Using an Online Health Program Planner
What's in it for you?

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INTRODUCTION

Across Canada, public health practitioners are planning a multitude of community programs designed to improve health and prevent chronic disease. As they work, they are faced with many different challenges that can hamper both their efforts and the effectiveness of their plans. These challenges include:

- time and financial constraints;
- the need to build a solid case for ongoing funding;
- the need for a rigorous process that promotes and facilitates evidence-informed decision-making;[1]
- working with coalitions and other groups who utilize different planning methods;
- the need to share information in real time;
- the need to tailor their planning efforts to their unique geographical, community and cultural needs;
- a lack of capacity on certain aspects of planning such as writing clear objectives; and
- the need to build in evaluation throughout the planning process.

To be fully accountable, planners and decision-makers need to be confident that the time, energy and money they allocate to public health programs will translate into effective, concrete results. In today's online world, there is no lack of access to evidence and information about best practices and resources; however interpreting and acting on this wealth of information can be challenging and time consuming. In addition, public health practitioners often do not have the resources or knowledge to find, appraise or utilize multiple primary studies that have traditionally been used in program planning.

Fortunately, the very technological advances and improvements in our ability to access multiple sources of information online that created these challenges have also made possible the development of new and improved tools that can be used by planners working in a variety of public health programs. In Canada, a practical, online health program planner to help public health practitioners plan more effectively has been developed by The Health Communication Unit (THCU) at the Centre for Health Promotion, University of Toronto in collaboration with The National Collaborating Centre for Methods and Tools (NCCMT). The Planner will be promoted as a tool by the Public Health Agency of Canada's Canadian Best Practices Initiative (PHAC/CBPI) through the Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention.

This article provides background about the development and user-testing of the Online Health Program Planner and describes how it can be used as part of a regular planning cycle to help plan programs, access the best available evidence and support partnership and collaboration among community groups.

A note about terminology

As in any partnership, the collaboration between THCU, NCCMT and PHAC/CBPI involved agreement on several terms:

The term **public health practitioners** includes front-line workers, researchers, professionals, managers, decision-makers and policy-makers.

Best Practices are interventions, programs/services, strategies, or policies which have demonstrated desired changes through the use of appropriate well-documented research or evaluation methodologies. They have the ability to be replicated and the potential to be adapted and transferred. A best practice is one that is most suitable given the available evidence and particular situation or context.

In the context of population health/health promotion, such practices are used to demonstrate what works for enhancing the health status and health-related outcomes of individuals and communities and to accumulate and apply knowledge about how and why they work in different situations and contexts.[2]

Population Health Approach: As defined by the Public Health Agency of Canada, the population health approach focuses on improving health status through action directed toward the health of an entire population, or subpopulation, rather than individuals.

Where possible, we have avoided use of the word **stakeholder.** This term has the potential to suggest a power differential, relying on a host organization to appoint or invite input from those it recognizes, rather than allowing all (including self-identified) interested individuals or groups equal access to and participation in the process or partnership. Instead, we have used the term **interested and concerned parties**.

We recognize that the structural profile of public health varies across Canada. The term public health organization has been used to indicate a range of structures such as Regional Health Authorities, Public Health Units, Health and Social Service Agencies and Health and Social Service Authorities. For more on the structure of public health in Canada, see the National Collaborating Centre for Healthy Public Policy's useful resource, Structural Profile of Public Health in Canada: http://www.healthypublicpolicy.ca/en/structuralprofile.aspx

WHY DO WE NEED AN ONLINE HEALTH PROGRAM PLANNER?

The Online Health Program Planner has been developed for public health practitioners across Canada with responsibility for developing health promotion and population health programs using a process that promotes and facilitates evidence-informed decision-making. THCU developed the Planner in response to an expressed need by their clients for a vehicle that would allow them to access tools to plan programs and give them the confidence that they are following a rigorous process *and* accessing the best available evidence.

