

# SECTION 3

## COMPREHENSIVE HEART HEALTH PROGRAM PLANNING STEPS

## SECTION 3

# STEP 1: TAKING STOCK



Step 1: Taking Stock: WHAT HAVE WE LEARNED DURING THE PAST 6-12 MONTHS?

Step 2: Setting Direction

Step 3: Action Planning

Step 4: Program Implementation

Step 5: Planning for Evaluation

The purpose of Step 1 is to help heart health coalitions assess their current situation. This information helps to position the coalition to continue the partnership building and program development.

The planning begins by reviewing the activities of the heart health coalition (internal factors) and revisiting what has happened within the community that may impact on the heart health project (external). Guiding questions are listed to help with this assessment and worksheets are included in Appendix 1. Topics include;

1.1 Internal Assessment

1.2 External Assessment

1.3 Research

1.4 Summary

## 1.1 Internal Assessment

### Stakeholders

*Who are the members in this heart health coalition?  
How does each member's mission and mandate complement your work?  
Are they willing to continue?  
Who else needs to be approached?  
Are there other existing programs or initiatives that support the project goals?  
See Worksheet 1-1*

### Existing Goals

*Examine the original goals stated for your project. Are these goals still the ones you want to pursue?  
How are your planned actions moving the coalition toward achieving these goals?  
See Worksheet 1-2*

### Audience

*Who have you identified as the audience for your project?  
Are these still the key groups for your project?  
Are you reaching them through the existing channels?  
Do you need to explore other channels?*

### Approach

*What approaches have you started using?  
What approaches do you hope to move into with other programs?  
What opportunities exist from the early programs to help you connect with different audiences or to extend into different approaches?  
See Worksheet 1-3*

### Existing Programs

*What planned program activities have been carried out?  
What program activities worked well? Identify successful components.  
What program activities did not work as planned? What would you do differently?  
What programs have the potential to extend to new audiences and different channels?  
See Worksheet 1-4*

## 1.2 External Assessment<sup>1</sup>

Revisit PEST Analysis

What are the trends and factors affecting your potential project in political, economic, social and technological areas?

Revisit SWOT Analysis

Identify the strengths, weaknesses, opportunities and threats in your community in relation to your project.

See Worksheet 1-5

## 1.3 Research

Examine available information from the literature that relate to your situation. What does the literature say about similar types of projects and how they should be designed? List the theories and factors relevant to your population and topics, paying particular attention to including broad determinants of health and conditions for health.

What do previous evaluations say about what works and doesn't work in relation to your population?

*List the needs of your community related to heart health based on demographic and health status information. Involve others in interpreting the data and identifying needs.*

See Worksheet 1-6

## 1.4 Summary

Review the information from both the internal and external assessment and the research and identify:

*The factors that will help your project*

*The factors which hinder or limit your project*

*What will it take for you to go forward?*

See Worksheet 1-7

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<sup>1</sup> For more information, see Situational Assessment, Chapter 3 – Scanning the Situation, Health Communication Unit

# STEP 2: SETTING DIRECTION

Step 1: Taking Stock



Step 2: Setting Direction: WHAT DO WE HOPE TO ACCOMPLISH IN OUR COMMUNITY OVER THE LIFE OF OUR PROJECT?

Step 3: Action Planning

Step 4: Program Implementation

Step 5: Planning for Evaluation

Step 2 helps a heart health coalition clarify what it hopes to accomplish in the community over the life of the project. Setting Direction includes the following components.

- 2.1 Mission Statement , Vision and Guiding Principles
- 2.2 Gap Analysis
- 2.3 Program Goals
- 2.4 Audiences
- 2.5 Channels
- 2.6 Objectives
- 2.7 Indicators
- 2.8 Pulling it together - Logic Model

## 2.1 Mission Statement, Vision and Guiding Principles

Setting direction promotes clarity about what your coalition intends to accomplish in the long run and who will benefit from this work. This clarity is important to provide consistency as the group membership grows or changes, and to help you stay on track to reach long term goals. This is usually expressed in a vision and mission statement, developed as part of the strategic planning process.

GENERAL INFORMATION

The mission statement is a precise agreed-upon statement of the reason for your organization's existence. It provides clarity about the function of the organization and describes the primary thrust. A mission statement should be brief, less than 100 words and clearly communicate to your audience what you are providing in the community.

Mission Statements are developed in a number of ways, most commonly during a facilitated session with all the key stakeholders (the coalition). During this meeting, stakeholders may address a number of questions, the central question being:

*What is our primary purpose? What are we about?*

**E X A M P L E** - Mission Statements from the Demonstration Sites

*To generate excitement among the people of Brant, Haldimand-Norfolk about choosing and maintaining an active, heart healthy lifestyle.*

*Heart Beat Partners working together to improve the health of our community.*

Reaffirm Mission Statement

The mission may need to change over time. At each general meeting, usually held annually, organizations may revisit the mission statement to determine:

*Is the statement still accurate?*

*Is it the right mission statement for the future?*

*How might this statement change to more accurately reflect what we are about?*

Projects are cautioned to try to avoid a time consuming word polishing of the mission statement at this stage. Little can be gained from a large group exercise in semantics. However, the process of reaffirming the mission builds community understanding, involvement and commitment to the heart health initiatives.

Guiding Principles

Many of the heart health demonstration sites developed guiding principles that expressed the values and strategic issues for the site. In most cases the guiding principles came out from work with the mission statement and supported the planning process. Guiding principles served as a filter for decision-making. Guiding principles provide the criteria to assess audiences, annual objectives and programs. They describe how the work will be done – the corporate culture.

To illustrate, some values included in guiding principles are:

*To use programs which address multiple risk factors (versus single risk factors) or  
Ensure that resources be spent in the community.*

Guiding principles may be developed at an annual meeting or planning retreat. They express the values reflected by the coalition of what is important for this coalition. They may also describe potential roles for community partners.

*In identifying guiding principles, coalition members might be asked first to reflect about the data that surfaced in the internal and external review and the research. Coalition members then explore, what do they believe to be the important values with which to work?*

Once developed, guiding principles help prioritize potential programs. When a slate of potential programs has been identified, each can be viewed through the perspective of the guiding principles. Programs that fit with most, if not all of the principles, are given a higher priority.

The Heart Health Demonstration Sites found they often receive requests for involvement in specific community opportunities and programs. The sites did need a process to evaluate if the idea fit with the mission and guiding principles, and to be able to decline opportunities that were outside of their mandate.

However, they found it helpful to maintain some flexibility to participate if the opportunity coincided with their long-term goals, even though the opportunity might not be in their annual plan.

Every idea was considered. Having this flexibility allowed them to respond to interesting opportunities. The budget and decision-making process also required flexibility to support this.

An example of some of the guiding principles developed at the Brant, Haldimand-Norfolk Heart Health Project is shown below.

**E X A M P L E** - Guiding Principles from Brant, Haldimand-Norfolk Heart Health Project

We believe that our interventions should...

- Reach our client group of families with elementary school aged children from a population-based heart health promotion approach, to prevent premature heart disease.
- Include potential for movement and/or progress towards environmental/policy initiatives,
- Be complementary to existing community initiatives OR involve community organizations in new initiatives.
- Be either comprehensive (i.e. multiple risk factor approach) in nature by including all three lifestyle factors in one activity or, in the broad scope of all programs, address all three in balance, while being focused on primary prevention.
- Allow for maximum involvement of volunteers in the planning, delivery and evaluation of the intervention, while being guided by the principles of community development, organization and mobilization.
- Allow for appropriate evaluation, be it locally or centrally driven.
- Further the Project's Mission statement of wanting to "generate excitement".
- Allow for a large percentage of the funding associated with each program to be spent within the Project area.
- Represent an equitable distribution of Project resources both by population and geography.
- Be responsive to program evaluation feedback and new technical information.
- Focus on heart health issues primarily and the Heart Health Project secondarily.
- Be soundly based in health promotion theory
- Recognize and account for resource limitations, including physical, financial and human aspects.

## 2.2 Gap Analysis

A simple process for a gap analysis is a discussion of the following questions. Return to the summary material from step 1. Based on a review of the existing information: Where are we at this time? Where do we want to be? In light of the answers to the above questions:

*What do you want to stop doing?*

*What do you want to keep doing to build on previous work?*

*What do you want to start doing?*

## 2.3 Program Goals

As with many planning words, the word goal is used in many ways. There are ultimate goals, project goals, long term goals etc. For this discussion, we are discussing program goals.

Goals are defined as broad or general statements describing intended changes. They are based on a single priority identified from the strategic discussion. It is important to write goals that are clear, easily understood and measurable through evaluation.

To help differentiate:

- Project goals are the broad statements of intention about what the Heart Health Project is to accomplish in order to realize the mission.
- Program goals are the broad statements about what a specific program is to accomplish in order to move closer toward attaining the overall project goals.

From the strategic planning process for the overall heart health project, a number of priorities or key issues will surface. Balancing the needs and resources at hand, goals can be stated for important priorities.

**E X A M P L E** - Some Heart Health Goals Statements

Project goals:

To increase the number of Halton residents who eat a healthy diet as defined by Health and Welfare Canada.

To engage a variety of community sectors in the coalition process to reflect and enhance Heart Health priorities in the sector activities.

Program (outcome) goals:

To increase the prevalence of walking as a physical activity in the East York community.

To decrease youth onset of smoking by restricting access to tobacco.

Program (process) goals:

To provide the people of Ottawa-Carleton with a supportive environment, in restaurants, for choosing lower fat, higher fibre foods.

To support heart healthy choices within a grocery store environment while establishing strong partnerships with store staff.

Some of these are outcome goals (e.g. To increase the prevalence of walking..... or to decrease youth onset.....) while others are process goals (e.g. To provide the people of Ottawa-Carleton with a supportive environment... or, To support heart healthy choices...). See worksheet 2-1 in Appendix 1.

