

Program planning for mental health promotion 6

Good practice

Mental health promotion program work will be more sustainable and effective when it is supported by organisational policies that acknowledge mental health as an explicit goal, alongside the promotion of physical health and wellbeing.

6 Program planning for mental health promotion

6.1 Introduction

So far, this document has provided considerable information about the effectiveness of mental health promotion programs. Because mental health is a National Health Priority and because mental health figures so prominently in population health and burden of disease studies, catchment-level and local health organisations (including local government) are likely to have identified mental health as a priority area for action. To work effectively in the area of mental health promotion, where should planning begin? In this section, we set out practical steps in decision making for the planning, implementation and evaluation of mental health promotion programs.

The terms ‘project’ and ‘program’ are often used interchangeably. Here, we distinguish between the two. We refer to a project as a smaller and more discrete activity than a program, which is a set of activities or projects, usually at multi-levels and across two or more organisations. A program may have a series of projects within it, and each project may need to have its own set of objectives and activities to ensure it is planned well and implemented effectively. Each project can be evaluated; alternatively, a team may decide to evaluate only some projects within the overall program evaluation. Mental health promotion is likely to need a multi-level program approach (figure 4) conducted across two or more sectors and over time, keeping in mind that program effects may take two years of activity to become evident.

As discussed throughout this resource, program planning and evaluation processes for mental health promotion should have a determinants perspective to maximise opportunities for effectiveness. This perspective involves understanding and selecting those determinants that the program aims to influence, based on the *evidence* about those determinants. The explicit inclusion of mental health promotion *impacts* and *outcomes* asks that initiatives are explicitly and specifically directed towards promoting good mental health (Health Education Board for Scotland 2001).

Mental health and wellbeing and their determinants are not the territory only of health departments and programs. They need to be interwoven across all sectors of society. Mental health thus needs more than a single project, agency or sector involved to make a difference. Work based on partnerships and multiple approaches has a multiplier effect towards larger goals (Labonte 2003). This is sometimes referred to as integrated health promotion because it involves agencies and organisations from a wide range of sectors and communities in a geographic catchment working in a collaborative manner, using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues (DHS 2003). Or to put it another way, integrated health promotion refers to ‘organisations from a range of sectors working in collaboration with local communities, using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues’ (DHS 2003, p. 3).

This section shows that program planning and evaluation are inextricably linked through ‘program logic’. Logical program plans include a plan for evaluation; in turn, a plan for evaluation is useless without a good quality program plan to guide the measurement of program effects. These principles apply to both large scale and small scale programs and evaluations.

By adopting principles of program planning logic, the program is more to have a positive effect, and opportunities are created to provide evidence of that effectiveness. The field of mental health promotion evidence requires (a) thoroughness (or rigour) in program design and (b) evaluations that demonstrate effectiveness both in the program outcomes for people and in the measurements that can contribute to the mental health promotion evidence base.

6.2 Steps in program planning for mental health promotion

Step 1: Work out the program rationale and set priorities

At the outset, it is essential to develop evidence about the *population group(s)* of interest¹ who are experiencing disadvantaged health or social status, about the *problem(s)* you want to address, and about the *determinants* that are your priorities for action. Identify key areas that are affecting mental health and that should be included in the program. This information provides a rationale for the program work. Many key documents summarise this information, including this resource. (The margin note lists three additional documents that provide rationale for mental health promotion work.)

Useful resources

Australian Department of Health and Aged Care 2000b, Promotion, prevention and early intervention for mental health: a monograph, *Mental Health and Special Programs Branch, Canberra*.

Commonwealth of Australia 2003, National mental health plan 2003–2008, *Canberra*.

VicHealth 2005a, Mental health and wellbeing research summaries 1–4, *Victorian Health Promotion Foundation, Melbourne*.

Checklist 1: Rationale	Check
Build up evidence about the problem. Use local knowledge, experience and expert data from the most recent population health data sources. Now, draw the links between the determinants and the health issues (that is, unemployment and low socioeconomic status are determinants of chronic diseases, depression and anxiety, while discrimination, racism and sexism are determinants of depression, anxiety and stress, and may contribute to unemployment, low education levels). Ensure issues that the community has identified as important have been combined with population health data sources to add strength to the program.	
Identify those populations of interest experiencing disadvantaged health or social status.	
Identify state and federal government policies about mental health. Using these policies to inform planning increases the likelihood that the program will garner political support and funding.	

