COMMUNITY WELLNESS PROGRAM
PLANNING TOOLKIT

A comprehensive guide to planning a community wide wellness program

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Introduction
Purpose of the Toolkit

This toolkit is a comprehensive overview of planning and executing a community wellness program. A community-based wellness program is important because community-level changes are more sustainable, impact infrastructure and aid in shifting social norms. Developing a community conducive for health and wellness improves the quality of life of the population, the economic standing of the community, the social cohesion, and community pride.

Objectives of the Toolkit

- Assemble best practices of wellness program planning from different public health organizations into one easy-to-use reference guide
- Explain the different stages of planning and implementation
- Provide guidance for a community to create a wellness program
- Offer credible resources for reference

Strategy of the Toolkit

This toolkit follows the general phases of wellness program planning. Those phases are:

Pre-planning involves the creation of a team who will take ownership of the development of a wellness program and strategy development.

Assessment is the collection of data, statistics, facts, inputs, and opinions about health of the community in order to analyze the present situation. Planning is the development of the action steps that will be taken to address the health issues identified. Implementation is the execution of this action plan. Evaluation is woven throughout these steps to ensure they are being planned and executed in agreement with the goals set by the Community Team. Also, the effectiveness of the program is determined through Evaluation.

How to Use the Toolkit

To use this toolkit, follow the five phases of wellness program planning, referring to the suggested resources throughout the phases for more information, guidance, and useful tools. These resources are from credible organizations that gather their information through evidence based research. Therefore, these resources are considered best practice by public health professionals. Whether you utilize one resource or a combination of different ones, they will give you the advantage of an evidence-based program that will increase the likelihood of success.
Planning models are commonly used by public health professionals to guide the development of a community wellness program. In this toolkit, the following models listed below will be reviewed.

**CHANGE (Community Health Assessment and Group Evaluation) Action Guide**

A tool created to guide a team of community leaders through the assessment process of identification and prioritization of health issues. With this information, the community team can create sustainable, community-based improvements to address the identified health issues.

**PATCH (Planned Approach to Community Health) Model**
http://lgreen.net/patch.pdf

A model designed in response to a shift in federal grant funding to states in the 1980s. Its purpose is to help communities achieve their own objectives.

**MATCH (Multilevel Approach to Community Health)**

This model recognizes that factors that influence health and health behavior are influenced by one another and occur at all levels of society. The levels of society are; individual, interpersonal, organizational, communal, and governmental. It is designed to be used when risk factors are already known and priorities for action have already been determined.

**MAP-IT (Mobilize, Assess, Plan, Implement, Track) Framework**

This framework acts as a map to guide a community through the health promotion program planning process. This results in a tailored map of tasks, timelines, responsibilities, objectives, and steps to completing the program planning process for a community.

*Graphics of these models can be found at the end of this toolkit*
Planning models are commonly used by public health professionals to guide the development of a community wellness program. In this toolkit, the following models listed below will be reviewed.

**MAPP (Mobilizing for Action through Planning and Partnership) Framework**
http://www.naccho.org/topics/infrastructure/mapp/framework/
This framework was designed to help community leaders strategically prioritize public health issues and identify the resources available to address them. As a community-based model, it aims to improve the efficiency, effectiveness, and performance of a local public health system.

**PRECEDE-PROCEED Model**
http://lgreen.net/
A model designed to be applicable to a variety of settings. This model is unique in that it begins with defining the desired outcome and works backward identifying the actions that will result in the outcome. PRECEDE stands for predisposing, reinforcing, and enabling causes in educational diagnosis and evaluation. PROCEED stands for policy, regulatory, and organizational constructs in educational and environmental development.

**RE-AIM Framework**
This model was created to determine the impact of public health interventions. Its purpose is to close the gap between research and practice by providing a framework for translating research into a health promotion program.

Each planning model follows the general program planning process in a slightly different way. The differences between the models result from the reasons it was created.

A community may elect to follow one model depending on their abilities and capacity. The comparison of planning models in the table below can be useful in selecting a model that is appropriate for your community.

A model can be followed in its entirety, or different elements that best fit the capacity of the community can be used during the program planning process.

*On the next page is a table comparing and contrasting the different parts of each model.*

*Graphics of these models can be found at the end of this toolkit.*
<table>
<thead>
<tr>
<th>CHANGE</th>
<th>PATCH</th>
<th>MATCH</th>
<th>MAP-IT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assemble community team</td>
<td>Mobilize the community</td>
<td>Health goals selection</td>
<td>Mobilize</td>
</tr>
<tr>
<td>Develop team strategy</td>
<td>Collect and organize data</td>
<td>Intervention planning</td>
<td>Plan</td>
</tr>
<tr>
<td>Collect data through the 5 CHANGE sectors</td>
<td>Choose health priorities</td>
<td>Development</td>
<td>Assess</td>
</tr>
<tr>
<td>Review data and determine areas for improvement</td>
<td>Develop a comprehensive intervention plan</td>
<td>Implementation</td>
<td>Implement</td>
</tr>
<tr>
<td>Build community action plan</td>
<td>Evaluate</td>
<td>Evaluation</td>
<td>Track</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAPP</th>
<th>PRECEDE – PROCEED</th>
<th>RE-AIM</th>
</tr>
</thead>
</table>
| Organize planning process and develop partnerships | Assessment:  
  • Social  
  • Epidemiological  
  • Behavioral and Environmental  
  • Educational and ecological  
  • Administrative and policy | Reach |
| Establish a vision and goal | Implementation | Efficacy/Effectiveness |
| Collect data through the 4 MAPP assessments | Evaluation:  
  • Process  
  • Impact  
  • Outcome | Adoption |
| Prioritize identified issues | | Implementation |
| Determine a goal and strategies to achieve it | | Maintenance |
| Action cycle – planning, implementation, evaluation | | |
Check off these steps as you go!

**Pre-planning**
- Assemble Community Coalition
- Strategy development
- Establish partnerships

**Assessment**
- Define community
- Collect data
- Analyze data
- Identify health issues
- Prioritize health issues
- Determine community readiness for change
- Health Impact Assessment

**Plan**
- Write mission statement
- Develop goals
- Develop objectives
- Create program activities
- Generate evaluation materials
  - Formative
  - Process
  - Impact
  - Outcome

**Implementation**
- Tasks and Management delegation
- Marketing
- Action
  - Pilot Test
  - Full Implementation

**Evaluation**
- Distribute evaluation tools
- Analyze results
- Draw conclusions
- Report
Pre-Planning

- Assemble Community Coalition
- Strategy Development
- Establish Partnerships
Purpose

The purpose of pre-planning is to designate the leaders of the planning process as well as to generate a plan of action. A plan of action includes strategies to carry out each planning step and identifies partners who can assist in the process. The personnel involved in the planning of a program should come from all levels of a community. Individuals, groups, organizations, schools, leaders, and government should be considered.
Assemble Community Coalition

Purpose

Begin the pre-planning step by assembling a Community Coalition consisting of members of the community. The Community Coalition will address the key health issues in the community and establish partnerships between organizations. This coalition will take ownership of the development of the wellness program as well as provide human resources to support policy, social and environmental change strategies.