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The Online Health Program Planner can ensure that public health practitioners are able to:

- **Increase accountability.** The Online Health Program Planner can help public health practitioners move forward and plan with the confidence that they are using a rigorous process and the best available evidence to build the case with funders for strong and effective health programs.
- **Utilize the latest online tools available.** Advances in online information technology have enabled the development of a highly integrated online environment that allows public health practitioners to enter their own health program development decisions and create a flexible and accessible online plan that includes text summaries and a logic model.[3] Program plans and logic models can be stored, revised, shared and downloaded at any time.
- **Follow a proven planning model.** The Planner follows a well-regarded generic planning model, currently supported by THCU through workshops, consultations, information products and various community events. It is also integrated with the Public Health Agency of Canada's Population Health Approach to planning.
- **Address a variety of public health program planning needs.** The Online Health Program Planner can be used to create the architecture for many different types of public health programs and community initiatives. For each step in the planning model, users are provided not only with space to compose their plan, but also with a variety of drop-down menus, planning tips, sources of evidence and other options to draw upon. A flexible, hierarchical approach is used whereby each step builds on the next, but also allows users to move back and forth within the process to change and update their information as needed. The Online Planner can "learn" to pull forward information that has already been entered and base future planning questions on previous answers. As a result, users will save time by not having to enter the same responses over and over again.
- **Access the best available evidence.** The Planner is a useful and practical resource for practitioners who want to ensure that they are building their health programs correctly from the earliest stages based on the best available evidence. Good quality evidence has become more and more important across disciplines and among public health organizations in Canada. The Online Health Program Planner can help meet this need by allowing access to live data (such as interventions, reviews and primary studies) provided through dynamic systems such as THCU's database of resources as well as the Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention. These online resources contain a large selection of high-quality interventions that have been identified and evaluated by experts and provide models of similar programs that can be adapted at the community level. Further support in adapting interventions is available through NCCMT's Adaptability and Transferability Tool. (http://www.nccmt.ca/tools/index-eng.html)
- **Tailor planning approaches to unique organizational cultures.** Public health planning often takes place within an organizational culture that may have developed in a varied and sometimes turbulent environment. It is critical that when developing population health programs, the planning process addresses many of the unique organizational culture issues both within the organ-

ization and when working across sectors. The Planner allows organizations to use their own language and it is expected that eventually, the Planner will even offer the option of adapting itself to different planning terms used by multiple organizations.
- **Ensure that appropriate evaluation methodologies are considered at all phases of the planning process.** The Planner also encourages users to build in process and outcome evaluations from the very beginning of their planning initiatives by establishing indicators that can be collected early in the process and used to measure change as the program evolves.
- **Plan at various stages of program development.** It is also important to acknowledge that planning in public health practice is often not a linear process. Political and other influences often result in a planning process that may start in the middle or in fact anywhere within a program's life span. Because the Planner is a dynamic tool, it can be used at any point in the planning process.
- **Take advantage of a planning tool that is continually being improved and updated.** The Planner is a live and dynamic instrument that includes back-end controls that allow it to be adapted easily and quickly in response to research and development, evidence, evaluation results and feedback from users.
- **Save time and financial resources.** In today's demanding world of public health programming, projects need to be planned, approved and implemented within shorter and shorter time frames. Although public health practitioners have access to unlimited, world-wide research evidence including qualitative and quantitative information and examples of best practice programs, most lack the time to take advantage of this wealth of resources. The Online Health Program Planner can address this challenge by saving planners valuable time and allowing them to tailor their planning efforts to their unique geographical, community and cultural needs without being side-tracked by related, but not necessarily salient information.

KEY COLLABORATORS

The development of the Online Health Program Planner is closely aligned with the mandates of the three organizations that contributed to its inception and growth: The Health Communication Unit at the Centre for Health Promotion at the University of Toronto, the National Collaborating Centre for Methods and Tools and the Public Health Agency of Canada's Canadian Best Practices Initiative.

The Health Communication Unit (www.thcu.ca) at the University of Toronto's Centre for Health Promotion provides support to thousands of health practitioners every year. Through THCU's online spaces and face-to-face interaction, community practitioners can ask for and receive tools that are simple yet powerful, concrete and visual. THCU receives numerous suggestions to expand its offering of online tools. Knowledge producers also need and want delivery vehicles that provide information to program developers in the context of authentic and real-time program development.