¹ We prefer not to use the language of target groups, with its top-down connotations (not to mention military overtones). Working with populations in whom we have an interest is preferable to taking aim at them or letting them know that they are in our sights.

Checklist 1: Rationale <i>continued</i>	Check
Identify who else is doing something about these issues. Examine the policy and socioenvironmental context that may affect the project. With what other agencies and community members could you be working? How could a combined effort enhance work on this issue?	
Work out whom in the community these issues would most affect, and ensure the needs of all groups have been considered. How strong is these groups' engagement with the issues and with your agency? What are the project implications of their degree of engagement or disengagement?	
Write an inventory of the resources available to the partnership (human, financial, information, technology) and from where you can obtain additional resources.	
Determine whether your agency would have to drop other work to be involved in this partnership for mental health promotion and to what degree the promotion effort can be incorporated into the agency's other work.	

Checklist 2: Priority setting	Check
Identify state and federal government policies about mental health, and use them to inform planning to increase the likelihood that the program will garner political support and funding.	
Ensure the partnership has information about the determinants of health and use a consensus process to prioritise which determinants will be the priority for action.	
Gather the most recent population health data sources and draw the links between the determinants and the health issues (that is, unemployment and low socioeconomic status are determinants of chronic diseases, depression and anxiety, while discrimination, racism and sexism are determinants of depression, anxiety and stress) to ensure issues identified as important by the community are combined with population health data sources to add strength to the program.	
Keep on asking what the partnership can influence.	

Step 2: Develop a basic program outline

Based on your rationale and priorities, develop a basic program outline that you can take to potential stakeholders and partners to enlist their support. Use the VicHealth Framework for the Promotion of Mental Health and Wellbeing to develop a basic program outline that includes your proposals for:

- population groups of interest
- health promotion action areas
- settings
- levels at which intermediate outcomes are focused (individual, organisational, community, societal).

If you develop goals and objectives at this stage, be prepared for them revised and reworked by your partners as they engage with the project and you negotiate the program to be developed.

Step 3: Develop partnerships

The establishment of partnerships is critical to the effectiveness of mental health promotion programs, so knowing how to establish, maintain and sustain wider networks of community groups, agencies and organisations, and other practitioners and community folk is a necessary skill for effective mental health promotion practice.

Planning processes of other agencies in your area may have identified priority issues (although they are likely to be health issues rather than determinants), so links could be made to those agencies. It may also be useful to link with statewide programs working on mental health promotion. The key for success is to choose where and how your program will make a 'conscious, deliberate and substantial effort to influence change' (Labonte 2003, p. 15) in one or more determinants of mental health and wellbeing.

With your basic program outline, you are in a position to 'sell' the proposed program to potential partners, but your content and methods should remain fluid to ensure ownership by all partners. The evidence tells us that a program, to effect change, must 'unpack' the underlying determinants of any health issue in terms of mental health promotion outcomes, and you need to do this with your partners (even if you have already worked it through). For this reason, when developing integrated health promotion programs, you should involve partner agencies in brainstorming potential activities that may be required to achieve the objectives. Sitting around the table to unpack the determinants may turn up new information that you had not thought about.

*The Department of Human Services
Common Planning Framework refers to this
stage as problem definition.*

Useful resources

A useful chapter on partnerships is available in Carley, M 2002, *Community regeneration and neighbourhood renewal: a review of the evidence, Report to Communities Scotland, Edinburgh*.

VicHealth has a partnership evaluation tool available at www.vichealth.vic.gov.au/, which would be a useful addition to resources on partnerships for mental health promotion. Many new partnerships have used this tool as a pre-test before their partnership and program development and then as a post-test to evaluate their success and point to areas in which the partnership could be strengthened.

To increase mental health and wellbeing at the level of communities (for example, schools, neighbourhoods, recreational environments, workplaces) and populations (for example, youth, new mothers, single parents, middle aged people out of work, people with a disability, the elderly) (Health Education Authority 1997; Labonte 2003), partnerships should aim to:

- identify common goals and agree on the determinants of interest to the partnership
- share intentions
- work together on strategies to reach out and increase knowledge
- intervene more than once
- use a combination of intervention methods
- pool and share resources.