Personnel

The Community Coalition should consist of 10-12 individuals who are key decision makers in the community that reflect a diverse skills set. It is important to gather individuals who will appropriately support the Coalition's needs, such as knowledge of health policies, health care resources, connection to the community, and respected leaders.

The following are possible members for a Community Coalition, however this list is not exhaustive and it is important to include high-level decision makers, staff, and community members.
Strategy Development

Purpose
Before diving into the Assessment step, the Community Coalition must develop a strategy, or plan of action for carrying out each step of wellness program planning. Key topics to consider for a plan of action are; the purpose of the program, the scope, the leadership and structure of those planning the program, how to identify and engage partners, and how to identify and secure resources.

Leadership
Delegation of leadership and distribution of responsibility and tasks should be done through standard protocols and decision-making processes already established in community management.

Budget
A budget must be established in order to estimate the cost and spending of planning a wellness program. Costs could include incentives, renting space for activities, equipment used during activities, hiring staff, and promotional material. These items can also be obtained through in-kind donations, but still should be included in the budget.

It is important to note whom the key stakeholders and funders will be, how much they are willing to contribute, and how to address any financial gaps. This leads to the formation of partnerships and the identification of resources already available to control costs and reduce spending.

A list of government agencies that are a part of the Department of Health and Human Services that accept applications for grants and funding can be found here: http://www.hhs.gov/budget/2013-program-inventory/program-inventory-introduction.html
Justification

It is important to state the justification of the need for a wellness program in strategy development. Usually this falls into three categories; policy change, system change, or environmental change. These changes will be results from the program in general. More individualistic changes will be made through the program activities.

<table>
<thead>
<tr>
<th>Change</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
</table>
| **Policy** | Includes creation or modification of laws, regulations, protocols, and procedures that will influence behavior of the population | • A law to increase taxes on tobacco products  
• A provision of city land for green space or parks  
• A regulation mandating menus with caloric values in restaurants |
| **System** | Aims to alter social norms                                                  | • Tobacco free campuses or workplaces  
• Banning/restricted sales of sodas in schools                                               |
| **Environmental** | Three components make up environmental change: PHYSICAL, SOCIAL, and ECONOMIC environmental factors. | **PHYSICAL**  
• Presence of healthy food options in cafeterias  
• Improvement of sidewalks and walking trails to promote physical activity  
• Availability of health education programs to the populations  
**SOCIAL**  
• An increase in support of non-smoking laws in restaurants  
• A positive increase in attitude towards the building of sidewalks and parks for recreation  
**ECONOMIC**  
• Financial incentives to encourage a behavior  
• Penalties and fines to discourage a behavior |
Sample Budget
Adapted from "Colorado Worksites" Colorado Department of Public Health and Environment

After the establishment of the Community Team, consider organizations in the community that could be potential partners. Creating partnerships with other community organizations or individuals will take your wellness program to the next level. Partnerships can provide valuable resources and promotion.

Brainstorm potential partners by using the networks each member of the Community Team contributes. The objective is to identify organizations that will contribute to the capacity and infrastructure of the community to address health issues.

To engage a new partner, provide them a summary of the purpose of your program and your future directions. Use the conclusions from Assessment to justify your program and persuade a partner to join.

Partnerships are important for the sustainability of the program. Progress and furthering of the program is not possible without partners. A collective effort also creates a solid foundation for community sustainability.

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Cost per Person</th>
<th>Total Cost</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staffing Costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marketing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Television Ads</strong></td>
<td>#</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Print Ads</td>
<td>#</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Online Ads</strong></td>
<td>#</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Social Media pages</td>
<td>#</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Program activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incentives</td>
<td>#</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Events</td>
<td>#</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Awards</td>
<td>#</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Education materials</strong></td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other supplies</td>
<td>#</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Total Projected Budget $_______
Resources

**General**

**Centers for Disease Control and Prevention**

CHANGE ACTION GUIDE


“Step 1: Assemble the Community Team”

A summary of the process of assembling a community team, helpful tips, and graphics.

**Healthy People 2020 MAP-IT Framework**


“Step 1: Mobilize”

An overview of actions taken during the Mobilize step. Worksheets to help guide and organize information available for download. Links to outside resources to further explain the Mobilize step.


Worksheet to guide the process of the Mobilize step. Use worksheets with the blue “Mobilize” banner during the pre-planning phase.

**Precede – Proceed Model**


“Phase 1”

Scroll down this page for an explanation of Phase 1 of this model which is identifying the quality of life outcome.

**Assemble Community Coalition**

**Community Tool Box**

http://ctb.ku.edu/en/building-leadership

“Toolkit 6 Building Leadership”

Information on enhancing leadership and its core tasks. Examples from real communities available.

**National Association of County & City Health Officials MAPP Framework**

http://www.naccho.org/topics/infrastructure/mapp/framework/phase1.cfm

“Phase 1: Organize for Success”

A summary of actions taken during the first phase of the MAPP Framework planning model.

**Communities of Practice**

http://www.cdc.gov/phcommunities/resourcekit/launch/plan.html

“Get Started”

Explanation of the roles and responsibilities of each member of a community coalition. Tip sheets and templates to help guide the process of community coalition assembly available for download.

**Assemble Community Coalition (continued)**

**Centers for Disease Control and Prevention**

CHANGE ACTION GUIDE


“Step 1: Assemble the Community Team”

A summary of the process of assembling a community team, helpful tips, and graphics.

**Healthy People 2020 MAP-IT Framework**


“Step 1: Mobilize”: Questions to Consider When Organizing a Coalition

An overview of actions taken during the Mobilize step. Worksheets to help guide and organize information available for download. Links to outside resources to further explain the Mobilize step.
Strategy Development

Strategy Development (continued)

Worksheet to guide the process of the Mobilize step. Use worksheets with the blue “Mobilize” banner during the pre-planning phase.

“Step 2 Develop Team Strategy”
A summary of the process of developing a team strategy.