## 2.4 Audiences

Audiences are those members in your community to whom specific programming will be directed in order to achieve the overall goals. In some communities, these groups are selected from needs assessments that identify at risk groups. Sometimes, audiences are selected for other reasons, as in the case of school aged children, where there is the potential for long term impact.

The audience may be selected because they have higher than average incidence and prevalence of the risk factors. By affecting the risk factors for this population, there is the potential for cardiovascular disease reduction. Data from a District Health Council or other community surveys might help a group to identify priority audiences within their community.

*To select a priority audience, review the assessments and research conducted in step 1. Consider the data and research done for your community as well as the program goals. Which groups of people require attention in order to achieve the project goals?*

For each audience, needs are identified to provide direction about the approach and the objectives.

Worksheet 2-2 (Appendix 1) helps a planning group consider possible audiences, the attention needed for this audience and the possible channels to reach them. In the 'action planning' step, an audience analysis will help a heart health group explore the specific characteristics of the audiences selected.

## 2.5 Channels

Channels are the routes to reach your audiences. These may include the main channels used by the Heart Health Project sites.

- Media, as with such things as campaigns
- Grocery stores, with programs targeting family members who buy and prepare the family meals
- Health care settings since health professionals have an influential role with clients and patients
- Restaurants, which influence food choices of their customers
- Schools/camps for access to children and those who have contact with children as teachers, camp counsellors or parents
- Workplaces, for adult populations

Especially in the early stages of a project, channels may be selected to build on existing partnerships.

## 2.6 Objectives

Objectives are specific directions that will make your goal statement a reality. They address the what, how and when. Objectives are clear and concise statements of what you want to accomplish, how it will be done, how it will be measured and when it will be completed.

Well written objectives should be SMART, that is:

**S**pecific,  
**M**easurable,  
**A**ction-oriented,  
**R**ealistic, and  
**T**ime-limited.

SMART objectives, as stated in the Application, *Attachment 2, p.1*, look like:

To expand the community partnership to include one representative from schools, work sites and health care settings by April 1999.

## 2.7 Indicators

Indicators state how you will see, hear or measure if the objective is reached. These are the anticipated measurable outputs from the program.

Indicators might include the number of participants at an active living event, the percentage of customers at a restaurant who choose heart healthy food, the number of people who stop smoking.

### E X A M P L E - Setting Direction Using Worksheets 2-1 & 2-2

What follows is an example of setting direction using the worksheets 2-1 and 2-2 from Appendix 1. Each step in the process of setting direction is illustrated with an example.

#### Worksheet 2-1

##### Program Goal

- To conduct a highly visible event with widespread participation by families with elementary school aged children in each sector of the community, such that families become more aware of appropriate family oriented heart healthy activities.

#### Worksheet 2-2

##### Audiences

*Looking at the data and research you have done for your community, which groups of people require attention in order to achieve the goal?*

##### Audience

##### Attention Needed

##### Possible Channels

Families with school aged children

to reach busy families  
needs to be fun  
need credibility

schools

##### Objectives

*Develop objectives for each audience which address the specific needs identified above. Then, identify how you would know this objective was achieved – sketch out some potential indicators for each objective.*

##### Objectives - Year 1:

- To involve 1-2% of the potential families in each sector of the County in the first 6 months of this year in an event that receives media attention.
- For 25% of family members attending the event to be able to identify at least two heart healthy activities.

The worksheets shown above help planners to begin to identify the outcome objectives for a specific audience and selected channels. The potential indicators start to look at evaluation issues, which are discussed in Step 5.

However, there is another way to proceed. . . . *let's look at a second approach*

## 2.8 Pulling it together - The Logic Model

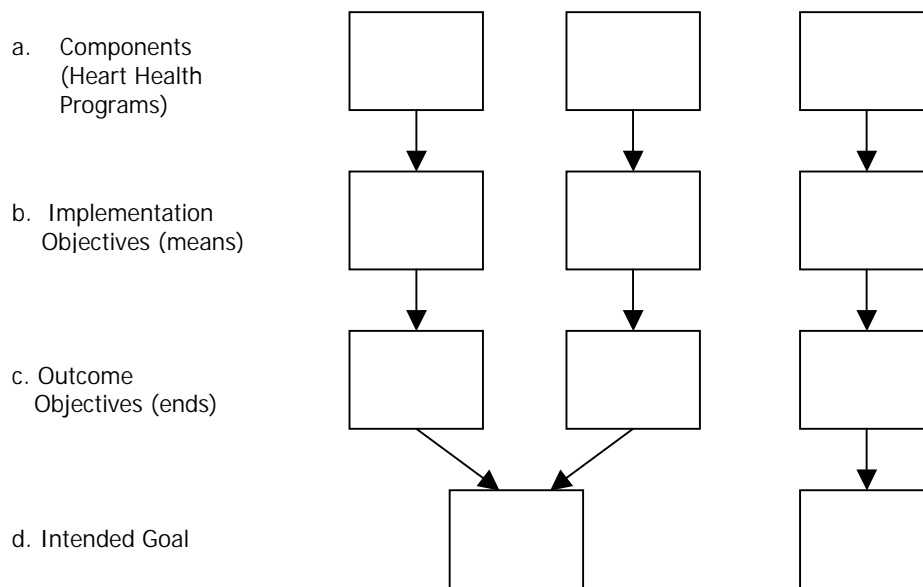
The logic model is a useful tool for program developers since it shows how the program components or activities lead to the goal. The logic model illustrates the connection between the components and the outcomes based on experience and theoretical knowledge.

There are numerous types of logic models that can be used for different purposes. They can map an individual program, show relationships of programs in a project and be used for planning evaluations. Logic models provide a representation of a project and/or program and are used to show clearly what the program is about and the reasoning behind it. Logic models provide a way to sequence goals and objectives to show the flow from the program activities to the anticipated short term and long term outcomes.

The basic program logic model consists of 4 elements shown below.

Figure 1

The Elements of the Program Logic Model<sup>2</sup>



<sup>2</sup> Brian Rush, Virgo Planning and Evaluation Consultants, 1998.

## SECTION 3: STEP 2: SETTING DIRECTION

- a. Components are the programs in the overall Heart Health Project
- b. Implementation objectives state what activities need to be done to achieve the program objectives.
- c. Outcome objectives are the intended changes from the program activities.
- d. Intended goal is the overall planned long-term effect, impact or results of the individual program.  
Different forms of the logic model can be used for different purposes, for example, to help program planners think through ways (activities) to reach specific outcomes, to provide a summary of a comprehensive heart health plan or to plan an evaluation.

### Questions to Guide Development of a Program Logic Model<sup>3</sup>

As part of step 2, Setting Direction, the logic model focuses on the outcome objectives. (The other parts of the logic model will be completed in later steps.) For this step, planners can answer the following questions:

- *In the long run, what should be different in the community, or the "audience", as a result of your program?*
- *What are the changes you hope for, even recognizing your program may only be playing a small part in achieving these changes?*

These changes are your long-term objectives. Some of them may be quite general and reflect broad goals or aspects of your mission statement.

Once the longer term changes are identified, the next step is to begin to look at what changes are needed to achieve the longer term changes.

- *In the short term, what changes do you hope will occur in the community or the audience as a result of your program being delivered?*
- *What short-term changes are needed in order to achieve your longer term objectives (goals) identified above.*
- *How are these objectives linked over time? In other words, what changes lead to what other changes to eventually achieve your longer term objectives?*

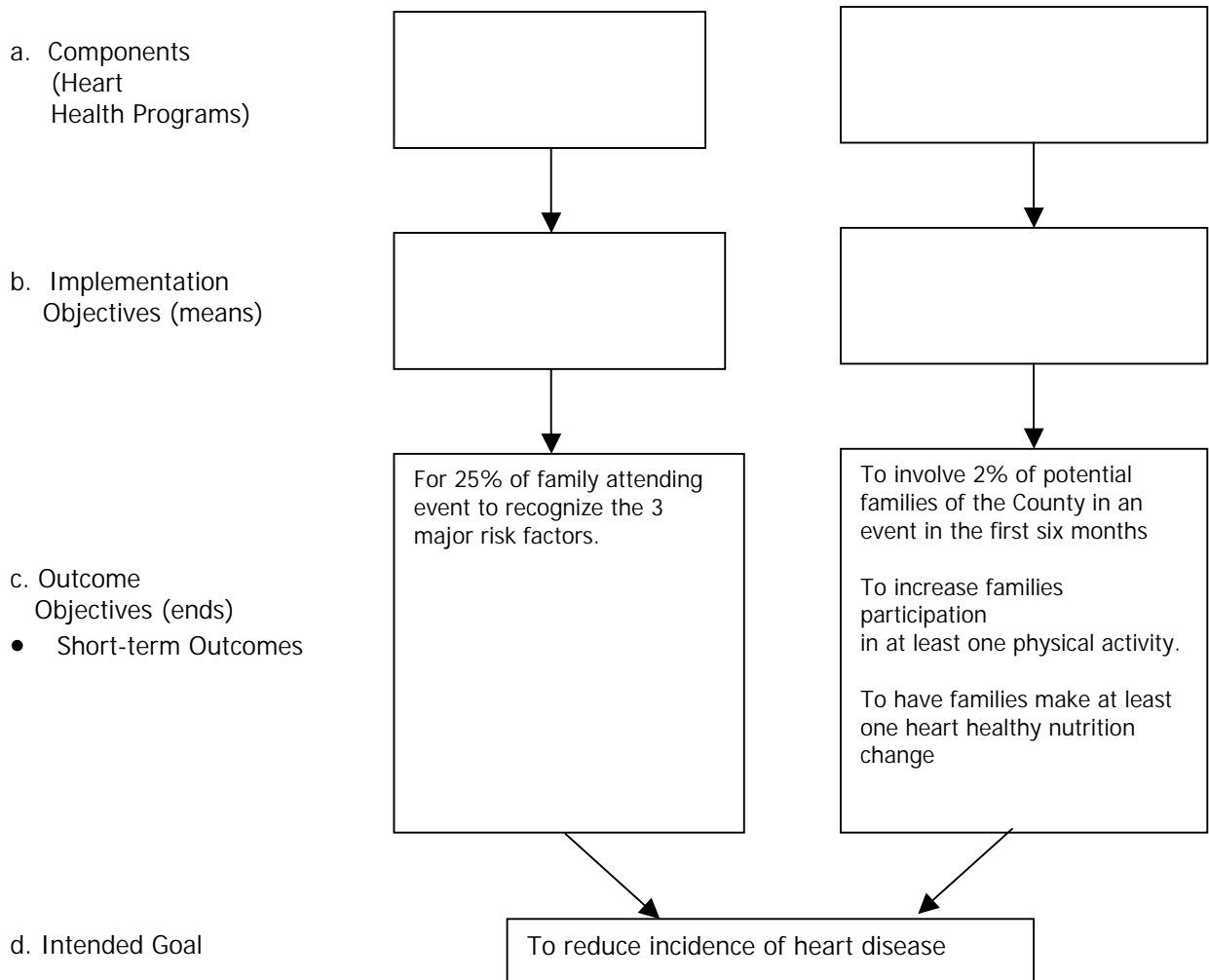
Write down all the changes you think might happen as a result of your program and then ask yourself how they are inter-connected.