Checklist 3: Partnerships	Check
Know whom you need to work with (the types of organisation and group).	
Identify whether you have worked with them in the past.	
Determine how you can best work with them (cooperation, coordination, collaboration).	
Find any evidence of the processes and outcomes that demonstrate a maturing of the partnership.	
Identify any new actions that the partnership has generated.	
Work out whether the partnership is maturing through the planning process. How do you know?	

Working upstream

We can gain a great deal of understanding about how to respond to the determinants of mental health by identifying 'levels' that relate to the targeting of interventions. Turrell, Oldenburg and McGoffin (1999) identified three broad levels of factors affecting health:

1. Downstream factors are those at the micro level, including treatment systems, disease management and investment in clinical research.
2. Midstream factors are those at the intermediate level, including lifestyle, behavioural and individual prevention programs.
3. Upstream factors are those at the macro level, including government policies, global trade agreements and investment in population health research.

A multi-level integrated program refers to a mix of interventions across two or more of these levels, which are expanded in the Department of Human Services Common Planning Framework and figure 3. General principles have been established for developing integrated health promotion programs:

- Select and implement a mix of approaches and interventions using the Common Planning Framework.
- Ensure a mix of upstream and downstream approaches to maximise effectiveness.
- Include a mix of strategies that address the broad determinants of mental health promotion (a population focused approach) and that focus on identified target group(s) (a high risk approach).
- Select strategies that evidence based.
- Link your interventions into broader priorities and health development plans for your community/area.
- Identify financial and human resources required to successfully implement the interventions.
- Consider opportunities for working cooperatively with other agencies to either build on or enhance investments already being made to achieve the program goal.

Quality integrated mental health promotion involves implementing a mix of interventions that always include some activity at upstream levels. Sections 3–5 provide extensive information about the broad range of interventions available for each risk factor for mental health. The following checklist provides a guide for selecting intervention strategies.

Checklist 4: Intervention selection and design	Check
Check that the proposed interventions will address specific determinants, as reflected in the program goal and objectives.	
Check that the selected mix of interventions (balancing individual focused and population-wide interventions) has proved to be effective elsewhere in achieving the desired outcomes in terms of the program goal and objectives.	
Set a strategy for involving community members in selecting intervention strategies and then planning, implementing and evaluating those interventions.	
Identify factors that will help or hinder people becoming involved, and strategies to address those barriers.	
Identify which groups are most vulnerable and talk with them about how the proposed program can meet their needs.	
Identify how other key agencies can be involved in the process, and understand how your work will complement the work being undertaken by other agencies.	

Capacity building: support and resources

Failure to give sufficient time and attention to the capacity building phase is the most frequent reason for an intervention's failure to achieve or maintain health and wellbeing improvements. Capacity building creates optimal conditions for success. It is concerned with obtaining the resources (such as funds, materials and people) and organisational support required to implement and sustain an intervention. Key actions areas for building capacity include:

- organisational development
- partnerships
- workforce development
- leadership
- resources.

Work with partner agencies to brainstorm potential capacity building strategies for creating the optimal conditions to achieve program sustainability and the program goal. Where there are limited resources or limited community and political support, it may be necessary to change the program objectives to better fit the available resources. It is also useful to clarify the types of action required to secure greater community and political support. Section 5.3 of the *Integrated health promotion resource Kit* (Department of Human Services 2003a) provides further information about capacity building strategies.

Checklist 5: Capacity building	Check
Identify the individual and collective skills and knowledge of the key partners in the program and which staff need further skill development.	
Check that the agencies involved have the necessary resources, including time, infrastructure, personnel and community participation for the program. Or be aware of how you can adapt different interventions, objectives and even program goals to suit the available resources.	
In relation to the budget, check that financial resources been transparently allocated to the program.	
Clearly define the roles and responsibilities of the key partner agencies.	
Ensure all key partners have agreed and signed off on the integrated health promotion strategy or organisational plan.	
Ensure the involved agencies have support and leadership from senior managers, boards and governance committees for the delivery of quality integrated health promotion services.	