“Step 1 Mobilize”: Potential Partners
Worksheet with a list of suggestions of potential community partners.

http://ctb.ku.edu/en/writing-grant-application
“Writing a Grant Application for Funding”
Information to aid in preparing a successful grant proposal. Examples from real communities available.

http://ctb.ku.edu/en/creating-and-maintaining-partnerships
“Toolkit 1 Creating and Maintaining Partnerships”
Guidance for creating a partnership among different organizations to address a common goal. Examples from real communities available.
Assessment

- Define Community Collect
- Data Analyze
- Data Identify
- Health Issues
- Prioritize Health Issues
- Determine Readiness for Change
Purpose
The purpose of Assessment is to capture a snapshot of the situation regarding health in a community. The result is identified strengths of the community, areas for improvement, and changes that could be made. The resources already available in the community to support a wellness program are also identified.

How to Complete Assessment
To conduct a thorough community Assessment, follow the six steps of assessment. The Community Coalition should develop a strategy for carrying out each step using already established operating protocols and decision-making processes.
Define Community

To take the first piece of the snapshot, define the community. This definition includes identification of health determinants, how they contribute to health issues and disparities in the community.

Reciprocal determinism is the continuous interaction between individuals and their environment. An individual’s behavior is influenced by the environment and in turn, the environment is influenced by an individual’s behavior. Therefore, it is important to include individual and environmental factors when defining health determinants.
Health determinants include, but are not limited to:

<table>
<thead>
<tr>
<th>Genetics</th>
<th>Availability of healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-existing conditions</td>
<td>Social support network</td>
</tr>
<tr>
<td>Family health history</td>
<td>Physical environment</td>
</tr>
<tr>
<td>Behavior</td>
<td>Geographical location</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>Socioeconomic status</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Education level</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Access to healthcare</td>
</tr>
<tr>
<td>Occupation</td>
<td>Family Structure</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Trust/Distrust</td>
</tr>
</tbody>
</table>
Collect Data

In this step, numerical data as well as descriptive data is collected. Data is categorized into two areas; primary and secondary. Primary data is that which you collect yourself, usually an inventory of resources, opinions of community members, and needs/gaps as defined by the population. Secondary data is what is already available that was collected by someone else and includes statistics, prevalence rates, incidence rates, and morbidity and mortality ratios. This available data may have been collected for another reason, but is now relevant to a wellness program. This information can certainly be utilized.

Typically, the Community Coalition is divided into subgroups at this point. Each subgroup is responsible for collecting data then bringing it back to share with the Coalition. This is the most thorough strategy for collecting data. A suggestion for separation into subgroups is by the type of health issue being assessed.

<table>
<thead>
<tr>
<th>Policy</th>
<th>System</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare availability</td>
<td>Social support</td>
<td>Physical environment</td>
</tr>
<tr>
<td>Health insurance</td>
<td>Family</td>
<td>Opportunities for healthy behaviors</td>
</tr>
<tr>
<td>Agriculture polices</td>
<td></td>
<td>Geographic location</td>
</tr>
<tr>
<td>Food distribution policies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Primary Data
Collect qualitative data, or opinions of community members, through surveys, interviews, listening sessions, focus groups, and observation. This collection will be led by the different subgroups of the Community Coalition.

- How to obtain data
  - Surveys/questionnaires
  - Telephone interview
  - Face-to-face interview
  - Electronic interview
  - Group interview
  - Community forum/listening session
  - Focus groups
  - Observation

- Who you can ask
  - Community members
  - Key community informants
  - Community leaders

- What to ask
  - Attitude towards health
  - Knowledge of health
  - Perceived barriers to health
  - Perceived benefits of health
  - Improvements needed in the community
  - Reasons why problems are occurring
  - How to address these problems
  - Self-report Items
    - Blood pressure, weight, cholesterol, number of times exercise, consumption of fruits/vegetables, wear seat belt, smoke, etc.

- Tip: Do not let the survey exceed two pages. People will tire after answering about 20 questions. Offer incentives for completion of the survey.

Secondary Data
Examines existing documents for health problems. Quantitative data, or numbers, statistics, ratios, and rates are collected in this step. This is the least expensive and most accessible approach. Sources of secondary data include:

- Government agencies
  - Examples: U.S. Census Bureau, Centers for Disease Control and Prevention, Food & Drug Administration, National Institute of Health, Environmental Protection Agency

- Nongovernment Agencies and Organizations
  - Examples: American Cancer Society, American Heart Association, County Health Rankings from the Robert Wood Johnson Foundation, Kaiser Family Foundation

- Existing Records
  - Examples: medical records (as long as confidentiality is upheld), death records, birth records, other county databases

- Literature and Published Journals
  - Examples: Medline, PubMed, Education Resource Information Center
Databases for Secondary Data

**COUNTY HEALTH RANKINGS**
http://www.countyhealthrankings.org
Database of measures of disease, risky behavior, etc., for every county in a state. Rankings, comparisons, and interactive maps allow for different presentation of data.

**NATIONAL CENTER FOR HEALTH STATISTICS**
http://www.cdc.gov/nchs/surveys.htm
A list of different databases where quantitative data can be found.

**KAISER FAMILY FOUNDATION STATE HEALTH FACTS ONLINE**
http://www.statehealthfacts.org
A database of quantitative data organized by health issue or location.

**CDC WONDER**
http://wonder.cdc.gov
A national database of health issues categorized by topic. This database contains mostly nation wide measures and statistics, so it is useful for comparison. This database is still under construction, so some topics may not have data entered yet.

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM**
http://www.cdc.gov/brfss/

**YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM**
http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Analyzing data is necessary in order to understand the data collected. During analysis, which takes place during the sharing of information collected with the Community Coalition, the following questions should be asked:

- What is the quality of life of the population in the community?
- What is the culture of the community like?
- What are the social perceptions shared by the population in the community?
- What are the determinants in the community that reflect in the culture and social perceptions?
- Can the culture and social perceptions be linked to health?
- What are the health issues that relate to culture and social issues?

Use tables, charts, and graphs to clearly organize and summarize findings from data collection. These tools should present comparisons and rankings in order to put the data into a context. Grouping the data together into categories (if not already done during data collection) is suggested for further organization. Examples of categories are; health care, school, environmental, policy, social, spiritual, workplace, etc.

Also, the results of scores of the MAPP Assessments or CHANGE spreadsheets should be included and explained (if used). Links to scorecards and worksheets for these planning models can be found in the “resources” page at the end of this section.
**SWOT Analysis**

A SWOT analysis provides an easy to understand picture of the strengths, weaknesses, opportunities, and threats of the community. This analysis is helpful in identifying the needs to address, the resources available to address them, and barriers to success.

To conduct a SWOT analysis, complete the chart with information from data collection. Note “you” denotes “community.”