- *What is the logic or rationale connecting one change to another?*

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<sup>3</sup> Questions to Help Guide Development of a Program Logic Model, Brian Rush, Ph.D., Virgo , 1998.

**E X A M P L E** - Logic Model Beginnings



# STEP 3: ACTION PLANNING

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?

Step 4: Program Implementation

Step 5: Planning for Evaluation

Action Planning provides ways to select existing programs and activities to help achieve the planned goals or outcomes. A number of steps are described.

3.1 Audience Analysis

3.2 Potential Program Identification

3.3 Potential Program Review and Selection

3.3a Sequencing of Programs

3.3b Overall Synergy with Heart Health Project Goals

3.3c Adaptation Potential

3.3d Potential for Sustainability

3.3e Other Considerations

3.4 Pulling it together – the Logic Model continues.

## 3.1 Audience analysis

In Step 2, the audience has been identified answering the question, who do we want to reach? Audience analysis is the process for learning about the wants, needs, demographics, health behaviours, media preferences and other characteristics of your audience. Audience analysis and segmentation identifies sub-groups who may have higher priority needs within the broader client group.<sup>4</sup>

Audience analysis helps to focus or select a more specific audience with whom to conduct the program, and may also provide additional information about where to reach this audience.

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<sup>4</sup> See Overview of Health Communication Campaigns, Part 1.

To get to know your audience better, consider the following questions to assess their demographic, behavioral, psychographic characteristics<sup>5</sup>. For example,

For demographic issues consider questions such as:

*What is the gender breakdown of your audience and/ or audience segments?  
What are the ranges of ages?  
What is the range of formal education among your audience? What is most common?  
Where do they live and work - in urban, rural, suburban settings?*

Similarly, for behavioral characteristics, consider questions such as:

*What is their actual current behaviour? Provide a detailed picture of the behaviours in question (e.g., smoking, dietary fat intake, exercise, etc.).  
What benefits are derived from their current behaviour?*

For psychographic characteristics consider questions such as:

*What are the fundamental values and beliefs among your audience?  
What is most important to them?  
Where do they get their health-related information*

#### Summary of audience analysis

The information about your audience helps predict where you might reach them. This is important in order to find representative members of your audience who may agree to participate in a work group or pilot test materials.

The audience analysis also helps identify the knowledge and beliefs that may interfere with adoption of the desired behavior changes. Interpreting the information from the audience analysis helps planners make informed decisions about what messages and activities might be helpful with this audience.

The questions for the audience analysis are included on Worksheet 3-1.

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<sup>5</sup> For a further discussion of Audience Analysis, see: Overview of Health Communication Campaigns, Part 1 - p.15 - 18, The Health Communication Unit

### 3.2 Potential Program Identification

Selection of proven effective programs<sup>6</sup>

Over the history of the HHAP, a number of programs were identified in the final evaluation as effective<sup>7</sup>. These programs met the six evaluation criteria:

- Grounded in theory
- Proven effective based on the results achieved
- Collaborative approaches
- Responded to needs
- High reach for cost
- Necessary supports available

Some programs were leading, that is, they played a key role in producing impact in one or more channels in a community. Other programs were supporting, in that they played a minor, supporting role in the overall mix of programs.

The heart health programs, described in the catalogue of programs, are grouped by channel and whether they are a leading or supporting program. The catalogue organizes the programs in the following order:

- community at large
- grocery stores
- health care settings
- restaurants
- schools/camps
- workplaces

The need to use existing Heart Health Programs has been identified as necessary in the Ministry Application and can save considerable time and effort. In reviewing the programs listed in the *What Worked For Us* document, heart health organizations need to keep in mind some of the following criteria<sup>8</sup>.

- *Is it wanted by our client group?*
- *Is it needed by our client group?*
- *Does it fit with the mission and goals of our coalition?*
- *Does it duplicate an existing community program?*
- *Does it support other heart health programming?*
- *Would other organizations be willing to co-sponsor?*
- *Can this program be accomplished in the given time period?*
- *Can it be accomplished with the given budget?*
- *Does it have potential to be incorporated into the community and be sustained?*
- *Does it operationalize our guiding principles?*
- *Do we have the expertise, or access to expertise, to develop and implement?*
- *Has it been proven effective elsewhere?*
- *Can it be evaluated?*

<sup>6</sup> Appendix 2 contains the Contents at a Glance from \*See *What Worked For Us*, 1997.

<sup>7</sup> Final Evaluation Report, Heart Health Resource Center, 1995 .

<sup>8</sup> Adapted from CDC Nutrition Program Manual

Note: Some samples of generic program materials and resources from proven effective Heart Health programs are available from the Heart Health Resource Centre, Fall, 1998.

### 3.3 Potential Program Review and Selection

Criteria, to assist sites in selecting programs to help achieve their goals (long term outcomes), are described in a recent document.<sup>9</sup> These criteria, which can be used for programs developed outside of Ontario, address the following questions:

- *Is there evidence of population level impact?*
- *Is it plausible, is it likely that the practices will be effective?*
- *Is the cost reasonable?*
- *Does it fit in Ontario?*

In addition, there are other factors to consider when selecting potential programs. These will be discussed under the following headings:

- a) Sequencing of programs,
- b) Overall synergy with project goals,
- c) Adaptation potential,
- d) Potential for sustainability and
- e) Other considerations.

#### 3.3a Sequencing of programs

The Heart Health Demonstration Sites learned a great deal about ways to sequence programs. Most communities began by raising awareness. Sites recommended selecting early programs that could be developed beyond awareness to other approaches such as education or environmental support.

Brant, Haldimand-Norfolk Heart Health began work with school aged children, with annual goals using two approaches, awareness and education/skill building.

*The awareness goal was to increase the awareness levels of client group about heart health issues and the Heart Health Project.*

*The education/skill building goal was to increase the number of families with elementary school aged children practicing heart healthy behaviours: choose lower fat foods more often, lead an active lifestyle, and avoid tobacco smoke.*

A sequencing of approaches, moving from awareness to education/skill building, was planned. Schools were a channel to reach children using the school kit, *Adventure into Heartland*. In the example, the progression of this program is shown.

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<sup>9</sup> Report on A Scan of International Heart Health Projects for Best Practices, Ontario Heart Health Resource Centre, 1997.

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- First, awareness raising was the approach to school aged children using the Adventure into Heartland Play.
- With the success of this early program, materials were developed to provide education and skill building through curriculum based activities.
- Further, environmental support was built into classroom and school practices to reinforce the education and skill building activities.
- Finally, decision-makers at the board of education level were involved to create policy to promote the heart healthy activities within schools.

E X A M P L E - Sequencing of Programs		
Order	Approach Used	Application of Programs*
1 st	Awareness raising →	Adventure into Heartland Play
2 nd	Education & skill building →	Grades 3, 4 & 5 Curriculum based activities in Heart Healthy School Kit
3 rd	Environmental Support →	Classroom / school practices in Heart Healthy School Kit
4 th	Policy (e.g. →	Board of Education Policy Decisions Quality Daily Physical Activity / Exercise)

\* Programs developed from Brant, Haldimand-Norfolk Heart Health

See *What Worked For Us*, pages 20 and 194.

In the following example, year 1 objectives were written to raise awareness. In subsequent years, objectives were added to address other approaches. In the review of the programs from the *What Worked For Us* document, the Restaurant Program from Ottawa-Carleton offered strategies to achieve those objectives. Further, the Adopt a Restaurant Program provided a way to sustain the program.

## SECTION 3: STEP 3: ACTION PLANNING

E X A M P L E - Sequencing of Programs	
A Four Year Plan	Intended Approach
Year 1	Awareness raising – the benefits of lower fat, higher fiber foods to both restaurateurs and the general public.
Year 2	Education and skill building re: heart healthy menu preparation for restaurant workers – commitment from restaurants Environmental support for heart healthy eating to patrons of restaurants healthy choices in restaurants
Year 3	Extend number of restaurants – education, skill building and environmental support – increase communication (through media awareness) about heart healthy restaurants in the community Begin ongoing initiative for ongoing sustainability – Adopt a Restaurant
Year 4	Extend number and strengthen sustainability through extended Adopt a Restaurant program

See: *What Worked For Us*, p. 145.

### 3.3b Overall Synergy with Heart Health Project goals

Each program selected should complement others and work collectively to address the overall goals. One way to build synergy between programs is to begin by selecting programs that promote relationship building with individuals from important channels. Subsequent programs can build on the working relationship developed in the early program.