The National Collaborating Centre for Methods and Tools (www.nccmt.ca) is one of six centres that make up the National Collaborating Centres for Public Health. While the other five NCCs focus on specific public health issues (Aboriginal health, environmental health, infectious diseases, healthy public policy and social determinants of health), NCCMT focuses on improving access to

and use of evidence-based methods and tools for knowledge translation in public health. Ultimately, NCCMT aims to enhance evidence-informed public health policy and practice in Canada by providing easy access to innovative, high-quality, up-to-date methods and tools for public health practitioners involved in policy and program decision-making as well as practice.

Responding to the need for a systematic approach to excellence in chronic disease prevention, the **Public Health Agency of Canada's Centre for Chronic Disease Prevention and Control** developed the **Canadian Best Practices Initiative**,[4] including the **Best Practices Portal for Health Promotion and Chronic Disease Prevention (www.cbpp-pcpe.phac-aspc.gc.ca)**.[5] The Portal provides a searchable database to meet the growing demand for solid, well-documented information on effective health promotion and chronic disease prevention interventions.

Unlike many other online public health and health promotion resources, the Portal utilizes a Population Health Approach, focusing on the eight key elements required to improve the health of the population as a whole and to reduce health inequities. It provides a wide range of tools and resources, from best practice interventions to systematic review sites and specially-selected resources on how to implement, adapt and evaluate best practices. Each item listed in the Portal is annotated, so that users know what to expect when they "jump off" the Portal to the recommended source. Its exclusive focus on health promotion and chronic disease prevention makes the Portal a much more valuable resource than a public search engine.

The genesis of collaboration between THCU, NCCMT and PHAC/CBPI came as a result of a mutual recognition that all three organizations shared similar approaches to planning, a common focus on methods, tools and capacity building, a strong tradition of evidence-based work and a commitment to reducing duplication. All three organizations had been increasingly asked for flexible planning tools from their clients and all had envisioned a generic tool that could be widely applicable and also linked with searchable databases such as the Canadian Best Practices Portal and THCU's collection of health promotion and population health planning resources.

The key to this project was to marry a generic user-friendly planning approach with tips and resources that are central to the work of all three organizations and appropriate for their respective audiences. The primary development of the Online Health Program Planner was carried out by THCU. NCCMT provided funding as well as an approach to planning that included specialized tips, methods and tools such as the Applicability and Transferability Tool. (http://www.nccmt.ca/pubs/2007_12_AT_tool_v_nov2007_ENG.pdf) The CBPI also provides promotional support and access to the Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention. The partnership is not expected to be a one-off; in fact, ongoing collaboration will be essential as the Planner is further developed and expanded.

THE IMPORTANCE OF A BEST PRACTICE APPROACH

Given today's volatile economic climate, decision-makers in public health are under increased scrutiny by funders, politicians and ultimately the public to demonstrate how the time, energy and money they allocate to public health programs will translate into effective, concrete results. The ability to apply best practices in rou-

tine decision-making in public health organizations is extremely important, however, research has shown that evidence is not always incorporated into the decision-making process by public health practitioners, even when it is readily available.[6-9] Often, more emphasis is placed on elements such as expediency, political pressure, past experience and social harmony.[5] Although this is far from ideal, this situation reflects the reality of the public health environment for many practitioners.

In order to fully incorporate a best practices approach, contextualized evidence of "what works" must be combined with capacity building and knowledge exchange.[10] Interest in using research to inform decisions is growing. For example, a 2007 study conducted on health research transfer in Western Canada shows clear acknowledgement of the value of using research to change outcomes and suggests that people view research as more important than their use of it may indicate. There was significantly more awareness and interest in research transfer than when a similar exercise was conducted in 1999-2000.[11]

USING A POPULATION HEALTH APPROACH

Planning for public health programs should be part of an overall process that addresses the health of the population. The Public Health Agency of Canada has adopted a Population Health Approach that focuses on improving health status through action directed toward the health of an entire population, or subpopulation, rather than individuals. The key elements of the Population Health Approach are summarized in the following wheel from the Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention.[12]