<table>
<thead>
<tr>
<th></th>
<th>Favorable</th>
<th>Unfavorable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal</strong></td>
<td><strong>Strengths</strong>&lt;br&gt;What do you do well?&lt;br&gt;Unique capabilities and resources?&lt;br&gt;How do others perceive your strengths?</td>
<td><strong>Weaknesses</strong>&lt;br&gt;What do others do better than you?&lt;br&gt;What can be improved?&lt;br&gt;How do others perceive your weaknesses?</td>
</tr>
<tr>
<td><strong>External</strong></td>
<td><strong>Opportunities</strong>&lt;br&gt;What conditions or trends positively impact you?&lt;br&gt;What opportunities are available to you?</td>
<td><strong>Threats</strong>&lt;br&gt;What conditions or trends negatively impact you?&lt;br&gt;Do you have solid financial support?&lt;br&gt;What impact do your weaknesses have on threats?</td>
</tr>
</tbody>
</table>
Identify Health Issues

To identify health issues, ask the following questions of the data analysis:

- What are the problems that decrease quantity or quality of life?
- What problems are barriers to living a healthy life?
- Where are there disparities or gaps in the data?
- What are the most prevalent diseases?
- Can the problem be solved by a health promotion intervention in a wellness program?
- Are there adequate resources to address the problem?

For a list of common health issues that can be addressed at the community level:

Healthy People 2020

American Public Health Association
“Healthy Communities”
http://www.apha.org/programs/cba/CBA/default

Center for Disease Control and Prevention Healthy Places
“Health Topics”
http://www.cdc.gov/healthyplaces/health_topics.htm

The identified health problems can be listed on their own, or categorized based on who can best address them (example: school, workplace, healthcare) or by who they effect the most (example: ethnicity group, age group, geographic location).
Prioritize Health Issues

Based on the data analysis and identification of health problems, list the most alarming health issues in your community. The most pressing needs, the needs that can be addressed with resources already available, and the needs that can be solved in a reasonable amount of time should be placed near the top of the list. The basic priority rating model can be used to rank the health issues making it easier to prioritize them. Based on a scale of 0-10, rate the health issues based on:

- Size of the problem
- Seriousness of the problem
- Effectiveness of possible interventions
- Propriety, economics, acceptability, resources, and legality

Healthy People 2020 MAP-IT Framework supplies a worksheet for prioritizing health issues. This worksheet can be found here: http://www.healthypeople.gov/2020/implement/PrioritizingIssues.pdf

Also, a table can be created to organize the issues by degree of changeability and importance. The issues in the “more changeable” and “more important” box will be the ones of greatest priority.

<table>
<thead>
<tr>
<th>More Changeable</th>
<th>More Important</th>
<th>Less Important</th>
<th>Less Changeable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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</tbody>
</table>
Determine Community Readiness for Change

Based upon the results of the informative interviews and focus groups conducted during the Needs Assessment, determine the readiness for change of the community.

If there is denial, resistance, no awareness or vague awareness of the key health issues in the community, use this toolkit to create activities and events to raise awareness about these key health issues and the importance of change.

If the community is thinking about change (preplanning),

wants to change in the near future (preparation),

or has already taken some steps to change (initiation),

then use this toolkit to create activities and events that will support that change.

Adapted from Health Promotion Programs: A Primer McKenzie, 2013
A Health Impact Assessment (HIA) is an analysis of the potential effects of a community wellness program on the health of the population. This tool is useful to present to stakeholders, funders, and the community to support justification and need for a community wellness program.

Six steps are included in a HIA:

- **Screening**
  - Identify projects and policies that address or influence health

- **Scoping**
  - Identify the health effects of priority to the community

- **Assess risks and benefits**
  - How the population may be affected and what part of the population will be effected

- **Develop recommendations**
  - Strategies to promote positive effects or mitigate negative effects

- **Reporting**
  - Presentation to stakeholders, decision makers, and funders

- **Evaluating**
  - How the HIA will play a role in the final decision making of going forward with a wellness program

*Adapted from Health Promotion Programs: A Primer McKenzie, 2013*
Resources

General

COMMUNITY TOOL BOX
http://ctb.ku.edu/en/assessing-community-needs-and-resources
“Toolkit 2 Assessing Community Needs and Resources”
Information and directions for conducting a needs assessment including; community makeup and history, describing what matters to the community, describing what matters to the stakeholders, describing barriers and identifying resources. Examples from real communities are available.

“Chapter 3 Assessing Community Needs and Resources”
Explanation, checklists, and tools for methods of a needs assessment including; developing a plan, describing the community, conducting listening sessions, focus groups, and surveys, collecting data, analyzing the problems, SWOT analysis, Geographic Information Mapping system, community report cards, and many other methods.

HEALTHY PEOPLE 2020 MAP-IT FRAMEWORK
“Step 2: Assess”
An overview of the Assess step. Worksheets to help guide the process available for download. Outside resources available for reference.

INTERVENTION MAPPING
http://www.interventionmapping.com/?q=node/7
http://heb.sagepub.com/content/25/5/545.short
“Step 1: Needs Assessment”
An overview of the first step of the Intervention Mapping planning model.

Define Community

CENTER FOR DISEASE CONTROL AND PREVENTION PATCH MODEL
http://lgreen.net/patch.pdf
“Chapter 2: Defining the Community”
Information on the process of defining a community. Worksheet on creating a community profile available for use.

CENTER FOR DISEASE CONTROL AND PREVENTION COMMUNITY DESIGN CHECKLIST TOOLKIT
“Creating a Health Profile of Your Neighborhood”
A how-to guide for collection information about a community. Different databases where information can be found are listed. Explanations about the databases and steps how to use the database are included.
Collect Data

NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH OFFICIALS MAPP FRAMEWORK

http://www.naccho.org/topics/infrastructure/mapp/framework/phase3.cfm

“Phase 3. The Assessments”
Explanation of the third phase of the MAPP Framework planning model. Directions for conducting the four Assessments cited by the model.

CENTER FOR DISEASE CONTROL AND PREVENTION CHANGE TOOL


“Step 3: Five CHANGE Sectors”
Under the Step 3 section, an overview of this step, explanation of each CHANGE sector, and Excel spreadsheets for data collection and organization are available for download.

CENTER FOR DISEASE CONTROL AND PREVENTION PATCH MODEL

http://lgreen.net/patch.pdf

“Chapter 3: Qualitative information”
Explanation of qualitative data and directions for identifying; community opinion, community leaders, methods of data collection and preparation of data.

“Chapter 3: Quantitative Data”
Explanation of quantitative data and methods for collecting it. Methods of collection for different types of quantitative data explained including; mortality and morbidity data and behavioral data.

PRECEDE – PROCEED MODEL


“Phase 2”, “Phase 3”
Identify genetic, environmental and behavioral factors that influence overall health outcome. Identify predisposing, enabling, and reinforcing factors that influence overall health outcome.