For example, one early program used by the Sudbury Heart Health Coalition was work site health risk appraisals. Workplaces in the community were approached to invite their employees to participate in a comprehensive heart health screening and assessment. The intent was three fold:

- To raise awareness about personal heart health,
- To promote personal commitment to a heart healthy agenda, and
- To begin to form partnerships.

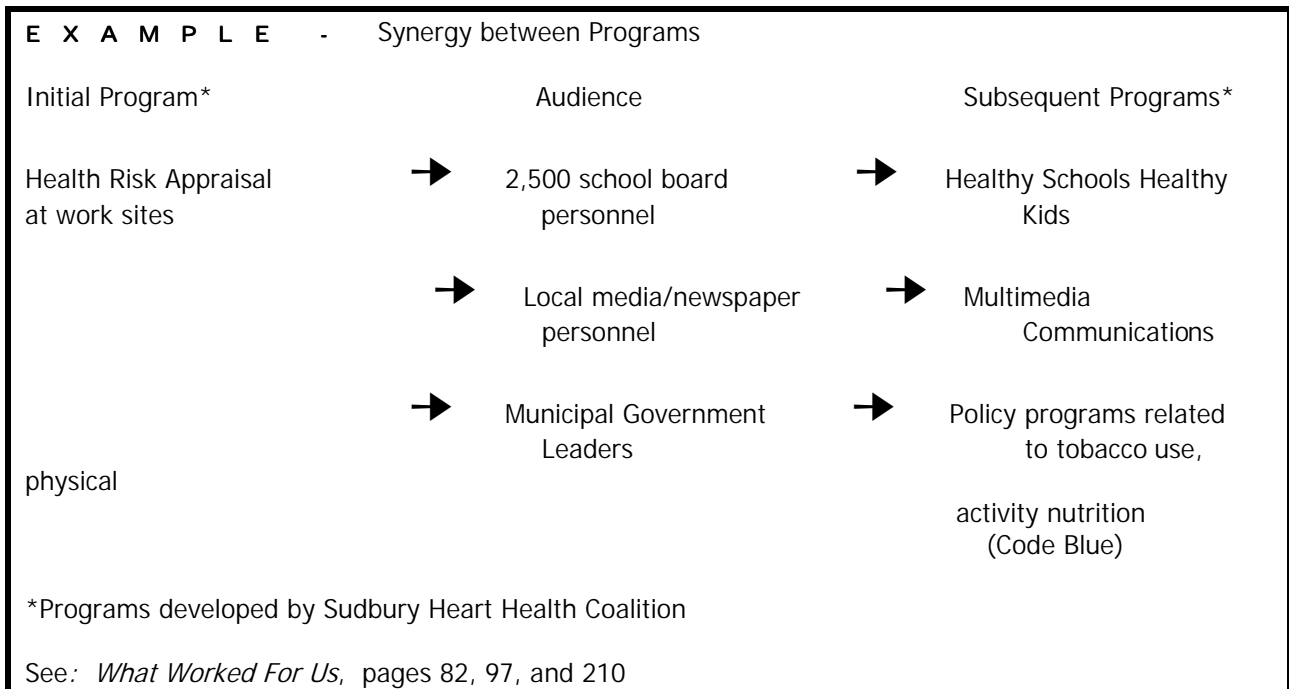
In Sudbury, health risk appraisals were conducted with a number of audiences. These included school board personnel, local media and newspaper personnel and municipal leaders. Through this initial work, awareness was raised about heart health **and** strong connections were built with the different audiences and new stakeholder groups. From the initial contact through the health risk assessment, follow up programs were planned.

The school board contacts were developed to move into a different audience with the Healthy Schools, Healthy Kids program.

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The local media/newspaper contacts evolved into a large scale multimedia communications campaign.

Work with the municipal government leaders was helpful for the policy programs and municipal by-law work that came later.



Other examples included school programming that was adapted for day camping programs. Using similar resources is cost effective and may bring in new partners, and reach different groups.

3.3c Adaptation Potential

The programs that have been developed by other heart health sites may fit well with the local heart health goals and objectives. However, in some situations, the audience analysis may indicate a need to target an audience, which differs from those in the original program. In some cases, the channels used may not be available in the local community. For a number of reasons, you may find that some adaptations will be necessary.

Also, involving a work group in adapting or 'personalizing' a program may have benefits for sustainability. The adapted program will be seen as 'theirs'. The adaptation process may also contribute to partnership building.

### 3.3d Potential for Sustainability

Programs being considered by a Heart Health Project need to be viewed in light of the likelihood of being sustained. Sustainability is enhanced when programs build on the contributions of partners and helps them achieve their mandates. Also, sustainability is enhanced when the ongoing costs for programs are low. Programs that reach a large number in the audience may be more sustainable. <sup>10</sup>

#### E X A M P L E - Sustainability

The Day Camp Programming from York Region was a good example of a program designed to be sustained. This initiative began as a walking program for campers, using Dino the Dinosaur markers and the Heart Action York Region resource called, *Take a Hike - Walk York Region*, to plan walking routes.

Following the success of the walking program, a resource binder for camp counselors was developed, with information and activities related to three risk factors. Camp Counselors were given the resource binder and training, and incorporated the materials into their camp curriculum.

Evaluations suggested that camp counselors and campers were making healthier lifestyle choices. The program was reported to be 'fun and informative'. Based on this experience the recreation partner agreed to sustain and expand the program to all its day camps.

See: *What Worked For Us*, p. 200-204)

### 3.3e Other Considerations

Demonstration site staff recommended starting with a small number of key programs that have the potential to extend or develop to other risk factors, approaches, audiences and /or channels. It is suggested that extending early programs saves time and helps build stronger commitments within the community.

Also, a small focused program offered the chance for an early success. Having some early success to celebrate contributed to awareness of the heart health initiative in the community and helped create and maintain a group of new volunteers.

For more information about specific learning in implementing the various programs, see the section, 'Recommendations and Insights' included at the end of each program summary. (See: *What Worked for Us*).

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<sup>10</sup> For a discussion about sustainability, see the Newfoundland and Labrador Heart Health Final Report.

Review of questions to consider for action planning

For individual programs:

- Is it wanted by our client group?
- Is it needed by our client group?
- Does it fit with the mission and goals of our coalition?
- Does it duplicate an existing community program?
- Does it support other heart health programming?
- Would other organizations be willing to co-sponsor?
- Can this program be accomplished in the given time period?
- Can it be accomplished with the given budget?
- Does it have potential to be incorporated into the community and be sustained?
- Does it operationalize our guiding principles?
- Do we have the expertise, or access to expertise, to develop and implement?
- Has it been proven effective elsewhere?
- Can it be evaluated?

These questions are listed in Worksheet 3-2

In reviewing the package of proposed programs:

- Are programs sequenced – some early programs to raise awareness but with a potential to be extended to other approaches?
- Is there synergy between programs? Do they compliment each other?
- Are there resources can support multiple programs?
- Are there ways resources can be used for multiple audiences?
- Can programs be adapted to address specific local needs and audiences?
- Are there programs with built in sustainability?
- Overall are your programs comprehensive? (balance of risk factors, channels and approaches?)
- Are there sufficient resources (time, people and money) to carry out this package of programs?
- Will this package of programs achieve the project goals?

These questions are listed in Worksheet 3-3

Program development is time consuming and expensive. Look for opportunities to extend the reach of good materials.

### 3.4 Pulling it together – The Logic Model<sup>11</sup> continues

The logic model assists planners in developing and selecting programs to achieve long-term outcomes. In step 2, we were considering the desired changes as a result of the program. In step 3 the logic model focuses on the programs, activities and implementation objectives. Questions to consider:

- *What programs do you currently deliver or which you plan on delivering in the near future?*
- *What are the main activities of your program?*

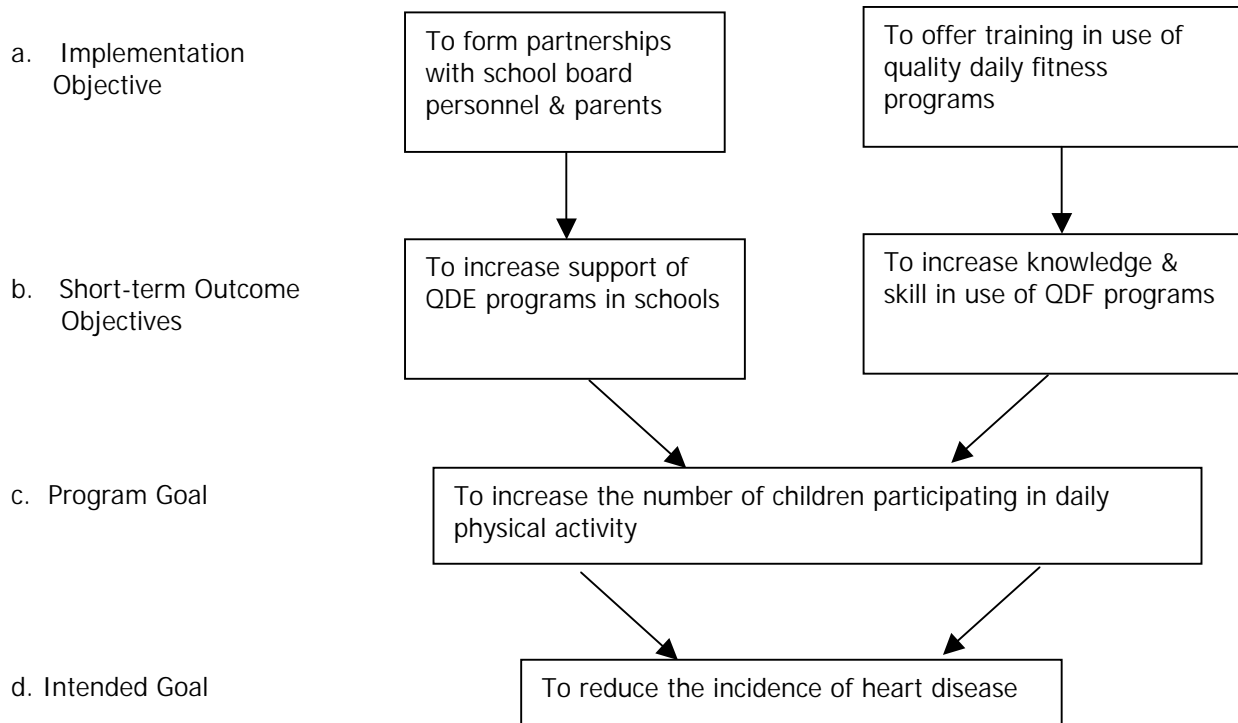
Planners are advised to cluster activities under each program and then to try to show connections between various program components and short-term objectives. The diagram may need several drafts at this stage.