Step 4: Generate a program plan

In this stage, your partnership will need to affirm its priorities and develop a more structured program plan. This plan is absolutely necessary to ensure everyone is 'on the same page' about what will be done and with what intentions. Briefly, your plan needs to be based on program logic to link theory with practice through a series of steps. Program logic is an accepted approach to health promotion program planning that helps practitioners to increase the effectiveness of their programs, and it is easier than it sounds!

Basically, a program plan based on the logic model needs to include several fundamental components:

- goals (or aims)
- objectives
- interventions/actions
- an evaluation plan.

Goals for mental health promotion programs are best established at two levels – goals for the *partnership* as well as goals for *each individual agency* involved in the partnership – because the goals for each agency will differ from those shared by the partnership. Keep in mind the need to incorporate local perspectives and priorities.

The main difference between goals and objectives is their focus. Program goals are statements about long term outcomes and should articulate what change to a determinant(s) is the aim of the health promotion program. They are broad statements that relate to improving health and wellbeing status, through changes to determinants of health and wellbeing, to quality of life and to inequities. Program goals are measured by *outcome* evaluation. Program objectives, however, elaborate on and restate the goals in operational terms – that is, what the program is meant to achieve immediately after its completion. They are measured by *impact* evaluation.

The Department of Human Services Common Planning Framework refers to this stage as solution generation.

Before embarking on the design of a new program, consider transferring or adapting a program already implemented and evaluated elsewhere.

Checklist 6: Goal and objective setting	Check
Identify the partnership's and each agency's overall beliefs in relation to their responsibilities for the promotion of mental health and wellbeing.	
Determine whether there is a clear link between the program goals and a determinant for mental health and wellbeing.	
Determine whether there is a clear link between the program goals and objectives for integrated mental health and promotion and the overall organisational/strategic/corporate plan.	
Check that the objectives reflect the guiding principles for integrated health promotion.	

For effectiveness, program objectives should be **SMART**:

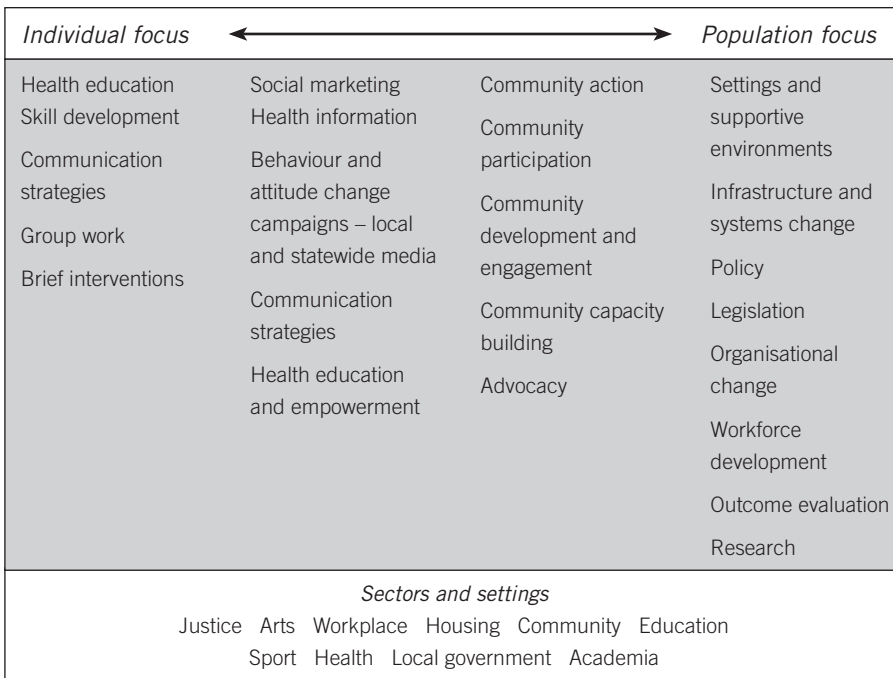
- **S**pecific to a health determinant, population group or setting
- **M**easurable in evaluation terms
- **A**chievable given the resources and capacities
- **R**ealistic (that is, sensible and practical)
- **T**ime limited, showing a set period for the intervention/program, allowing sufficient time for planned changes to occur.