Analyze Data

CENTER FOR DISEASE CONTROL AND PREVENTION PATCH MODEL

http://lgreen.net/patch.pdf

“Chapter 3: Presenting Data”
Information on analyzing data. Worksheets, templates, and organizational tools for data collection and analysis available for use.
**Resources**

**Analyze Data**

**Center for Disease Control and Prevention CHANGE Tool**


“Step 5: Reviewing data gathered with the Community Team”

Explanation of data analysis. Tips on conducting a strong data analysis.


“Step 6: Entering data into CHANGE tool”

Directions to entering data into the CHANGE sector Excel spreadsheets and scorecards to find results.

**Community Tool Box**

http://ctb.ku.edu/en/analyzing-problems-and-goals

“Toolkit 3 Analyzing problems and goals”

This toolkit helps in analyzing personal and environmental factors that influence the problem to be addressed. Examples from real communities are available.


“Chapter 17 Analyzing community problems and solutions”

Information, checklists, tools, and examples of methods of data analysis including; analyzing root causes, thinking critically, and addressing determinants.


Chapter 3 “Assessing Community Needs and Resources”

Section 14 explains, provides checklists, and tools for a SWOT analysis.

**Communities of Practice**

http://www.cdc.gov/phcommunity/resourcekit/evaluate/swot_analysis.html

“Do a SWOT Analysis”

Explanation of a SWOT analysis. Template for conducting a SWOT analysis available for download.

**Identify Health Problems**

**Center for Disease Control and Prevention CHANGE Tool**


“Step 7: Consolidating data to determine areas of improvement”

Information on understanding the results from the CHANGE sector assessments. Strategies for understanding data analysis.

**Center for Disease Control and Prevention PATCH Model**

http://lgreen.net/patch.pdf

“Chapter 4: Using data to identify health problems”

Information on understanding the data and identifying gaps.
**PRECEDE – PROCEED Model**

"Phase 4"

Identify policies and educational strategies that will support improvement of health problem.

**Determine Community Readiness for Change**

**Community Tool Kit**

"Chapter 6 Promoting Interest in Community Issues"

Information, explanation, checklists, and tools for raising community awareness, persuasiveness, and using social marketing to promote an idea.

**Health Impact Assessment**

**Center for Disease Control and Prevention Healthy Places**
[http://www.cdc.gov/healthyplaces/health_planning_tools.htm](http://www.cdc.gov/healthyplaces/health_planning_tools.htm)

"Health Planning Tools"

A list of references, toolkits, and examples of Health Impact Assessments.
Plan

- Mission Statement
- Goals
- Objectives
- Activities
- Evaluation
Purpose
Now that the areas of need and change are identified as a result of Assessment, interventions and activities must be developed to address these areas. To start, the Community Coalition must develop mission statements, goals, and objectives for each health issue. Then, utilize strategic planning tools in collaboration with the resources identified during Assessment to generate ideas for activities. Literature and best practice research will also present ideas for program activities.
Mission and Goals

Set measurable goals and objectives

Composing goals and objectives provide a framework and set direction for your wellness program. The mission statement is the starting point that guides the writing of goals and objectives. The goals support the mission statement, and the objectives support the achievement of goals.

To begin formulation goals and objectives, determine whether awareness, attitude, knowledge, skills, or behavior is the focus of change.
Describes the general purpose or focus of wellness program. Have the Community Coalition think of what they want to wellness program to be, or what it will look like in a few years.

An example of a community setting mission statement:

“The mission of the Walkup Health Promotion Program is to provide a wide variety of primary prevention activities for residents of the community.”

Goals are broad statements about the change needed for each key health issue. Characteristics of goals are; they are long term, take longer to complete, and do not have specific deadlines. They provide overall direction for a program as they are inferred instead of readily observed.

Goals can focus on behavior change, improving access, increasing availability, advocacy, eliminating barriers, and policy change.

Examples of program goals:

“All cases of measles in the City of Kenzington will be eliminated.”

“To reduce the cases of lung cancer caused by exposure to secondhand smoke in Elizabethtown, PA.”

“The survival rate of breast cancer patients will be increased through the optimal use of community resources”

Adapted from Health Promotion Programs: A Primer McKenzie, 2013
Purpose
Objectives are the smaller steps that will lead to the achievement of a goal. They are specific, intermediate accomplishments that will occur in the population. Therefore, they are written to display a specific measurement of a certain health issue within an identified time frame. Think to answer the question “WHO is going to do WHAT, WHEN, and to WHAT EXTENT?” when developing objectives. Objectives are also important for evaluation, as the effectiveness of the program is determined by the accomplishment of goals and objectives.

SMART Objectives
To write a strong objective, make it SMART.

<table>
<thead>
<tr>
<th>Type</th>
<th>Explanation</th>
<th>Example</th>
</tr>
</thead>
</table>
| Process      | The tasks, activities, and planning that are needed to achieve the development, implementation, and evaluation of the program | • Number of sessions held, attendance, staff performance, tasks on schedule  
• “By August 4, the volunteers will distribute the informational brochure to 33% of county residents” |
| Impact       | Learning: Immediate effects on awareness, knowledge, attitude, and skills   | • Awareness example: “After the American Heart Association’s pamphlet on cardiovascular health risk factors has been placed in grocery bags, at least 20% of the shoppers will be able to identify two of their own risks.”  
• Knowledge example: “When asked over the telephone, one out of three viewers of the heart special television show will be able to explain the four principles of cardiovascular conditioning.”  
• Attitude example: “During one of the class sessions, 50% of the participants will defend their reason for regular exercise.”  
• Skills example: “After viewing the video ‘How to Exercise’, half of those participating will be able to locate their pulse and count it every time they are asked.” |
| Behavior     | Actions that the population will engage in in order to change behavior       | “One year after the formal exercise classes have been completed, 40% of those who completed a majority of the classes will still be involved in a regular aerobic exercise program.” |
| Environmental| Changes in social, physical, economic, service, or political environments that influence a change in behavior | “By the year 2020, 10% of clinic patients will have been able to schedule an appointment either after 5pm or on a Saturday.” |
| Outcome      | A change in health status, risk status, or quality of life                  | • Morbidity data, mortality data, measurements of risk factors, measurements of vital signs, quality of life measurements  
• “By the year 2020, heart disease deaths will be reduced to no more than 100 per 100,000 in the residents of Franklin County.”  
• “Two-thirds of those who participate in a formal exercise program will use 10% fewer sick days during the life of the program than those who do not participate.” |