- *Look at your activities. Why should these activities produce these changes?*

There should be some logic or rationale underlying these connections.

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**E X A M P L E** - Quality Daily Fitness (QDF)



<sup>11</sup> Document from Virgo Planning and Evaluation, 1998.

# STEP 4: PROGRAM IMPLEMENTATION

Step 1: Taking Stock

Step 2: Setting Direction

Step 3: Action Planning



Step 4: Program Implementation:

HOW DO WE BRING THE PLAN INTO REALITY?

Step 5: Planning for Evaluation

In planning for program implementation, heart health coalitions need to consider the preparations needed to bring the plan into reality. Step 4 includes information about:

- 4.1 Forming work groups to do the detailed preparation
- 4.2 Detailing tasks and time lines
- 4.3 Pilot testing, revising, and updating
- 4.4 Preparing for full implementation

## 4.1 Forming work groups

Work groups are formed to map out the course of a program. These groups need to consider the specific actions, the person responsible for carrying out the actions, the necessary resources and a time line.

In the demonstration sites, work groups were used to manage the development, adaptation and implementation of the programs. Following the development of an annual plan, specific information about selected programs was passed on to work groups. Each work group consisted of a number of volunteers, including members of the intended audience, and a coalition staff person. The group was responsible for the detailed planning and implementation of the program.

It will be important to consider the needs and issues of potential members when selecting work group members. The demonstration sites learned that most volunteers were action oriented, and wanted to see some accomplishment. Volunteers preferred working on specific programs rather than attending meetings. It is valuable to find creative ways to share tasks and responsibilities to achieve these tasks. Some suggestions from a Roundtable discussion are summarized below.

Find creative ways to share tasks and responsibilities

- decide upon division of tasks (chairing, minutes..)
- share responsibilities in work teams
- discuss work load and expectations
- identify strengths of all people at the table and utilize them
- develop good process and definition of functions
- define the role of coordinator at the beginning so everyone has common understanding
- identify needs of all members and work towards meeting them

From the Heart Health Proceedings, Fall 1997.

Individual styles and personalities can lead to problems, especially if some group members decide that their role is being taken over or their views are not being respected. Volunteers may be unwilling to work with people they dislike - and may actively or passively withdraw - leaving the 'real work' up to staff. This can be an ingredient for failure.

Workload and expectations need to be discussed early in the group development and periodically reviewed to avoid burning out volunteers (and staff). Similarly, ongoing review of the goals helps the group stay on track. To build a functioning and motivated work group, the following has been suggested:

- Plan a project early on that is non-controversial, easy to implement and has a high likelihood of success
- Have a menu of activities for communities to select appropriate 'best practices'
- Don't reinvent the wheel
- Have an agenda with identified outcomes and move efficiently through each meeting
- Create a work plan - define what is program and what is process
- Have action oriented outcomes which lead to tangible results, and celebrate small successes
- An early small success helps develop the coalition, keeps people motivated – and have fun!
- Small successes keep people motivated
- Have realistic time lines

Adapted from Heart Health Proceedings, p 11.

Worksheet 4-1, Work group checklist helps groups consider issues that may help them to work together.

#### 4.2 Detailing tasks, time lines etc.

Work groups, once formed, explore each step in planning for implementation. For a proposed program area, work groups think through and develop a work plan often for the fiscal year. The work plan includes the detailed steps and strategies needed to implement the activity, the person responsible for carrying out the action, what resources would be needed and when the action would need to be completed. The time line is

essential because some programs require long term planning to meet other partners deadlines.

Planners can be guided by the required information for the Heart Health Program Activity Plan Format. To complete, information is needed in the following areas.

- the initiative/activity, including both a title and brief description
- the community involvement
- risk factor and approach if applicable
- resource allocation
- timing
- audience and intended reach
- projected results
- monitoring and evaluation activities

An example of an ongoing work plan is outlined below. A blank Action Plan form (Worksheet 4-2) is contained in Appendix 1.

SECTION 3: STEP 4: PROGRAM IMPLEMENTATION

E X A M P L E - Workplan Outline				
Proposed program: Day Camp Programming*				
Strategies	Actions	Who's responsible	Resources needed	Accomplished by
Recruit Parks & Rec as partner	- talk to program coordinator about current day camping	Jane	.25 day	Nov 1
Review HH materials	- order manuals	Terry	1 day	Nov 15
	- find out about costs of materials & programs - develop draft 1 budget	Terry and Jane	.5 day	Nov. 20
Identify other Possible partners	- talk to coalition -get names & follow up preliminary exploration	Jasmine	1.25 days	Dec 1
	-talk to other interested partners and representatives of audience	Jane	2-3 days	Dec 15
Review program materials with partners	- call meeting of possible partners	Terry	1 day	By Jan 15
	- review materials for content & potential use in day camps -prepare presentation - rationale for use	Jane to facilitate	.5 day 2 days prep	
Make decisions about program	- time allotted for training of counsellors - for programming	All	3 days	By March 15
	- start contributions re prizes, costumes process - schedule for summer	Jane		
Schedule training camp counsellors	- training pkg. reviewed - training materials prepared - training conducted by	Jasmine Jane	7 days \$250 \$100	June 7th
Camp Materials Prepared	- copy or adopt program worksheets for camp use	Terry	5 days \$100	June 25
Program used ongoing support offered to counselors	- July – August	Terry/Jane	3 days/wk travel/ meeting equipment costs	
Feedback session with Counsellors	August – review of what worked	Terry/Jane	2 days \$50	By August 30
Report prepared	-review feedback, eval. Info	Jane	5 days	September 30
Final report presented	- schedule presentation of report - present results of day camp program	All	2 days	October 10

\*See *What Worked For Us*, p. 200 and 205

4.3 Pilot testing, Revising and Updating

Once materials are in a good draft format, pilot testing with a small representative group is done to identify the problems that may interfere with or scuttle full implementation. The pretest includes an evaluation component to assess both the operational and short term outcome indicators. Results from the pretest help the work group refine, revise or strengthen aspects of the program.

An example in the box below illustrates the crucial role of pilot testing and the revisions based on the information. In this situation a work group was enthusiastic about the potential role of dentists in counseling patients to quit smoking. However, first contact with the dental professionals showed a gap between the work group's and the dental professional's perception of the latter's role in smoking prevention. This initial finding led to a change in direction.

**E X A M P L E - Pilot Testing**

With a mandate to reduce the incidence of heart disease, and smoking being the number one cause of preventable death, the coalition was interested in innovative programming to promote smoking cessation. The work group started by sending letters of introduction to all dental practices in the area. It was quickly ascertained that the dental professionals did not currently consider tobacco cessation counseling as part of their role. The focus of the program changed from encouraging local dentists to implement the program to increasing awareness about the potential impact of the dental profession on reducing tobacco use in the public. To support this, articles linking oral health and tobacco use were published in national, provincial and local dental journals and were presented at provincial and national dental conferences.

The committee developed a manual outlining the steps of the dental smoking cessation program. This program received an endorsement from the local dental society. Seven dentists in four practices agreed to pilot test the program. A telephone follow-up of their experience, completed two months after the kits were sent out, indicated that none of the practices were following the program, however, some were now routinely advising patients to quit smoking.

Adapted from *Our Stories, HHRC*.

Worksheet 4-3 provides a format for reviewing existing resources.

For further information about pre-testing, see Overview of Health Communication Campaigns, Part 2, The Health Communication Unit, p. 62 - 65.

#### 4.4 Preparing for full implementation

Programs are usually implemented by a work group, which has been involved in a long planning process. Effective work groups will include a number of people with different roles and responsibilities for implementation. Ongoing communication and clarity about these tasks can make or break implementation.

Just prior to implementing the program, it is recommended that the work group and perhaps an external reviewer consider the following questions as a 'readiness check'.

#### Why

- *Why are you doing this program? In what ways does this support your long-term outcomes?*
- *In what ways does this support your partners' missions?*
- *Why will people come? What's in it for them? (Fun, prizes, needs met etc.)*

#### Who

- Review audience analysis - are you reaching the people you want to reach?
- Does anything further need to be done to reach this group?
- Is appropriate language used in materials for the key group?
- Are decision-makers or gate-keepers informed and supportive?
- Have members of your client group been involved in planning or design?
- Who will communicate the success of this event (e.g. is media invited?)
- Who will document what works and what doesn't?

#### What

- Is the work plan complete with all elements filled in so clear direction is evident? Are any steps missing?
- Is the program/initiative clear to all involved?
- Has adequate training occurred or been planned?
- Are adequate supports in place (e.g. are your materials ready? Do you have appropriate space? Etc.)
- What is the worst case scenario - how can you plan to avoid it?

#### When

- Is the timing realistic?
- Timing - how does the timing work to support implementation?
- What other things might interfere with planned timing?
- What disadvantages have been taken into consideration? (E.g., Other competing events)
- If outdoor space is needed, what is the likelihood of the weather cooperating or how will you deal with bad weather or any other contingencies?
- How does the time of day fit your clients schedules?
- How does this activity affect other heart health activities and visa versa?