Figure 1.   The Population Health Approach Wheel
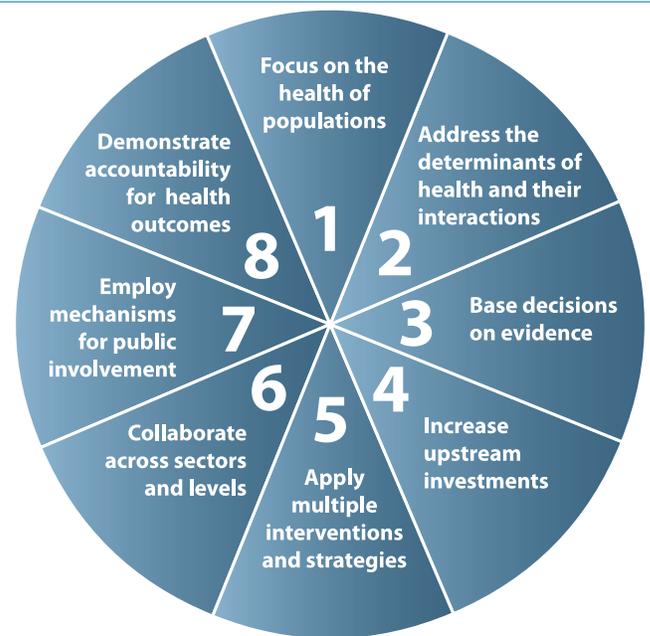
The Population Health Approach recognizes that health is a capacity or resource rather than a state, a definition which corresponds more to the idea of being able to pursue one's goals, to acquire skills and education, and to grow. This broader notion of health recognizes the range of social, economic and physical environmental factors that contribute to health. The World Health

Organization articulates this concept by defining health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[13]

THCU PROGRAM PLANNING FRAMEWORK

The Health Communication Unit has developed a six-step approach to planning health promotion programs that is compatible with the Population Health Approach and also provides the focus for the Online Health Program Planner. This process is based on well-established research evidence[14,15] and over the years, THCU has added wisdom from interaction with real people in real situations.

Step 1: Preplanning and project management

In planning a population health project, the planner must manage a number of elements, including:

- meaningful participation of interested and concerned parties (both within the planner's own organization as well as in collaborating organizations and in the broader community)
- time
- money and other resources
- data-gathering and interpretation
- decision-making.

Each of these elements must be managed throughout the remaining five steps.

Step 2: Situational assessment

A situational assessment influences planning in significant ways: by examining the legal and political environment, the views of interested and concerned parties within the community, the health needs of the population, the literature and previous evaluations, as well as the overall vision for the project. The phrase "situational assessment" is now used rather than the previous term "needs assessment". This is intentional. The new terminology is used as a way to avoid the common pitfall of looking only at problems and difficulties. Instead it encourages consideration of the strengths of and opportunities for individuals and communities. In a population health context, this also means looking at socio-environmental conditions and broader determinants of health.

Step 3: Identify goals, audiences and outcome objectives

This step is all about creating a hierarchy of goals and objectives. It is important to understand the relationships between the goals, audiences and objectives to plan a good program.

Step 4: Develop strategies, activities, process objectives and resources

In this step, the task is to identify the activities that will achieve objectives and determine what resources are required to implement the activities.

Step 5: Develop indicators

Here, time is taken to develop measurable indicators associated with each objective.

Step 6: Review the program plan

In step 6, the plan is reviewed by putting it into a logic model and examining the logical relationships between goals, audiences, objectives, strategies, activities and resources.

DEVELOPMENT OF THE ONLINE HEALTH PROGRAM PLANNER

The development of the Online Health Program Planner began in January 2008. For many years, THCU had been working with researchers and community practitioner experts to capture material and create learning tools such as seminars and print materials to increase planning skills within the field of population health. THCU's tools are created to recognize a variety of learning and work styles and include different approaches such as workbooks, checklists, visuals, case studies, etc.

The Online Health Program Planner reflects THCU's highly user-oriented approach. Over the past several years, THCU had received requests from its clients for an online tool that would facilitate planning. Similar tools (such as the online interactive Health Communication Campaign Planner http://www.thcu.ca/info andresources/ohc/myworkbook/login/login.asp) had been developed and THCU had already established technical capacity with its supplier Media-doc.com as well as others inside and outside the University of Toronto.