Figure 3 provides a mental health promotion program planning template, to illustrate how to connect program goals, objectives and interventions/actions to evaluation processes. When developing the template, keep in mind the following principles to underpin your mental health promotion program plan:

- Ensure there is a shared understanding about the downstream–midstream–upstream determinants of mental health in the community.
- Ensure priority setting involves all key stakeholders for whom those determinants are a priority.
- Ensure processes are in place for the genuine engagement and participation of all key stakeholders through all processes, from priority setting to implementation and evaluation.

The fun part of planning is deciding on the interventions/actions that the partners will develop and put into action. Try not to rush into this part of your planning: ensure your goals and objectives are settled and agreed before proceeding to the planning of interventions, and then make sure you have a mix of interventions (because a mix is more effective than a single intervention). This is why cooperation with other agencies is so important, because a partnership can bring complementary approaches and skills to your community. Figure 3 is a model for understanding this necessary mix of upstream and downstream approaches to health promotion, and it overviews the range of approaches available to practitioners.

Figure 3: Mental health promotion interventions continuum



(Source: Based on Department of Human Services interventions continuum and the VicHealth Framework for the Promotion of Mental Health and Wellbeing.)

Use the language of 'intermediate outcomes' and 'long term benefits' from this resource and the VicHealth Framework for the Promotion of Mental Health and Wellbeing to guide your program and evaluation plans. This language will help you to describe what you are seeking to achieve and to set up the success criteria to guide your program.

Step 5: Develop an evaluation plan

Evaluation enables us to learn about the effectiveness of activities, as well as the reasons that programs achieve or fail to achieve their objectives. Practitioner wisdom and more formal measures are combined in evaluation to develop the knowledge base necessary for planning and implementing future activities. In addition, evaluation enables practitioners to meet accountability requirements and to more systematically document, disseminate and promote effective practice.

Mental health promotion or improvement programs necessarily account for a wide range of social, economic, political and environmental factors. Such complexity requires many types of evidence for effective evaluation. As described in this resource, the evidence base for health promotion interventions to reduce mental health problems is dominated by relatively large intervention trials conducted by universities and other research organisations. Smaller, community-based initiatives can be effective, but are rarely included in the published evaluation literature. Evaluation and documentation of these interventions will help to provide a more balanced evidence base for improving efforts to reduce the incidence of mental health problems.

Evaluating a health promotion program or intervention involves considering different aspects of that program/intervention. These aspects are generally referred to as process, impact and outcome evaluation. As discussed, goals, objectives and interventions are measured by different types of evaluation (DHS 2003 adapted from Hawe et al. 1990), as shown in figure 4.

Figure 4: Schema of program logic between program planning components and evaluation categories

Goal/aims	<i>measured by</i>	Outcome evaluation
Objectives and sub-objectives	<i>measured by</i>	Impact evaluation
Interventions/strategies	<i>measured by</i>	Process evaluation

- **Process evaluation** involves examining the implementation of the program. What elements worked? What elements were less successful? Who attended the program? Who was affected by the program (that is, what was the program reach? Who was not reached by the program?). Process evaluations are conducted early to midway through program implementation.
- **Impact evaluation** involves examining the intermediate outcomes you wish to achieve, which steers you to consider whether, and to what extent, the program or intervention has had an impact on people's health. It assists in examining whether the set objectives and sub-objectives have been achieved. Impact evaluation for intermediate outcomes is conducted at the end of the program or a program stage. In a mental health promotion, one or two years may be a relatively short period for intermediate outcomes.
- **Outcome evaluation** (that is, whether the program goal was achieved) is about long term benefits (see the VicHealth Framework for the Promotion of Mental Health and Wellbeing). It directs your partnership and your organisation to measure the long term changes related to program goals. Local level programs are not expected to invest in outcome evaluations, which are more likely to be commissioned for a cluster of similar programs or for a statewide funded program.

As discussed, it is important to begin planning evaluation, dissemination and sustainability strategies early in the program management cycle and not at the end of implementation, because evaluation works best when planned and then put into action over the life of the project. Program management of effective mental health promotion thus involves managing the total set of actions. Your schema will be improved if it has congruence with the VicHealth Framework for the Promotion of Mental Health and Wellbeing to identify the levels, action areas, population groups and intermediate outcomes.