#### How

- How will your audience be affected by this program?
- Has adequate promotion taken place?
- Has promotion used effective methods with consistent language?
- Can this event/experience be linked with other community initiatives - Piggy-backing on other activities?
- How will you celebrate success?
- How can media coverage be generated through this activity?
- How will sustainability of the program be addressed?

These questions are also listed on Worksheet 4-5, Implementation Checklist.

You might also want to consider . . .

- Each program listed in the *What Works for Us* includes a section about 'Insights and Recommendations'. These sections share what was learned in developing and implementing these programs.
- Two charts, from the Heart Health Action Program, Final Evaluation Report, December 1995 identify conditions for successful implementation for the leading and supporting programs. This summary is reprinted in Appendix 3.
- Experiences from similar activities conducted by the partners and evaluations need to be considered.

# STEP 5: PLANNING FOR EVALUATION

Step 1: Taking Stock

Step 2: Setting Direction

Step 3: Action Planning

Step 4: Program Implementation

➔ Step 5: Planning for Evaluation: HOW WILL WE KNOW IF WE ACHIEVE OUR GOALS?

*Program evaluation is the systematic gathering, analysis and reporting of data about a program to assist in decision-making. Evaluation includes describing the intended program, documenting what was actually implemented (process evaluation), describing participant characteristics, and demonstrating the impact of the program.<sup>12</sup>*

In this step, we will address:

5.1 Identifying the major evaluation questions

5.2 Process evaluation

5.3 Outcome evaluation

5.4 Pulling it together - The Logic Model Completed

5.5 The Summary Logic Model

## 5.1 Identify the major evaluation questions

Heart Health Coalitions are formed with a number of stakeholders and each may have a different concept about what needs to be evaluated. Potential clients may have different questions than funders. Work groups might find it helpful to 'step into the shoes' of different stakeholders and consider what questions they would want information about.

In planning for evaluation, this document will address the early stages of evaluation. Worksheets from The Health Communication Unit<sup>13</sup> are used to illustrate these steps.

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<sup>12</sup> Program Evaluation Tool Kit, a blueprint for public health management, N.L. Porteous, /B.J. Sheldrick and P.J. Stewart, Ottawa-Carlton Health Department, 1997, p. 1

<sup>13</sup> Adapted from Health Promotion Planning, The Health Communication Unit, p. 39

Identify the stakeholders and their issues and concerns related to your program.

*For example:*

*Who are the individuals and organizations with a stake in the program?*

*What are the issues or concerns each stakeholder has about the program?*

*From the review of stakeholders and issues or concerns, what is the purpose of the evaluation?*

*What are the major evaluation questions that need to be addressed?*

See Worksheet 5-1, Identification of stakeholders concerns and evaluation questions.

Key evaluation questions can be prioritized and ways to measure or track can be found. In many cases an ongoing data system will need to be in place before implementing a program.

## 5.2 Process evaluation

The purpose of process evaluation is to monitor the use of a program. It addresses who participated in the program and what really happened during the implementation. For example, for an education program, did the presenter use the materials provided? Was the presenter understood and did he or she use the materials appropriately (was he/she trained in using the materials?)

For programs that have been 'proven effective' and with limited funds, process evaluations may be a priority.

Process questions assess the activities or tasks, such as;

- Whom did the program reach? (Characteristics)
- How many did it reach? (#)

Using the logic model, a planner looks for links between the activities offered in the program and the short-term outcomes. These outcomes, linked to theory, allow the program developer to draw connections between the actions taken and the program successes.

In planning for a process evaluation, you might consider how and from whom data will be collected. Is it important to collect data from

- all people who participate in your program, or a sample of people or things.

Is it important to collect data

- on an ongoing basis or at specific times, such as with focus group methods.

For a full discussion of process evaluation, see the Program Evaluation Tool Kit<sup>14</sup>.

## 5.3 Outcome evaluation

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<sup>14</sup> Program Evaluation Tool Kit, a blueprint for public health management, by N. Porteous, B.J. Sheldrick, P. J. Stewart, Ottawa-Carleton Health Department, 1997.

Outcome evaluations usually attempt to measure short-term changes. Based on experience and theory, the logic model shows links between short-term changes that are predicted to lead to long term changes. Changes may include participants gain in awareness about the issue, or show a change in behavior.

The long-term outcomes for heart health are changes in population based heart health.

#### GENERAL INFORMATION

A number of different forms of evaluation are used in the program development process as compared to evaluating actual program performance and outcome.

- Needs assessments and situational assessments may be used at the beginning of the planning process.
- Audience analysis and pilot testing are other kinds of evaluation, one used to establish what kind of audience you are dealing with and the other to fine tune the process or materials.
- Process evaluation determines how well the program was carried out.
- Outcome evaluation determines what was accomplished.
- Impact evaluation determines the effect the program has had on behavior change.
- Economic evaluation determines the cost benefits of the program.

#### Beginning an evaluation plan

The following description is to guide early development of an evaluation plan. Worksheets to support this process are included in Appendix 1.

- *Reexamine the program objectives and state in concrete, measurable terms.*
- *For each objective, develop short-term outcome indicators. State how you will know if these objectives are reached. What will you see, hear, feel, what will happen, what will be different.*

See Worksheet 5-2, Creating measurable outcome objectives and indicators

- *What activities are you planning to carry out to reach the planned outcomes?*
- *How will you know if the program has been delivered as planned?*

See Worksheet 5-3, Creating measurable process objectives and indicators

E X A M P L E - Summary Evaluation Planning Form <sup>15</sup>			
Program Objectives	Evaluation Questions	Indicators	Data Collection Strategy
To raise awareness in the general public about the importance of lower fat, higher fiber foods in one year.	Will restaurant patrons choose heart healthy menu items?	% of restaurant clients who identify a link between heart health and food choices	periodic monitoring of selected menu choices
To identify at least 25 restaurants this year willing to offer heart healthy menu choices.	Will restaurant owners offer heart healthy menu items?	# of restaurants with heart healthy items.	periodic monitoring by volunteers
To increase the # of heart healthy restaurants over a 3 year period.	Will restaurants continue to offer heart healthy choices?	# of restaurants continuing each year, # of new restaurants each year offering heart healthy menu choices	Periodic monitoring

Worksheet 5-4 is a blank summary evaluation planning form.

An evaluation work plan will help planners be clear about what is being evaluated, when the evaluation activity will occur and what resources are needed.

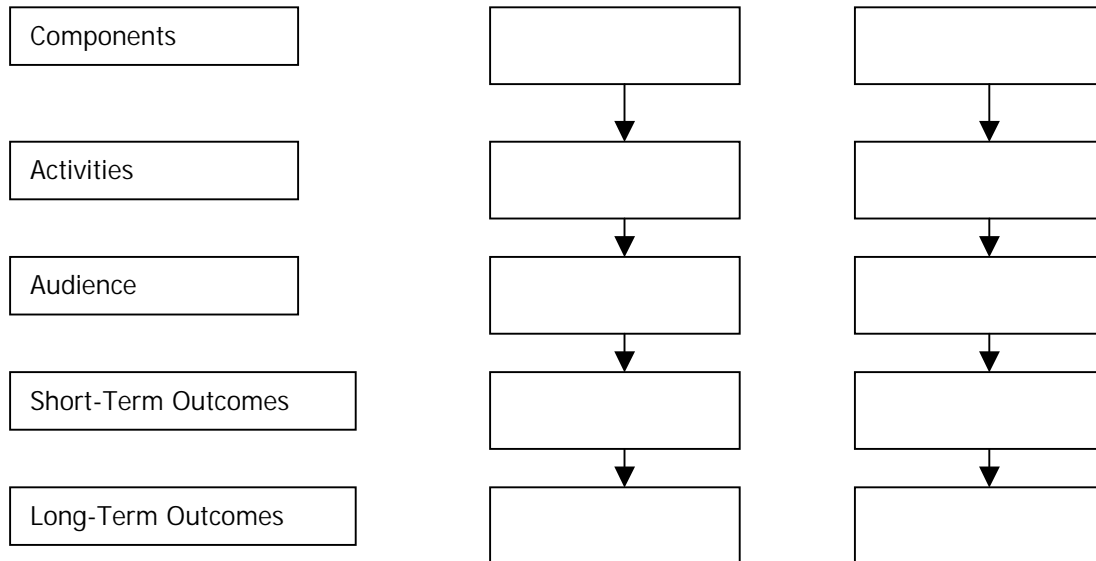
#### 5.4 Pulling it together - The Logic Model Completed

The logic model can provide a useful format for planning evaluations. Logic models provide a representation of a program and can show what the program is about and the reasoning behind it.

A broader version of the logic model is described below. This is the beginning of a summary logic model which captures all the programs, approaches and audiences of a comprehensive Heart Health Project.

<sup>15</sup> Used with permission, Brian Rush, Virgo Planning and Evaluation Consultants, 1998

Figure 1

The Elements of the Logic Model<sup>16</sup>

This form of the logic model is shown below to illustrate a process evaluation.

Bringing about changes in health behaviors can be a complex interaction of a number of factors. In the example below, a long-term outcome was stated 'for youth to make healthy choices about smoking' (e).

