workplace  Satisfaction with cost-shared arrangement  #/% of workplaces with plans  # activities planned in workplaces, by risk factor and approach

Program: Workplace Awareness Campaign

	Objective	Indicator
Reach	By 2003, to reach all employees within 10 workplaces in the community with an awareness campaign for heart health	# of employees at workplaces % of adult population reached Characteristics of audience reached (age, education, sex)
Output	By 2003, to develop and implement a 4-week awareness campaign in 10 workplaces that -addresses all risk factors -uses multiple media channels and vehicles	# and type of campaign materials developed # of campaign materials addressing different risk factors <ul style="list-style-type: none"> <li>• General heart health</li> <li>• Nutrition</li> <li>• Physical activity</li> <li>• Tobacco use</li> </ul> # of brochures, cheque stuffers, articles, posters, presentations (etc) in each workplace Direct cost of campaign
Outcome	By 2003, 50% of employees in 10 workplaces aware of heart health	Requests for more information on heart health by employees of participating workplaces Employee recognition and recall of campaign messages

Program: Occupational Health Nurse (OHN) Training Program

	Objective	Indicators
Reach	By 2003, to train at least one OHN or person responsible for disseminating heart health information from each of 10 workplaces	# persons trained from each workplace
Output	By 2003, to develop and deliver one training event workplace dissemination personnel	# of tools / educational materials developed for workplace dissemination personnel  List of topics covered by training program (including risk factors)  # of other resources developed for training program (e.g., t-shirts, pens etc.)  # of training opportunities offered to workplace dissemination personnel  # of educational and promotional materials distributed at each training event  Participant satisfaction
Outcome	By 2003, to increase knowledge about heart health behaviours and programs in workplace dissemination personnel  To increase skills to develop and deliver workplace health promotion programs	New knowledge and skills reported by workshop participants  Usefulness of workshop materials  Intentions to use workshop information or share information with others in own or other workplaces  Use of information or skills from workshop  Additional training needs identified by workshop participants  Barriers to using information and skills gained at workshop  Requests for more information by workshop participants

Program: Workplace Employee Educational Series

	Objective	Indicators
Reach	By 2003, to reach 25% of employees with heart health educational program at 10 workplaces	# employees attending workplace educational program  % of all employees in workplace attending at least one Lunch & Learn presentation
Output	By 2003: To develop an educational program (Lunch & Learn series) for employees of participating workplaces  To deliver up to 5 Lunch & Learn presentations in each of 10 workplaces that address smoking, diet and physical activity	# and type of tools / educational materials developed for workplace educational program (audiovisuals, pens, t-shirts, etc)  Topics covered by educational program  # of presentations delivered, by topic and workplace  # educational and promotional materials distributed  Participant satisfaction
Outcome	By 2003: To increase knowledge about heart health behaviours and programs among Lunch & Learn participants  To increase interest in additional programming in participating workplaces	New knowledge reported by participants  # of requests for materials or programs from participating workplaces  Plans among participants to make at least one change to improve a heart health behaviour  Usefulness of information to participants  Plans to share information with others  Barriers to using information

Program: Workplace Environmental Support Program

	Objective	Indicators
Reach	By 2003, to reach 100% of employees in 10 workplaces with over 100 employees	# of workplaces participating # of employees in each workplace Characteristics of workplaces: existing heart health programs
Output	By 2003: To adapt existing materials on environmental support programs for workplaces. Materials will include at least one option for each risk factor.  To provide at least one presentation to each of 10 workplaces on options for workplace environmental change programs  To provide follow-up consultations with all workplaces	# and type of materials produced Risk factors addressed by materials  # presentations completed, by workplace and topics  # and job title of people attending  # consultations completed, by workplace, topics, type (e.g., telephone, in-person, fax)  # and job title of those participating in consultations  Plans for further consultations
Outcome	By 2003, to improve access to heart health programs in each of the 10 workplaces	Plans to introduce new workplace programs  # and type (e.g., support group, contest) of new smoking cessation opportunities in workplace  # and characteristics of employees participating  # and type of new fitness opportunities supported by workplace (e.g., club memberships, walking group)  # and characteristics of employees participating  Availability of low fat food choices in workplace  Barriers to changing workplace environment  # employees participating in new opportunities  Plans to expand workplace programming