THCU followed well-established development processes, including initial functional specifications, concept testing with representative end-users, creation of technical specifications, development, testing and revisions, followed by a launch that included announcements in such vehicles as the Ontario Health Promotion E-Bulletin as well as events such as webinars.

Phase 1 of the project involved the establishment of an advisory group of interested and concerned parties which included NCCMT principals, providers of case studies and the Public Health Agency of Canada. This group suggested and agreed upon functional specifications such as objectives, end-users, end-user scenarios, functionality, features and requirements including a wireframe of the application that provided a basic visual guide depicting the layout of its fundamental elements.

Phase 2 went on to produce detailed technical specifications for the overall functioning, as well as each specific component. THCU developed specifications for each worksheet, outlining the content according to numerous dimensions (e.g., whether the question is answered with open text, drop-down menus, etc.), a visual mock-up and a completed example. THCU also outlined the subject matter content, largely from its existing Planning Workbook, and established a more detailed timeline and budget for development.

Phase 3 involved the development of a working prototype supplemented by additional documents and demonstrations using stand-alone features such as the THCU Resource database and the Canadian Best Practices Portal. Technical documentation was begun as well as online and written user documentation.

Phase 4 focused on usability testing with representatives and end-users led by THCU which involved other interested and concerned parties such as representatives from the Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention, the NCCMT, and actual end-users. Testing included comments on various choices/options, general impressions and experience with specific tasks related to the original user personas and related user scenarios. At this point, the application was revised and the technical and user documentation was completed.

Phase 5 included the launch of the Planner in the early spring of 2009; THCU, NCCMT and PHAC/CBPI are currently promoting the

Planner at various venues, including conferences and workshops across Canada.

Although ongoing evaluation of the Planner has been established from the beginning, *Phase 6* will focus on a complete outcome evaluation including monitoring of traffic as well as feedback through online questionnaires. (Further information on the Planner's evaluation strategy is provided later in this article.)

The Planner is a project that will contribute to meeting the overall goals of THCU, NCCMT and PHAC/CBPI.

NCCMT Goals Related to the Online Health Program Planner:

1. To improve the access to and use of relevant knowledge synthesis, translation and exchange (KSTE) methods and tools for people involved in policy-making, program decision-making, practice and research.
2. To develop the capacity of those involved in public health to use KSTE methods and tools.
3. To raise awareness of evidence-informed practice among those involved in public health.
4. To build active and sustainable networks of KSTE experts and public health policy-makers, practitioners and researchers, as well as partnerships with other National Collaborating Centres and create linkages with interested and concerned parties.

THCU Goals Related to the Online Health Program Planner:

1. To improve the quality of health promotion programming in Ontario.
2. To improve the health and well-being of Ontarians through quality population health programming.
3. To increase the profile of THCU, NCCMT, CBPI and their relationships.

CBPI Goals Related to the Online Health Program Planner:

1. To provide practitioners with the conceptual and practical tools they require in making the best possible decisions related to programs and policies within their communities.
2. To improve decision-makers' access to the best available evidence regarding programs and policies that are effective in promoting health and preventing chronic disease.
3. To enhance decision-makers' capacity to identify and employ evidence related to the effectiveness of programs and policies.
4. To increase the exchange of evidence related to the effectiveness of programs and policies through a variety of interactive means.

WHO CAN USE THE ONLINE HEALTH PROGRAM PLANNER?

The Online Health Program Planner has been created primarily for public health practitioners across Canada who have responsibility for promoting and facilitating evidence-informed decision-making. According to one user, Chera Francoeur, Workplace Wellness Coordinator at the Perth District Health Unit in Ontario, the Planner "takes what can be an extremely overwhelming task and funnels it down to a clear process that the user is guided through step-by-step. Once you have completed the process, you end up with a tangible program that you can easily justify to funders and other approval bodies."

SOME END-USER SCENARIOS

The following representative scenarios guided the development of the planner. These scenarios were used to generate needed features and to assist with usability testing.