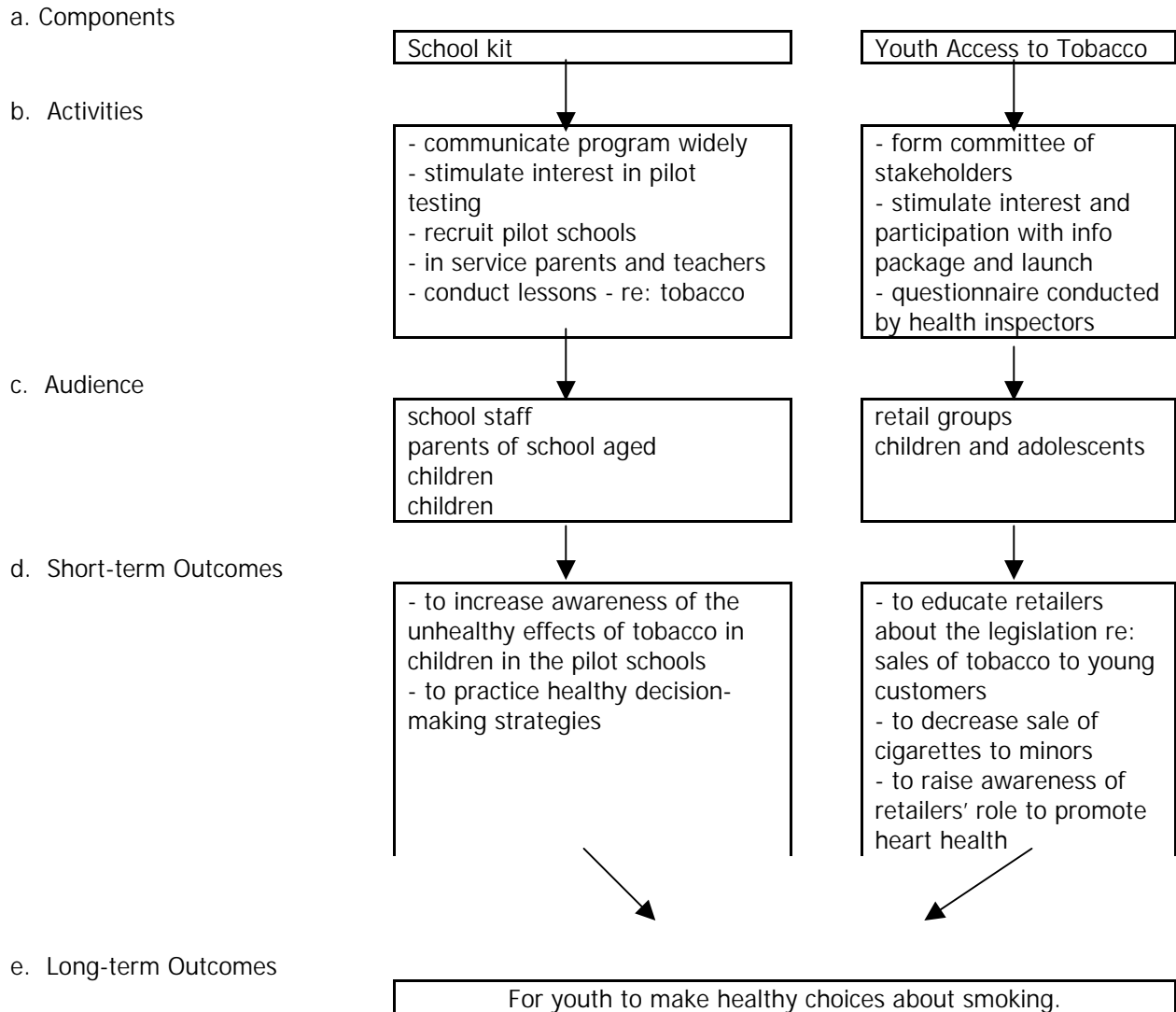
For example, an indicator that the program was widely communicated might be the number of requests for more information about the program. The success of the objective to stimulate interest might be shown by the number of pilot schools who begin to use the program.

The logic model helps to point out gaps between the activities and the outcome objectives. Using this example, one outcome objective is for children to practice healthy decision-making strategies about smoking. The logic model identifies a link between the lessons about tobacco conducted in classes and changes in decision-making. However, by tracking what is actually taught in classrooms, it might be found that the decision-making component was skipped in classes, or that insufficient time for practice was given for students to develop this skill.

The logic model helps examine the link between what is intended in the program, what occurs, and what theory suggests should result. Theory suggests a lack of generalizability between decision-making in a classroom setting and actual behavior. See the example in Figure 2.

<sup>16</sup> Porteous et al. Program Evaluation Tool Kit, 1997

Figure 2 - Logic Model Use in Evaluation



For a complete discussion of evaluation, see the Program Evaluation Tool Kit.

### 5.5 The Summary Logic Models

The Heart Health Demonstration Sites found it useful to describe the complexity and interrelationships between programs with a summary logic model.

Two examples are given to illustrate the Summary Logic Model. The first, Ottawa-Carleton’s Heart Beat Logic Model, and the second, using a partial Brant, Haldimand-Norfolk annual plan. The words used in the two models are slightly different, yet each shows the connections within each Project.

Figure 3 contains a description of Ottawa-Carleton's Heart Beat. This form of the logic model shows relationships between the mission, the components, indicators, short-term and long-term outcomes.

Beginning at the bottom of the chart, the stated *purpose (or mission)* for Heart Beat, was to achieve population risk factor change.

#### Project goals (At top)

To move toward the stated purpose the project goals included: to promote individual and family action, to influence the environment and to build partnerships.

#### Components

To promote awareness and education for the long term goal of 'individual and family action', a variety of activities were conducted, included heart beat checks, displays, presentations, community events, contests and mass media events.

To promote skill building for this long term outcome, small group sessions, training and resource transfer were conducted.

For each of these activities, the *intended short-term and long-term outcomes* - linked to theory or other experience could be identified. For example, it was expected that the variety of awareness/ education and skill building activities would result in greater awareness, possibly attitude change and initiation of action.

The outcomes could be measured by a variety of outcome indicators - the numbers reached in these programs and the characteristics of the participants. Indicators described the observed evidence that the programs were having the intended effect.

The overall logic model provides a big picture perspective of the Heart Health Project. It allows the coalition and each partner to see the programs in their totality. It helps each person involved to see how his or her work fits into the overall framework.

Figure 3: Ottawa-Carleton Heart Beat Logic Model

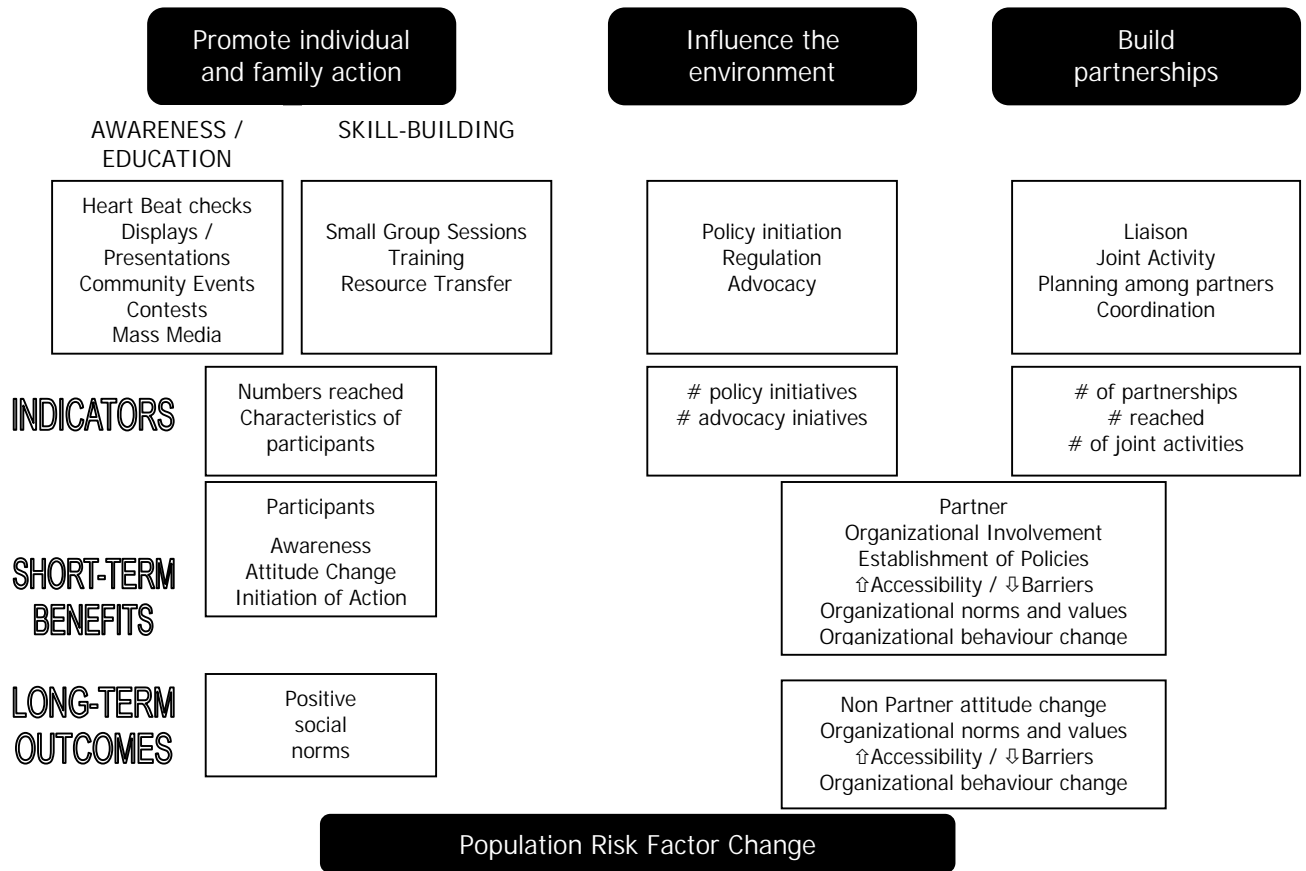
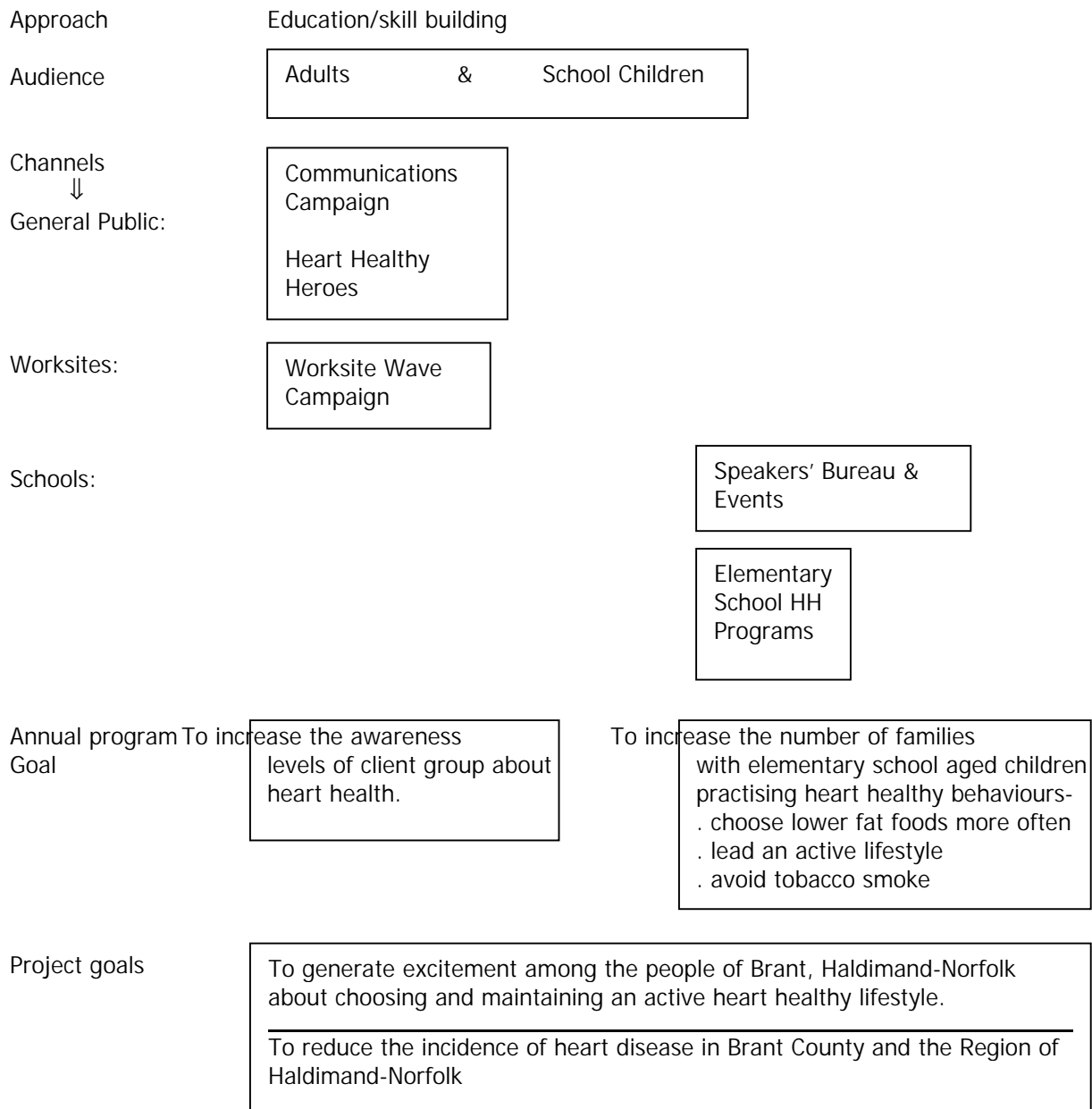