Adapted from Health Promotion Programs: A Primer McKenzie, 2013
<table>
<thead>
<tr>
<th>Focus of Change</th>
<th>Definition</th>
<th>Changeability</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>Vague idea of health problem.</td>
<td>Easy</td>
<td>Exposure to mass media campaign.</td>
</tr>
<tr>
<td>Attitude</td>
<td>Feelings of susceptibility and severity of health problem. Feelings about change.</td>
<td>Moderate</td>
<td>Concerns about contracting a disease. Enjoyment of healthy behavior.</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Comprehension of the health problem and what to do about it.</td>
<td>Moderate</td>
<td>Relationship of smoking and lung cancer.</td>
</tr>
<tr>
<td>Skills</td>
<td>Ability to take proper action against health problem.</td>
<td>Difficult</td>
<td>Time management.</td>
</tr>
<tr>
<td>Behavior</td>
<td>Actions, lifestyle choices, and habits.</td>
<td>Difficult</td>
<td>Participation in screenings, exercise, eating choices.</td>
</tr>
</tbody>
</table>

Adapted from Health Promotion Programs: A Primer McKenzie, 2013

Types of Objectives
Each type of objective focuses on a certain change. This table is a summary of those focuses of change and the degree of easiness of change.
Create Program Activities – Logic Model

Purpose
A logic model is a strategic planning tool that allows for clear organization of the process that will lead to the achievement of program goals. It is the most helpful and clear planning tool for a health promotion program.

Have the Community Coalition fill in the columns that have already been discussed, such as the outcomes that are short, mid, and long term. Then work backwards to define the activities, participants, and tasks that will achieve the outcomes.

This tool is useful for sharing among funders, stakeholders, and the community and ensures the Community Coalition is on the same page. Funding agencies may even require a logic model. Checklists, worksheets, and tables similar to the Logic Model are presented in the Centers for Disease Control and Prevention PATCH Model Chapter 5 section “Developing a Comprehensive Intervention Plan.” These can be used in addition to or in place of the logic model presented. The Community Coalition can decide which type of logic model would be the most efficient and easiest to use.

http://lgreen.net/patch.pdf

The next pages gives an example of a logic model with explanations of each component.

Note that in a wide-scaled community wellness program, many confounding factors can influence the outcome of the program activity or program.

Try to control for these confounding factors such as:
- Assumptions
- External Factors
- Other programs Social norms
- Transportation
- Internal Factors
- Attitudes Bias Knowledge

To control for these confounding factors:
- Assure your activities are culturally appropriate and relevant to the target audience.
- The program incorporate existing resources and programs rather than compete with them.
- The activities are realistic and can be executed.
- The information is presented in a way that is easy to understand.
Evaluation
Focus - Collect Data - Analyze and Interpret - Report
Create Program Activities – Theory Selection

Purpose
Theories are composed of a systematic relationship of variables that explain the happenings of a situation and predict outcomes. Integrating a theory into the development of activities is important because they guide the development of activities so they result in the desired outcome. Also, this ensures the activities are based upon scientific research. Here is a list of common theories used in wellness program planning. Select the one that corresponds best with the goals and objectives of the program:

<table>
<thead>
<tr>
<th>Theory</th>
<th>Focus/Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Belief Model</strong></td>
<td>Expectations that action will result in certain outcome and the value of those outcomes. Action will occur or not depending upon relevance of the issue, belief of susceptibility to the issue, and belief the benefits of the action is great enough to overcome barriers to action.  <a href="http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/SB721-Models/SB721-Models2.html">http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/SB721-Models/SB721-Models2.html</a></td>
</tr>
<tr>
<td><strong>Theory of Reasoned Action</strong></td>
<td>Intention to perform a behavior based upon attitude and social norms. <a href="http://uhavax.hartford.edu/MISOVICH/healthp.htm">http://uhavax.hartford.edu/MISOVICH/healthp.htm</a></td>
</tr>
<tr>
<td><strong>Transtheoretical Model</strong></td>
<td>Classification of willingness to change behavior. Note, it is possible to move backwards. This is called relapse. Design your activities to prevent relapse by using motivational skills, conducting follow up evaluations, and focusing on changing levels one at a time. <a href="http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/SB721-Models/SB721-Models6.html">http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/SB721-Models/SB721-Models6.html</a></td>
</tr>
</tbody>
</table>
Create Program Activities

Purpose
Using the guidance of theory, build activities that will reach the program’s objectives and goals by changing the population’s behavior. Program activities should empower the population to make a behavior change, increase access and availability of health resources, overcome barriers to improved health, and advocate for policy to influence healthy behavior.

Examples
• Education sessions
  (Lunch and Learn, after school sessions)
• Exercise programs
• Mass media campaign
• Enforcement of laws and policies
• Building/restoring parks and walking trails

For more examples of activities for a program, refer to the table on the next page and to the list of database research. These chapters in the Community Tool Box also provide examples of program activities.

“Chapter 21: Enhancing Support, Incentives, and Resources”
http://ctb.ku.edu/en/table-of-contents/implment/enhancing-support

“Chapter 23: Modifying Access, Barriers, Opportunities”
http://ctb.ku.edu/en/table-of-contents/implment/access-barriers-opportunities

“Chapter 24: Improving Services”

“Chapter 25: Changing Policies”

“Chapter 26: Changing physical and social environment”
Create Program Activities – Strategies

Intervention Strategies
Evidence based strategies, like the ones listed below, suggest different program activities based on the goal needing to be accomplished.

HEALTH COMMUNICATION
• Health promotion programs, mass media campaigns, risk communication, public relations, print and electronic communication

HEALTH EDUCATION
• Print and electronic media materials, curriculum, units of study, lesson plans, seminars, lectures

HEALTH POLICY/ENFORCEMENT
• Incentives or disincentives regarding the following of laws, policies, regulations, and rules

ENVIRONMENTAL CHANGE
• Eliminating barriers, increasing access and availability, improved safety

HEALTH-RELATED COMMUNITY SERVICE
• Providing services, tests, treatments, and other care
• Screenings, Health Risk Assessments
• Setting: health fair, worksites, mobile units, shopping malls

COMMUNITY MOBILIZATION
• Community groups are formed to provide resources to work towards the goal of the program
• Members of the community become involved in the decision and planning process of the program
Create Program Activities – Research

Best-practices and evidence-based research
It is difficult to create activities from scratch, so conducting research on evidence-based activities and interventions that also address the same health issues is very helpful in gathering ideas.

**Here are some of the most utilized databases:**

- **The Community Guide**
  http://www.thecommunityguide.org
  Note: Pay attention to only the “Recommended” interventions. Others without this label still need more evaluation.