Figure 5 illustrates program planning steps alongside the steps in the Department of Human Services Common Planning Framework. Added to this is a worked example of intermediate and long term outcomes, modelled on the VicHealth Framework for the Promotion of Mental Health and Wellbeing. Such a scheme can be easily adapted to illustrate the logic between a program's steps and desired outcomes.

Figure 5: Program planning schema

1. Planning stage (could be six months)	Rationale and vision setting		3. Impact evaluation (for intermediate outcomes, see 3(b); for long term benefits, see 3(c))
	Priority setting and problem definition		
	Partnership development		
	Generation of plan, including interventions and evaluation plan		
	Program implementation		
		Evaluation and dissemination	
2. Implementation stage (could be 18 months or much longer)	Implementation of a mix of health promotion interventions and capacity building strategies to achieve the program goal and objectives		
3(b). Intermediate outcomes (impact evaluation), including:			
Individual Projects and programs that increase: <ul style="list-style-type: none"> involvement in group activities access to supportive relationships self-esteem and self-efficacy access to education and employment self-determination and control mental health literacy 	Organisational Organisations that are: <ul style="list-style-type: none"> inclusive responsive safe, supportive and sustainable working in partnerships across sectors implementing evidence-based approaches to their work Positive working environments improve the mental health and wellbeing of staff.	Community Environments that are safe, supportive, sustainable and inclusive Enhanced community cohesion Enhanced civic engagement Increased awareness and recognition of mental health and wellbeing issues	Societal Integrated, sustained and supportive policy and programs Strong legislative platform Resource allocation Government structures
3(c). Long term benefits (outcome evaluation), including:			
Individual level Increased sense of belonging Improved physical health Less stress, anxiety and depression Less substance misuse Enhanced skill levels	Organisational level Integrated, intersectoral resources and activities	Community level Community valuing of diversity and active disowning of discrimination Less violence and crime Improved productivity	Societal Reduced social and health inequalities Improved quality of life and life expectancy

Step 6: Implement the program

With all the details of your program plan in place, you are ready to start putting the plan into action. Your plan should give the both ‘the big picture’ (rationale, vision, aims) and specific directions for the program (objectives and actions). Ideally, it is sufficiently detailed to take to a management committee for approval or to use in a funding submission.

Planning for task organisation presupposes that you know what major activities are going to happen and in what order. For this reason, the time frame is often constructed first: do you run the media campaign, then start some of the education sessions and, lastly, lobby for improved council policies? Or is there a better order? Or are all tasks to be done at once? This ordering of activities (and often the tasks required to accomplish them) requires a timeline. A two or three stage process of development is usual: a program establishment stage, an operational stage and the final impact (or outcome) evaluation stage. Timelines include start and end dates for all stages, activities and tasks. Working out this timeline can be a complicated business, and getting the order right can mean the difference between success and failure, and between meeting the budget or making a loss (particularly on large financially sensitive projects such as community intervention projects).

In addition to the timeline, you need a plan for the organisation of tasks. This plan covers which organisations in the partnership and which staff will do what, what role they will play and at what point. Implementation can be straightforward or complex, and may require a number of different skills, depending on the approaches you are taking.

So how do you match people to tasks? A couple of main roles and two broad skill sets correspond to program implementation. The two skills sets required are:

1. *the skills to implement the strategies/interventions in the program plan* – that is, skills in health education and communication, group facilitation and leadership, media and policy development
2. *the skills to manage the program* – that is, skill at ensuring the whole program is implemented; staff are well briefed, trained for specific competencies, and supported; relationships with stakeholders are maintained; and evaluation is conducted effectively.

The management role is most important to understand, given its strategic nature. Many resources are available to review management skills. Figure 6 provides some key implementation questions to ask throughout the program.

Figure 6: Key implementation questions

Communication	Are you communicating well enough internally? Are you communicating well enough externally?
Project monitoring	Are you collecting enough good quality information about what is happening in the project? Are you analysing the information enough?
Sustaining the partnership	Are decision-making structures clear and functioning well? Are you addressing and solving the emerging problems? Are you recognising and celebrating progress sufficiently?
Managing contingencies	Are you looking for new opportunities and taking them? Are you monitoring resources regularly? Are you looking out for unforeseen circumstances or less than hoped for reactions to the program?
Leadership and innovation	Are you providing enough appropriate (and shared) leadership? What capacity do you need to develop? Are you making similar decisions over and over again? Do you have the political antennae working?