Program: Workplace Policy Program

	Objective	Indicators
Reach	By 2003, to reach 100% of employees within a workplace with one heart health policy in one of the three risk factors.	# workplaces participating # employees affected by policy Characteristics of workplaces
Output	By 2003, to adapt existing policies for workplaces. Sample policies will include at least one policy per risk factor.	# and type of policies produced Risk factors addressed by policies
Outcome	By 2003, to implement one new or improved policy addressing one of the risk factors	# of new or modified policies introduced <ul style="list-style-type: none"> <li>• Risk factor</li> <li>• Enforcement protocol</li> <li>• Perceived effectiveness</li> </ul>

## Evaluation or Measurement Tools

Although this resource focuses on objectives and indicators, a brief overview of evaluation or measurement tools is provided in this section.

When considering how to gather the information necessary to satisfy the evaluation indicators, use existing tools such as tracking forms, surveys, questionnaires etc., where possible. If you are developing your own data collection tools, assess the quality and sensitivity of the tool by pre-testing it with the intended audience. And most important, be aware of poorly worded questions on the tool that will not obtain the information you are seeking.

Once a tool is developed, ask the following questions as a checklist to assess the quality of the tool:

- Is the tool measuring what you want it to measure? (test for content)
- Is the tool easy to understand? (test for clarity)
- Will the tool give the same result every time? (test for reliability)

Always keep the tools as simple as possible and only gather the information that you know is needed to answer the evaluation objectives so as to maintain a manageable workload for both the practitioner and the target audience.

Some common data collection tools are:

- Sign-in forms, registration forms or designated counters:  
Sign-in forms can be used at events to ensure that an accurate record of who attended an event is available. At larger events, registration forms can be used. As well, people can be designated as official “counters” to ensure an accurate description of reach.
- Tracking forms:  
In the workplace example, many self-reported tracking forms completed by workplace personnel are used to capture both the outputs and reach.
- Event evaluation forms:  
After an event such as a workshop, seminar, planning day etc., an evaluation form can be completed by attendees. The evaluation form can capture the indicators specific to an objective.
- Focus groups:  
Focus groups can be used to capture qualitative data such as the satisfaction rating of participating in the heart health project. This can be used for partnership appraisal, end-user reaction to programs etc.
- Interviews:  
Interviews are time consuming, but yield rich qualitative data. Being clear about the relevant information to be gathered during the interview will contribute toward developing a good set of questions and maintaining a focused interview.
- Surveys:  
Although more time consuming, surveys can capture many of the indicators of the objective and can be useful tool for determining changes in skills, knowledge and behaviour.

Examples of Evaluation or Measurement Tools for the Workplace Program

Program: Developing partnerships with workplaces

	Objective	Indicators	Evaluation / Measurement
Reach	By 2003, establish a partnership with 10 community workplaces, with at least one large employer (100 employees) [use consistent wording]	# of active workplace partnerships working on heart health promotion  % of total workplaces in the community with active partnerships  % of adult population in workplaces with partnerships  Characteristics of participating workplaces: # employees, municipality	Maintain record of activities for participating workplaces  Obtain information on total population of workplaces from Chamber of  Obtain information on # of employees from workplace contact. Use census data for total adult population figures.  Obtain information from workplace contact
Output	By 2003: To identify a contact person within each workplace  To develop profiles of participating workplaces	List of workplace contacts  Profiles of participating workplaces, including existing heart health programs, employee health needs	Maintain a list  Profile and needs assessment form
Outcome	By 2003, establish a cost-shared working arrangement with 10 workplaces in the community    Plans to implement heart health activities are developed in at least 50% of participating workplaces	# of workplaces with cost-shared agreement  In-kind or direct contribution from workplace for <ul style="list-style-type: none"> <li>• Staff time</li> <li>• Materials</li> </ul> Ratio of contributions from health unit and workplace  Satisfaction with cost-shared arrangement  #/% of workplaces with plans  # of activities planned in workplaces, by risk factor and approach	Workplace partnership form: contact, terms of agreement, direct and in-kind contributions    Interviews with workplace contact  Interviews with workplace contact  Review plans