Nancy in the North:
Head of Planning Team for a Chronic Disease Prevention Unit
Nancy is the chair of a chronic disease prevention planning team. The team has been asked to come up with a five-year plan to lower the county's diabetes rates in adults under 65. Her planning team is made up of an interdisciplinary group, including two public health nurses, one epidemiologist, and one public health nutritionist.

The team has been given six months to complete the planning process. The plan must fit within the mandate of their organization, and also be approved by the Diabetes Association, one of their major partners.

Although Nancy has been working in the chronic disease prevention field for over ten years, she has never led a team in developing a long-term plan, and isn't sure how to start the process. She is web/computer savvy, and plans to start her search for information on the Internet.

Nancy will use the Online Planner to:
- search for planning resources
- share planning resources with the team
- guide her team in the planning process by using the Planner
- use the Planner's tips and guidelines to make sure the team is on track
- develop the plan collaboratively with the team from start to finish using the steps outlined in the Planner:
  - in team meetings (using print-outs)
  - by sharing and contributing to parts of the plan collectively (using shared log-ins)
- print off the draft final plan to share with the funder for their review
- modify the plan based on the funder's feedback.

Mary in the Maritimes:
Heart Health Coordinator
Mary has been asked to expand an existing Heart Health pilot program at a local school, aimed at improving the eating habits of preschool and school-aged children. This expansion will increase the profile of the program and the number of schools involved. Mary's manager has stressed that the program's scope should be broadened and that the program should rely heavily on existing literature and best practice evidence about successful school health programs.

Mary has only one month to plan the expansion so it can be presented at an upcoming budget meeting.

Mary has extensive experience coordinating and implementing programs, but is having trouble clarifying the original objectives of the program. Mary has internet access and uses e-mail regularly, but is not comfortable working with unfamiliar online programs.

Mary will use the Online Planner to:
- collect information about how the program is currently being implemented *...continues*

...continued
- gather tips on planning evidence-based programs
- find evidence-based population health programs in schools
- help her improve and expand the program goals and objectives
- help her develop outcome indicators to use for evaluating the program.

Salim in the Suburbs:
Health promoter at a community health centre
Salim is coordinating the development of a youth violence prevention plan that should increase the physical activity and civic engagement of youth in the local community. This project is limited to a special one-year grant, so the budget for planning and implementation is low. Developing sustainability of the project will be a key factor in the planning process.

Salim has only two months to develop the plan and he must do so collaboratively with neighbourhood partnerships, community organizations and associations that have youth programs in place. Salim is familiar with planning processes and has used THCU's resources before. He is comfortable with technology, but doesn't have time to learn a new computer program or learn how to navigate through a new web system.

Salim will use the Online Planner to:
- search for planning resources
- share planning resources from the Learning Centre with interested and concerned parties
- gather tips related to collaboratively planning a program.

The Planner is extremely flexible and can be adapted to a variety of different program planning roles and various stages of the planning process. For example, by requesting that staff use the Planner, managers can increase consistency in planning a variety of different programs as well as promote a common planning language.

Another key advantage for users of the Online Health Program Planner is that it can adapt itself to different levels of planning experience. Neophyte planners will appreciate the prescriptive nature of the Planner. Instead of struggling to navigate through daunting and complex planning models, they will work through a step-by-step set of worksheets that include useful tools which will prompt them to consider a variety of issues and topics that inexperienced planners may otherwise neglect. Experienced planners on the other hand can skip the detailed instructions and prompts and move directly into completing the worksheets.

Users can also tailor the Planner to their needs. As they progress throughout the planning process, they can continue to adapt and change their work.

The adaptability of the Planner doesn't end there. It also allows users to log in whenever and as frequently as they wish and spend as much or as little time as they have available to work on their plans. Similar to online tax-planning programs, users can log in and make minor changes to their work and can also move back and forth within their planning documents to make changes at any point of the process.

And if that weren't enough, the Online Health Program Planner is readily adaptable to groups to facilitate the engagement of interested and concerned parties for meetings both in person and using online meeting technology (where facilities allow).