(Source: Based on DHS 2003.)

Specialist implementation skills

One person rarely, if ever, holds all the necessary skills for a mental health promotion program. In a smaller project, you might be left to do all the activities yourself (although you will be surprised how many skills you pick up over time), but a team approach is necessary in larger projects. Specialist skills are critical for multi-level, multi-sector programs. How do you obtain them for your program?

First, if you are taking a collaborative approach, the existence of a partnership among agencies increases the chance of one partner having the necessary skills and experience required for each strategy. You thus need to need to choose your partners with such an eventuality in mind – for example, if you know low English literacy is an issue, then it might be wise to recruit local adult educators to your team.

The second path is to develop training so the relevant staff or partners gain the necessary skills. This is easier in some instances than in others – for example, staff might obtain newsletter production skills more readily than, say, community development skills.

The other most common way of obtaining particular specialist skills is to buy them. This may mean employing temporary staff, such as someone with outdoor education skills to conduct an activity camp with young asthmatic teenagers. Or, it often means contracting another organisation to undertake the work – for example, an advertising agency to run a media campaign.

These three options bypass the need for you to have all necessary expertise, but they do point to the need for management skills.

Step 7: Write up evaluation reports

Finally, your mental health promotion work will be of wider benefit if you can write up your practices and what you and the partnership learned from the program and its processes. Remember, practitioner wisdom comes from people just like you; by sharing your experience, you will be contributing to the growing body of knowledge about the promotion of mental health and wellbeing.

The following are three key elements to consider in your evaluation report:

1. Evidence

Identify the evidence you used to develop your program:

- (a) population health data that justified your intervention
- (b) program evidence – was it based on evaluations of other programs or practitioner wisdom, or a combination of both?
- (c) evaluation evidence – did it work and at what outcome levels?

2. Effectiveness

- (a) What key factors and conditions facilitated high quality implementation?
- (b) What adaptations did you make in adopting an existing program?
- (c) What made your program work?
- (d) With whom did you/your organisation work best? Under what circumstances?

3. Dissemination plan

Dissemination of your program findings is one of the most important ways of building the evidence base of which interventions are most effective, for which groups and under which conditions. Dissemination enables the key lessons learned from the program to be shared with other practitioners.

Contingency planning

Program progress may be slower than envisaged, the intended program impact may be less than hoped for, unforeseen circumstances and reactions to the program may occur, and unexpected opportunities may arise. All these contingencies need to be regularly addressed. This monitoring and reacting is sometimes called 'contingency planning', which is a key management skill.

6.3 Useful websites with program planning and evaluation resources

The following resources may provide additional guidance on completing an evaluation plan:

- The Quality Improvement Program Planning System (QIPPS), developed by the Victorian Community Health Association, is software that will assist subscribing organisations to plan and evaluate health promotion programs. Further information can be found at www.qipps.com.
- The Planning and Evaluation Wizard, developed by the South Australian Community Health Research Unit (SACHRU), is available at www.sachru.gov.au/pew/index.htm. This resource assists the user to develop a case for projects, construct project and evaluation plans and write project reports.
- The Northern Territory Government has developed a guide for planning and evaluating health promotion projects. While the guide is aimed at practitioners who work with remote Aboriginal communities, many of its elements apply to other contexts. The guide is available at www.nt.gov.au/health/healthdev/health_promotion/bushbook/volume1/ch4.html. It discusses evaluation planning processes and provides tools for planning and evaluation. Information on the analysis of quantitative and qualitative data is available at www.nt.gov.au/health/healthdev/health_promotion/bushbook/volume1/analyse.html#howto.
- Step-by-step manuals for program evaluation are available at the US Center for Disease Control website (www.cdc.gov/eval/resources.htm).
- The Victorian Department of Human Services Common Planning Framework and evaluation resources are available at www.health.vic.gov.au/healthpromotion/.
- The Health Communications Unit of the Center for Health Promotion at the University of Toronto has developed an excellent guide to evaluating health promotion programs. The guide includes examples and pro formas. In addition, it provides a comprehensive list of evaluation references. This guide is available at www.thcu.ca/infoandresources/