Program: Workplace Awareness Campaign

	Objective	Indicator	Evaluation / Measurement
Reach	By 2003, to reach all employees within 10 workplaces in the community with an awareness campaign for heart health	# of employees at workplaces  % of adult population reached  Characteristics of audience reached (age, education, gender)	Obtain information from employers Estimate using census data  Obtain information from employer
Output	By 2003: To develop and implement a 4-week awareness campaign in 10 workplaces that -addresses all risk factors -uses multiple media channels and vehicles	# and type of campaign materials developed  # of campaign materials addressing different risk factors <ul style="list-style-type: none"> <li>• General heart health</li> <li>• Nutrition</li> <li>• Physical activity</li> <li>• Tobacco use</li> </ul> # of brochures, cheque stuffers, articles, posters, presentations (etc.) in each workplace  Direct cost of campaign	Campaign tracking form, which includes <ul style="list-style-type: none"> <li>• Campaign material</li> <li>• Timing</li> <li>• Amount delivered</li> <li>• Direct costs</li> </ul>
Outcome	By 2003, 50% of employees in 10 workplaces aware of heart health	Requests for more information on heart health by employees of participating workplaces  Employee recognition and recall of campaign messages	Interview workplace contacts to assess changes in employee requests  Focus groups with employees in 3 workplaces

Program: Occupational Health Nurse (or workplace person responsible for disseminating heart health information) Training Program

	Objective	Indicator	Evaluation / Measurement
Reach	By 2003, to train at least one OHN or person responsible for disseminating heart health information from each of 10 workplaces	# of persons trained from each workplace	Sign-in sheet for participants at training event <ul style="list-style-type: none"> <li>Name</li> <li>Workplace</li> <li>Position</li> </ul>
Output	By 2003, to develop and deliver one training event workplace dissemination personnel [this wording seems strange for a person-develop and deliver?]	# of tools / educational materials developed for workplace dissemination personnel  List of topics covered by training program (including risk factors)  # of other resources developed for training program (e.g., t-shirts, pens etc.)  # of training opportunities offered to workplace dissemination personnel  # of educational and promotional materials distributed at each training event  Participant satisfaction	Description of training program <ul style="list-style-type: none"> <li>Topics covered</li> <li>Supporting tools / materials</li> </ul> Track number of training programs offered according to <ul style="list-style-type: none"> <li>workplace</li> <li>year of OHHP</li> <li>number of participants (sign-in sheet)</li> <li>topics covered</li> <li>educational and resource materials distributed</li> </ul> Training event evaluation form completed by participants
Outcome	By 2003: To increase knowledge about heart health behaviours and programs in workplace dissemination personnel  To increase skills to develop and deliver workplace health promotion programs	New knowledge and skills reported by workshop participants  Usefulness of workshop materials  Intentions to use workshop information or share information with others in own or other workplaces  Use of information or skills from workshop  Additional training needs identified by workshop participants  Barriers to using information and skills gained at workshop  Requests for more information by workshop participants	Evaluation form to be completed by training-event participant <ul style="list-style-type: none"> <li>date, time, location, resources available</li> <li>ratings of usefulness of information</li> <li>plans to use or share information</li> <li>knowledge and skills gained</li> <li>barriers to using information</li> <li>additional training needs</li> </ul> Three month follow-up survey of workshop participants <ul style="list-style-type: none"> <li>plans developed</li> <li>use of information and skills</li> <li>barriers</li> <li>additional support needs</li> </ul> Track number of requests for material or collaboration before and after training event. Note change in volume of requests, if any.