EXPLORING THE KEY FEATURES OF THE ONLINE HEALTH PROGRAM PLANNER

The Online Health Program Planner can help public health practitioners plan more effectively and more easily by:
- Walking users through an established six-step planning model (see below).
- Providing an online planning workbook and a series of flexible planning worksheets with step-by-step "how to" instructions that can be completed as a whole or in part according to users' unique needs and time frame.
- Facilitating seamless and straightforward access to pre-approved sources of best-practice evidence on an almost unlimited range of population health and chronic disease prevention topics.
- Supporting and even encouraging community and inter-organizational partnerships and collaboration during the planning process.
- Offering simple and advanced versions that can streamline and encourage consistency in program planning within a variety of health organizations.
- Presenting forms and worksheets that offer ample program development instruction and examples if needed.
- Creating a visual logic model to enter decisions that can be adapted as needed.
- Offering added resources such as THCU's online Planning Workbook and links to the Public Health Agency of Canada's Best Practices Portal for Health Promotion and Chronic Disease Prevention.

Figure 2.   Online Health Program Planner – Home Page

Figure 3.   Canadian Best Practices Portal – Home Page

Users of the Online Health Program Planner work within a user-oriented "cockpit" or control panel which allows them to complete specific worksheets while at the same time accessing navigation panels on the left and right side of the page. These navigation panels correspond to each step in the planning process and include links to other planning tools and resources such as the Best Practices Portal for Health Promotion and Chronic Disease Prevention, evidence to support planning decisions, THCU's online Planning Workbook, planning case studies, a glossary and a list of acronyms.

The navigation bar at the top of the page provides information about THCU and the Planner as well as the very important Login/My Account link where users can create ways to manage their plans. This bar also links to a help section, privacy policies, search navigation and information about how to contact THCU.

The entire six-step planning process is clearly laid out on the left side of the page. Users can easily move back and forth within the process by clicking on each of the following steps:

Steps

Step 1
Project Management

Step 2
Situational Assessment

Step 3
Set Goals, Audiences, and Outcome Objectives

Step 4
Choose Strategies and Activities and Assign Resources

Step 5
Develop Indicators

Step 6
Review the Plan

Step 1: Project Management
1.1 Understand the Context
1.2 Identify Roles and Expectations
1.3 Assess Resources for Planning
1.4 Develop Workplan for the Planning Process

Step 2: Situational Assessment
2.1 Develop a Data Gathering Plan
2.2 Summarize the Situation
2.3 Analyze Influences on the Situation
2.4 List Possible Actions
2.5 Consider How to Proceed

Step 3: Set Goals, Audiences and Outcome Objectives
3.1 Set Goals, Audiences and Outcome Objectives

Step 4: Choose Strategies, Select Programs and Resources and Develop Process Objectives
4.1 Choose Strategies and Brainstorm Activities
4.2 Access and Choose Activities
4.3 Assign Resources and Outcome Objectives
4.4 Develop Process Objectives

Step 5: Develop Outcome Indicators
5.1 Develop Outcome Indicators
5.2 Develop Process Indicators

Step 6: Review the Plan
6.1 Review the Plan

On the right-hand side of the screen, users can access a Learning Centre which includes:
• **Other Planning Tools and Resources** which are drawn from the over 800 resources in THCU's resource database. The search engine will select resources related to the step being worked on and provide a list of resources and further details on any resource.

• **Evidence to Support Planning Decisions** drawn from THCU's database, including scientific reviews, best practices, population health data, health-evidence.ca and key links such as to the Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention.
• **THCU's Planning Workbook Online** describes each step, why it is important, how to do it and tips. This content will be continually updated and expanded. This workbook is also downloadable.
• **Planning Case Studies** points to THCU case studies which include summaries of real plans and programs among clients, illustrating each step in an attractive and downloadable format.
• **Glossary and Acronyms** are also provided for the ever-growing and never-ending list of short forms used within the Canadian health system.

USING THE ONLINE HEALTH PROGRAM PLANNER

According to user Chera Francoeur, Workplace Wellness Coordinator with the Perth District Health Unit in Ontario, the Online Health Program Planner allows you to "put all of your thoughts and ideas into a clear and concise package, so you can document the questions you have asked and the evidence you have used."