- **CDC Healthier Worksite Initiative Toolkits**
  http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/index.htm

- **CDC Healthy Community Design Checklist Toolkit**
  “Planning for Health Resources Guide”

- **CDC Community Health Media Guide**
  http://apps.nccd.cdc.gov/chmc/Apps/overview.aspx

- **CDC Healthy Communities Program**
  “Action Guides”
  http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/#ag

- **CDC Social Media Toolkit**

- **Department of Health and Human Services Tools and Resources for Faith-based and Neighborhood Partnerships**
  http://www.hhs.gov/partnerships/resources/index.html

- **Department of Health and Human Services Prevention**
  http://www.hhs.gov/safety/index.html

Also, any general research of published articles will provide ideas and suggestions of wellness program activities.

To find these published articles, conduct research here:

- **U.S. National Library of Medicine**
  “Medline/Pub-Med Resources Guide”

- **American Psychological Association PsycINFO**
Create Program Activities

Tailoring
When building an activity is important to tailor it to interests of your audience. This will increase the likelihood of adoption. The Community Coalition may decide to segment the audience to better tailor the program based on the differences of each segment.

Variable to tailor to include:
• Occupation
• Economic status
• Age
• Gender

Cultural Competence
Cultural competence is being culturally sensitive to a population. Cultural sensitivity ensures the program is appropriate for the culture of the racial, ethnic, or religious group.

The following should be considered in order to be culturally competent:
• Tone
• Language (both the actual language and choice of words used)
• Images

Tips
Utilize resources and programs already available in the community
• It is just as important and building new activities and programs. Think of ways these already present resources can be better utilized, promoted, or improved. For more information of using community resources, refer to the Community Tool Box.
• Chapter 44: Investing in Community Resources

Uphold Ethics
• Respect of the population’s autonomy and privacy must always be upheld. To review the AAHE Code of Ethics for Health Promotion, go here:
Generate Evaluation Tools

Purpose
Creating evaluation tools during this step is important in order to efficiently collect feedback from the activities during Implementation and upon completion. Creating evaluation tools during this step will also help guide the creation of activities since it will be known what is going to be appraised. Evaluation can be conducted by the Community Coalition or delegated to a third party evaluation service.

Evaluation tools will be created for each type of evaluation.

Selecting an Evaluation Design
To find the evaluation design best fit for your program, consider the following questions:

- How much time is there to conduct an evaluation?
- What financial resources are available?
- How many participants will be included in evaluation?
- Is it important to generalize findings to other populations?
- Are stakeholders concerned with validity and reliability?

Questions taken from Health Promotion Programs: A Primer McKenzie, 2013

Type of Evaluation Design
Each type of evaluation design can have only a experimental group (participants in the program) or a control group (participants that do not participate in the program) can be included as well for comparison of results and better measure of effectiveness of the program.

Pretest – Posttest Design
Collect evaluation data before and after program activity or program overall.

Posttest Only Design
Collect evaluation data only after program activity or program overall.

Time Series Design
Collect evaluation data before, immediately after, and at set time intervals after program activity or program overall to continue to analyze impact.
Generate Evaluation Tools – Formative Evaluation

Purpose
This type of evaluation assesses the quality of the materials and methods used for program activities. This evaluation is used for the Community Coalition and others responsible for planning the wellness program and its activities. This evaluation should be used during the planning phase to evaluate it’s progress.

How to Conduct Formative Evaluation
- **CHECKLISTS**
- **GANTT CHARTS**
- **PROGRAM AND EVALUATION FORMS**

<table>
<thead>
<tr>
<th>Element</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence</td>
<td>Degree to which the program is based in scientific evidence and best practice</td>
</tr>
<tr>
<td>Capacity</td>
<td>Extent to which the Community Coalition have knowledge, skills, and abilities to plan a wellness program</td>
</tr>
<tr>
<td>Resources</td>
<td>Number of resources available for use</td>
</tr>
<tr>
<td>Support</td>
<td>Amount of support built into the program in the form of service or program activities</td>
</tr>
<tr>
<td>Inclusion</td>
<td>Number of partners and organizations involved in the wellness program</td>
</tr>
<tr>
<td>Accountability</td>
<td>Fulfillment of responsibilities by the Community Coalition, stakeholders, and partners</td>
</tr>
<tr>
<td>Reach</td>
<td>Proportion of the population given the opportunity to participate</td>
</tr>
<tr>
<td>Response</td>
<td>Proportion of the population who partake in the program activities</td>
</tr>
</tbody>
</table>

Adapted from Health Promotion Programs: A Primer McKenzie, 2013
Generate Evaluation Tools – Process Evaluation

**Purpose**

This type of evaluation assesses the relationship between program implementation and outcomes. It explores the delivery of the components of the program activity and its influence on the outcomes. This evaluation is to be conducted by the Community Coalition or other evaluators involved in the planning process.

Evaluation materials will tell you the satisfaction level of the participants in the program activity as well as changes in their attitudes, knowledge, skills, and behavior.

<table>
<thead>
<tr>
<th>Fidelity</th>
<th>Extent to which the program activities were carried out as planned during Strategy Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose</td>
<td>Number of program activities delivered</td>
</tr>
<tr>
<td>Recruitment</td>
<td>Assessment of how participants were recruited (appropriate media channels, frequented sites)</td>
</tr>
<tr>
<td>Reach</td>
<td>Proportion of the population given the change to participate in the program activities</td>
</tr>
<tr>
<td>Response</td>
<td>Proportion of the population who participated in the program activities</td>
</tr>
<tr>
<td>Context</td>
<td>Consideration of confounding variables</td>
</tr>
</tbody>
</table>

*Adapted from* Health Promotion Programs: A Primer McKenzie, 2013
Impact Evaluation
This type of evaluation observes the immediate outcomes of the program activities. This evaluation is completed by the participants, then given to the evaluators for analysis.

Outcome Evaluation
This type of evaluation measures the achievement of the objectives and goal of the program activity or the overall goal of the wellness program. This evaluation is completed by the participants, then given to the evaluators for analysis.

How to Conduct Impact and Outcome Evaluation
Use a mix of quantitative and qualitative data to construct Impact and Outcome evaluation forms.

Types of quantitative data that could be evaluated are:
- Health Indicators
- Skill Indicators
- Disease Prevalence Rates
- Disease Incidence Rates

Types of qualitative data that could be evaluated are:
- Attitude
- Values
- Knowledge
- Awareness
- Preparedness for Change
- Sustainability
- Satisfaction
## Generate Evaluation Tools

The chart below outlines different evaluation material. Note the type of evaluation the method applies to.