Program: Workplace educational program: Lunch & Learn presentations

	Objective	Indicator	Evaluation / Measurement
Reach	By 2003, to reach 25% of employees at 10 workplaces	# of employees attending workplace educational program % of all employees in workplace attending at least one Lunch & Learn presentation	Sign-in sheet at educational program
Output	By 2003: To develop materials for workplace Lunch & Learn presentations  To deliver up to 5 Lunch & Learn presentations in each of 10 workplaces that address smoking, diet and physical activity	# and type of tools / educational materials developed for workplace educational program (audiovisuals, pens, t-shirts, etc)  # of presentations delivered, by topic and workplace  # of educational and promotional materials distributed  Participant satisfaction	Description of materials: type and topic  Event tracking form completed by presenter <ul style="list-style-type: none"> <li>• workplace</li> <li>• year</li> <li>• number of participants (sign-in sheet)</li> <li>• topics covered</li> <li>• # of educational and resource materials distributed</li> </ul> Participant evaluation form
Outcome	By 2003: To increase knowledge about heart health behaviours and programs among Lunch & Learn participants  To increase interest in additional programming in participating workplaces	New knowledge reported by participants  Plans among participants to make at least one change to improve a heart health behaviour  Usefulness of information to participants  Plans to share information with others  Barriers to using information  # of requests for material or programs from participating workplaces	Participant evaluation form <ul style="list-style-type: none"> <li>• new knowledge gained</li> <li>• rating of usefulness of information</li> <li>• plans to use or share information</li> <li>• barriers to using information</li> </ul> Track number of requests for materials by workplaces immediately after an educational program series, to observe if there is an increase in requests

Program: Workplace environmental support

	Objective	Indicator	Evaluation / Measurement
Reach	By 2003, to reach 100% of employees in 10 workplaces with over 100 employees	# of workplaces participating  # of employees in each workplace  Characteristics of workplaces: existing heart health programs	Obtain information from workplace personnel
Output	By 2003: To adapt existing materials on environmental support programs for workplaces. Materials will include at least one option for each risk factor.  To provide at least one presentation to each of 10 workplaces on options for workplace environmental change programs  To provide follow-up consultations with all workplaces	# and type of materials produced  Risk factors addressed by materials  # of presentations completed, by workplace and topics  # and job title of people attending  # of consultations completed, by workplace, topics, type (e.g., telephone, in-person, fax)  # and job title of those participating in consultations  Plans for further consultations	Maintain an inventory of materials produced. Describe type of material (e.g., flyer, manual, signs) and risk factor addressed.  Event tracking form completed by person completing presentation or consultation. Record date, location, nature of consultation, plans for follow-up consultations  Participant lists for presentations and consultations
Outcome	By 2003, to improve access to heart health programs in each of the 10 workplaces	Plans to introduce new workplace programs  # and type (e.g., support group, contest) of new smoking cessation opportunities in workplace  # and characteristics of employees participating  # and type of new fitness opportunities supported by workplace (e.g., club memberships, walking group)  # and characteristics of employees participating  Availability of low fat food choices in workplace  Barriers to changing workplace environment  # of employees participating in new opportunities  Plans to expand workplace programming	Interviews with at least 2 people from each workplace (those most involved in environmental change program). Collect information on actual and planned changes to workplace environment, barriers to implementing programs, needs for additional support  Event tracking forms for each new program. Record the <ul style="list-style-type: none"> <li>• type of program</li> <li>• # of participants, by year</li> <li>• plans for future programming</li> </ul>

## Program Evaluation – Using the Information for Decision Making

Using the program evaluation information to make strategic and operational program decisions yields the return on the investment. Ensure that adequate time is given to interpreting, reflecting and making program decisions. Rushing this phase of program evaluation may negate all of the effort and time invested in the process to date.

Only an overview of decision making is provided in this resource; however, many other fine resources are available to the heart health practitioner.

One method of using the program evaluation information to make decisions is to compare the intended changes or effects of a program (the objectives) with the actual results (evaluation findings). The following chart, adapted from the PHRED resource, may be useful.

Program Objective	Indicators	Results of evaluation	Objective met? (Yes, No, No, but acceptable)	Possible reasons

Determine whether or not the program objectives were met. If an objective was NOT met, first critically assess if it was realistic. If it was a realistic objective, consider the possible reasons why it was not met. If the objective WAS met, consider the possible reasons why it was met. At the end of this exercise, four questions can be answered:

1. Overall is the program effective?
2. What change did it make?
3. What works well?
4. What are the problems or challenges?

This information can now be used to make strategic decisions about the program. Armed with the information about the effectiveness, success and challenges of a program, decisions can be made about future continuation, stakeholder needs and dose etc.