As users enter information and make decisions based on the questions asked in each worksheet, the Planner stores these data in an ever-expanding plan which is saved on THCU's secure online database. This plan can be saved and printed as a Microsoft Word document on the user's computer.

The Planner can help users write clear and straightforward outcome objectives through an *Objective Builder* and a *Freehand Writer/Editor*. Comprehensive drop-down menus offer a combination of data types, methods and sources which facilitate the development of a structured plan to collect situational assessment data. Finally, the Planner provides tools to assign task responsibilities, timelines and resources.

Users can enter multiple plans and go back at any time to edit and update them. The Planner allows users to output a Word document at whatever stage they are working on that will summarize all answers and build a program logic model. Based on the data that have been input, the Planner will produce a logic model line diagram, including goals, audiences, objectives, activities, resources and indicators.

It is important to note that the Planner can be used at a variety of stages of the program development and implementation. For example, practitioners who want to reflect and review critical planning decisions that have already been made or prioritize a long list of possible activities can use the tool to clarify, sort, rank and choose their activities.

A note about security
All data entered into the Online Health Program Planner are private and will not be shared with other users without explicit consent. Practitioners using the tool are cautioned not to share their password or leave it accessible for someone else to view; and to log out of the Planner when they have finished using it. In the extremely unlikely event that an unauthorized entry is made into the system, the data would be highly difficult to interpret.

EVALUATING THE ONLINE HEALTH PROGRAM PLANNER

THCU takes ongoing evaluation of the Online Health Program Planner seriously and conducts regular debriefing sessions with staff and the project partners. Three types of evaluation will be used to determine the level of success of the Online Health Program Planner: formative, process and outcome. Early in the development process, a formative evaluation took place in the form of user testing where extensive feedback was sought from potential users.

Process evaluation data are collected on an ongoing basis and once the Planner is officially launched, THCU will collect short-term and long-term outcome data to measure the tool's success. Because the Online Health Program Planner is database driven, it was important to consider the evaluation needs at the outset. Features designed to capture evaluation data were programmed into the tool from the beginning, thus eliminating the need to return to make potentially costly changes or additions later.

THCU plans to use the first three months after launch to collect baseline information. Months 4 through 12, and beyond, will assess the effectiveness of the Planner in achieving long-term outcomes related to reach, reaction, learning/knowledge and behaviour. For instance, are the numbers of people visiting the site as expected, did the site meet their needs, did it help them learn more about program planning, did it increase their confidence in planning and would they use the Planner again for other projects?

The Planner has the capacity to be updated on an ongoing basis by THCU. This capacity creates some advantages and disadvantages from an evaluation standpoint. THCU uses evaluation data to make important changes to its products and services, with the hope that each series of revisions brings the product or service closer to its ultimate goal. Over time, the Planner will be adapted based on feedback from users. With a continual cycle of revisions, comparing data over time will be challenging. Once the Planner achieves its success targets, THCU will review the overall goals of the tool and adjust its evaluation plan accordingly.

FUTURE ENHANCEMENTS

A number of exciting enhancements to the Online Health Program Planner are being considered. An upcoming feature will allow adaptation of the Planner's language to different types of planning techniques and processes used by a variety of organizations. In this way, the Planner will be able to talk in a planning language that is understood by users and will produce documents that are easy to read within a variety of organizations and jurisdictions.

Future possibilities for the Planner also include taking advantage of emerging trends in the use of the World Wide Web (Web 2) that will enhance creativity, communications, secure information sharing, collaboration and functionality. These may include improved opportunities for social networking, video sharing, using wikis, blogs and other as yet unnamed enhancements.

The sky is indeed the limit for the Online Health Program Planner. Users can anticipate new decision support systems that are even more tailored to their needs and will allow the Planner to actually offer advice rather than just record ideas.

CONCLUSION

The Health Communication Unit, the National Collaborating Centre on Methods and Tools and the Canadian Best Practices Initiative are excited about expanding the Planner and are looking forward to creating similar tools in other skill areas such as business case preparation and evaluation.

There is no doubt that the successful collaboration among these three groups has allowed for the efficient development of important public health resources while avoiding duplication of effort. This collaboration also provides a wonderful example of the many positive impacts that can result when we work together towards public health outcomes in Canada.

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