Figure 4 illustrates a partial summary logic model for the Brant, Haldimand-Norfolk Heart Health Project. It describes one of the approaches used, education/skill building. Annual goals, usually developed at a planning retreat guided the program selection for each year. In this example, three programs are selected for the adult audience; Communications Campaign, Heart Healthy Heroes, and Worksite Wave Campaign and two programs are selected for the school children audience; Speaker's Bureau and Events and Elementary School programs.

Figure 4

BRANT, HALDIMAND-NORFOLK LOGIC MODEL (partial)



### 5.5a The Cube and the Logic Model

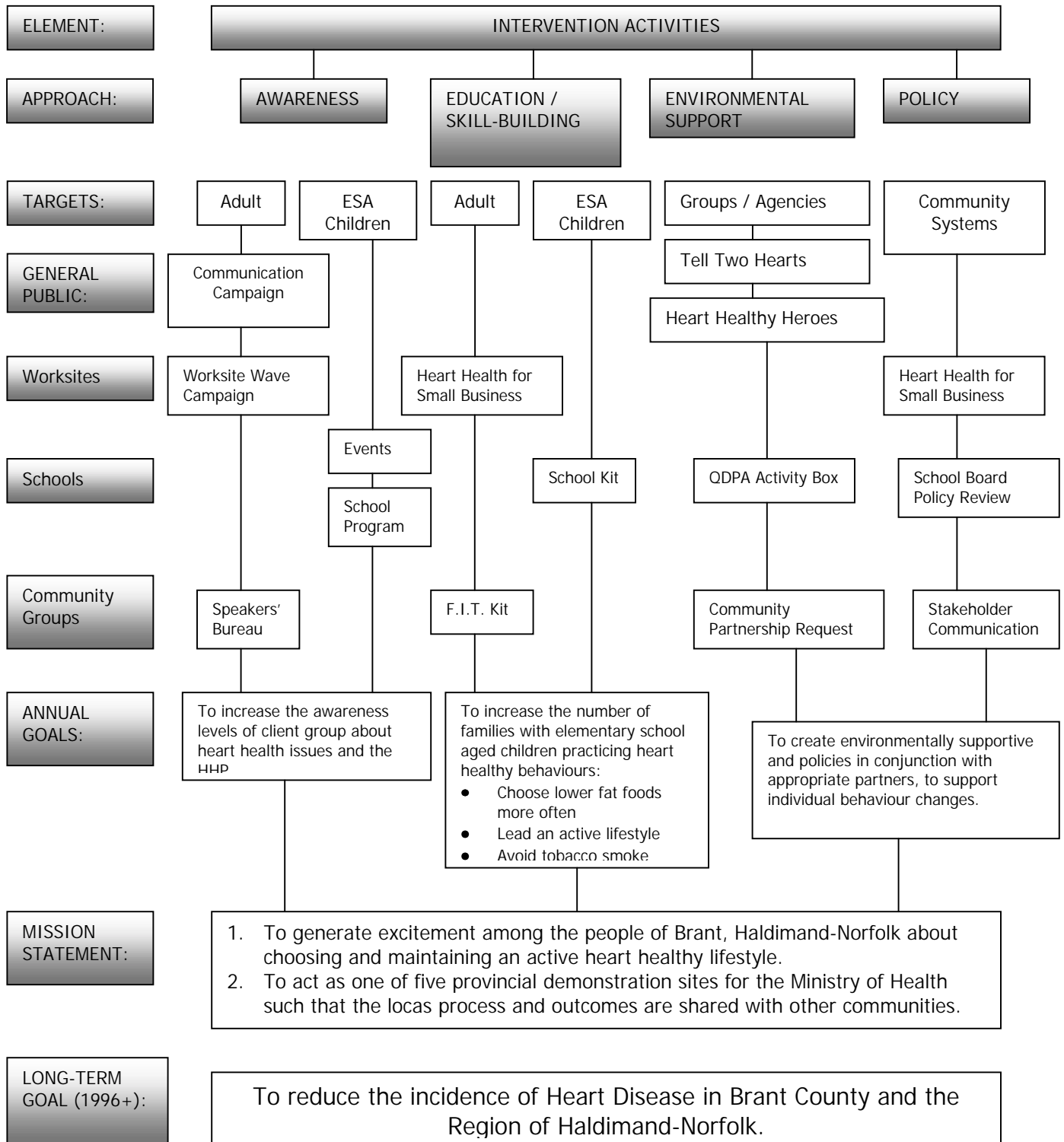
With heart health initiatives, the program objectives are divided into 4 areas: those that deal with awareness raising, education and skill building, environmental support, and policy. Programming for these activities can occur in a variety of channels of sites. For example, programming directed at school children might best occur in a school setting. Some program might most effectively reach its audience in a community setting, perhaps a recreation centre or other community setting. For some adult populations, the worksite provides an effective channel to reach this group.

The logic model can be used to show the pathways between program activities and expected outcomes for each audience, and for different approaches. The Brant Haldimand-Norfolk Logic Model (Figure 5) shows the integration of the health promotion cube with the logic model. This complex model was developed near the end of the demonstration phase. A basic and comprehensive logic model form is included in Appendix 1 as worksheets 2-3 and 5-5.

The program logic model supports program planning and evaluation. It shows the proposed pathways between program objectives and intended outcomes and may help identify key issues and questions to be addressed in the evaluation.

Figure 5

COMPREHENSIVE HEART HEALTH PLANNING LOGIC MODEL  
Brant, Haldimand-Norfolk Heart Health



# SUMMARY

Comprehensive heart health program planning has been described using a five-step model. Examples from the Heart Health Demonstrations Sites have been used to illustrate the steps and highlight the various programs. Also, examples have been provided to show the links to the generic planning model developed by The Health Communication Unit and the logic model.

Throughout this document examples from heart health materials have been used. Some key resources for Heart Health Coalitions 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.

These resource are available from the Heart Health Resource Centre.

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.

References to the logic model include:

A. Moyer, H. Verhovsek, V. Wilson, Facilitating the Shift to Population-based Public Health Programs: Innovation Through the Use of Framework and Logic Model Tools, *Canadian Journal of Public Health*, March-April 1997, p. 95-98

B. Rush and A. Ogborne, Program Logic Models: expanding their role and structure for program planning and evaluation, *The Canadian Journal of Program Evaluation*, 6 (2), 1991, 93-105.