There is rarely only one alternative or action to address a challenge or problem, so take the time to consider a number of different strategies for each identified challenge. This is a time consuming but worthwhile process because the most appropriate action to achieve the program desired change will occur. Involve relevant stakeholders in the decisions.

The evaluation results may indicate a need for a variety of changes in a number of different programs. Be selective and deliberate about the timing of implementing the various changes. Address the most urgent and highest priority programs or changes first and gradually introduce the others.

Once the new actions are determined for a program, a new evaluation process is also developed. Ongoing evaluation should be a priority of the heart health project to optimize program effectiveness and internal and external accountability.

## The OHHP Forms

Once all of the evaluation planning has occurred at the local community and the objectives, indicators and evaluation activities have been identified, the information can be entered onto the OHHP planning form.

The workplace example shown in the previous sections is used as the example for entering information. Only the sections in the OHHP Activity Planning Form dealing with evaluation have been shown. These are Initiative / Activity, Audience / Intended Reach, Annual Projected Results (Outputs and Outcomes), and Monitoring / Evaluation Activities.

### Example OHHP Activity Form for "Developing Partnerships with Workplaces"

Initiative / Activity	Audience / Intended Reach	Annual Projected Results (Outputs & Outcomes)	Monitoring / Evaluation Activities
Developing partnerships with workplaces	<p>Workplaces Employers</p> <p>10 community workplaces with at least one large employer (100 employees)</p> <p>% of reach to be determined</p>	<p>Outputs: By 2003: To identify a contact person within each workplace</p> <p>To develop profiles of participating workplaces including existing heart health programs, and employee health needs</p> <p>Outcomes: By 2003: Establish a cost-shared working arrangement with 10 workplaces in community</p> <p>Plans to implement heart health activities are developed in at least 50% of participating workplaces</p>	<p>Maintain record of activities for participating workplaces</p> <p>Obtain information on total population of workplaces from Chamber of Commerce</p> <p>Obtain information on # of employees from workplace contract. Use census data for total adult population figures.</p> <p>To develop and maintain a list of workplace contacts</p> <p>Needs assessment in workplace</p> <p>Create and maintain workplace profiles form</p> <p>Develop and maintain workplace contact form: contact, terms of agreement, direct and in-kind contributions</p> <p>Evaluate satisfaction with cost-shared arrangement through interviews with contacts</p> <p>Interviews with workplace contact about potential programming. Review plans</p>

## Appendix I: OHHP Provincial Objectives

### **Programming**

P1 – To increase the number of initiatives addressing tobacco, physical activity, and healthy eating.

P2 – To increase the level of multi-risk factor heart health programming.

P3 – To increase the number of initiatives using a combination of approaches (e.g., education, policy, environmental support, and community mobilization).

P4 – To increase the number of heart health initiatives in key channels/sites (e.g., schools, work sites, health care settings, homes, food establishments, retail establishments, community-at-large, etc.).

P5 – To increase the number of people reached by initiatives.

*PS1 - To sustain appropriate programs past March 31, 2003.*

*PS2 - To sustain an appropriate partnership beyond March 31, 2003.*

### **Knowledge:**

K1 – To increase the level of knowledge of the risk factors associated with cardiovascular disease and their consequences.

K2 – To increase the level of awareness of the appropriate actions to be taken to reduce the risks associated with cardiovascular disease.

K3 – To increase the level of knowledge of programs and services that address cardiovascular disease risk factors.

*KS4 - To sustain the issue of heart health with the public.*

*KS5 - To sustain the issue of heart health with decision makers.*

*KS6 - To sustain the issue of heart health with partners*

### **Behaviour:**

B1 – To reduce the proportion of youth who smoke daily.

B2 – To reduce the proportion of adult women and men who smoke daily.

B3 – To increase the proportion of adults who include at least 30 minutes of accumulated, moderate physical activity on most if not all days of the week.

B4 – To increase the proportion of children and youth who include at least 30 minutes of accumulated, moderate physical activity on most if not all days of the week.

B5 – To reduce the dietary fat intake among people aged 18 and older.

B6 – To slow the decrease in the proportion of adults with a Body Mass Index between 20 and 27.

*BS7- To support healthy eating, physical activity and smoking behaviour changes made by the intended audience(s).*