<table>
<thead>
<tr>
<th>Method</th>
<th>Evaluation Level</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Observation</strong></td>
<td>Process</td>
<td><em>Record interaction between participants and providers, general reactions, behavior, and problems or issues that occur.</em></td>
</tr>
<tr>
<td>Protocol Checklist</td>
<td>Process</td>
<td>A list of tasks to assess how the program is being implemented compared to how it was intended to be implemented.</td>
</tr>
<tr>
<td><strong>Gnatt Chart</strong></td>
<td>Process</td>
<td><em>A bar chart that displays the timeline of tasks.</em></td>
</tr>
<tr>
<td>Focus groups</td>
<td>Impact</td>
<td>Ask questions of a group of participants about the program activity including their impressions and change in behavior.</td>
</tr>
<tr>
<td><strong>Surveys</strong></td>
<td>Impact</td>
<td><em>Collection of data through questionnaires about impressions of the program activity and change in behavior.</em></td>
</tr>
<tr>
<td>Interviews</td>
<td>Impact</td>
<td>Ask questions directly to participants about impressions of the program activity and behavior change. Can be done informally upon conclusion of the activity or formally with a set appointment.</td>
</tr>
<tr>
<td><strong>Health Risk Assessment</strong></td>
<td>Outcome</td>
<td><em>A health questionnaire that assesses demographics, lifestyle habits, family history, attitudes, knowledge, and willingness to change. Should be administered before and after program activity.</em></td>
</tr>
<tr>
<td>Cost-Benefit Analysis or Return on Investment</td>
<td>Outcome</td>
<td>Comparison of money spent versus cost of health issue without a program</td>
</tr>
</tbody>
</table>
Resources

General

CENtER For DISEAsE CoNtrol ANd prEvENtioN pAtCH modEl
http://lgreen.net/patch.pdf
“Chapter 4: Selecting the Intervention Focus”, “Targeting the community and specific groups”
Information on methods of intervention selection and explanation of the importance of targeting. Templates of organizational matrices available for use.

HEAltHy pEoplE 2020 mAp-IT FrAmEwork
“Plan”
An overview of the Plan step in this planning model. Worksheets that will guide this step are available for download. Outside resources pertaining to this step are included.

COMMuniTY TOoLBox
“Chapter 19: Choosing and Adapting Community Interventions”
Information, explanations, checklists, and tools for selecting interventions, understanding risks, promoting adoption, identifying appropriate delivery strategies, and ethical concerns.

http://ctb.ku.edu/en/developing-intervention
“Toolkit 7: Developing Interventions”
This toolkit provides supports for developing core components of a community intervention and adapting them to fit the context. Examples from real community available.

Setting Goals and Objectives
HEAltHy pEoplE 2020 mAp-IT FrAmEwork

“Plan: Defining Terms”
A worksheet with information and tips for mission statement, goals, and objectives.
“Potential Health Measures”
A list of health measures that could be examined by goals and objectives.

NATIONAL ASSOCIATION Of CouNty & CITY HEALTH OFFICIALS MAPP Framework
http://www.naccho.org/topics/infrastructure/mapp/framework/phase5.cfm
“Phase 5: Goals and Strategies”
Information and explanation of the fifth phase of the MAPP Framework planning model.

Develop Goals
CENtER For DISEAsE CoNtrol ANd prEvENtioN pAtCH modEl
http://lgreen.net/patch.pdf
“Chapter 4: Writing Community Goals”
Information and tips for writing strong goals.

Develop Objectives
COMMuniTIes oF prACtiCE
http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html
“Develop SMART Objectives”
Information and tips for writing strong objectives.

iNtErvENtioN mAppiNg
http://www.interventionmapping.com/?q=node/8
http://heb.sagepub.com/content/25/5/545.short
“Step 2: Identify performance objectives, determinants, and change objectives”
Explanation of the second step of the Intervention Mapping planning model.
HEALTHY PEOPLE 2020 MAP-IT FRAMEWORK
http://www.healthypeople.gov/2020/implement/
“Setting Targets for Objectives”
Worksheet with directions, examples, and tips for writing strong objectives.

Logic Model
CENTER FOR DISEASE CONTROL AND PREVENTION PATCH MODEL
http://lgreen.net/patch.pdf
“Chapter 5: Developing a Comprehensive Intervention Plan”
Checklists, worksheets, and tables for planning and organization similar to a logic model are available.

Theory Selection
INTERVENTION MAPPING
http://www.interventionmapping.com/?q=node/17
http://heb.sagepub.com/content/25/5/545.short
“Step 3: Methods and Strategies”
An explanation of the third step of the Intervention Mapping planning model.

Create Activities
COMMUNITY TOOL BOX
http://ctb.ku.edu/en/table-of-contents/culture/
cultural-competence
“Chapter 27. Cultural Competence in a Multicultural World”
Information, checklists, and tools for understanding culture, strategies for reducing prejudice, resolving conflict, and creating opportunities for multicultural collaboration.
http://ctb.ku.edu/en/enhancing-cultural-competence
“Toolkit 9: Enhancing Cultural Competence”
This toolkit aids in assessing and enhancing cultural competence in your organization or community effort.

Developing Evaluation Tools
AMERICAN EVALUATION ASSOCIATION
http://www.eval.org
A website for finding third party evaluators.

COMMUNITY TOOL BOX
“Chapter 36. Introduction to Evaluation”
Information, checklists, and tools for developing evaluation material, choosing evaluators, and developing an evaluation plan.
“Chapter 38. Some Methods for Evaluating Comprehensive Community Initiatives”
Information, checklists, and tools for rating goals, rating satisfaction, distributing evaluation surveys, conducting evaluator interviews, and monitoring progress.
“Chapter 39. Using Evaluation to Understand and Improve the Initiative”
Information, checklists, and tools for providing feedback and communicating results to community stakeholders and funders.

CDC FRAMEWORK FOR PROGRAM EVALUATION IN PUBLIC HEALTH
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm
An in-depth explanation of the process of evaluation.
Implementation

- Tasks
- Management
- Marketing
- Action
Purpose
Implementation is when the planned program activities are executed. It is essential for the Community Coalition to maintain the commitment and ownership to the program, or it may be unsuccessful. The Community Coalition will lead the collaboration of stakeholders, partners, staff, volunteers, and participants in the activities to ensure they are carried out as planned.

There are four phases of implementation. The first is delegating tasks needed to be completed in order for the program activity to occur. Process evaluation material already created may be used for this phase. The next phase is delegating responsibility to members of the Community Coalition or partners for different operating management needed for the program activity. The third phase is marketing the program activity in order to recruit participants. The last phase is action, or actually carrying out the program activity first through pilot testing then at full scale implementation.
Tasks and Management

Tasks
Create timeline charts and checklists of all the tasks needed to be completed for:

Marketing the program activity
- Creating advertisements, distribution, follow up of questions
- Training of personnel and volunteers
- Certifications needed, information about the program activity and tasks

Conduction of the program activity
- Set up, greeting, observing, break down

Evaluation of the program activity
- Distribution and collection of evaluation material for participants

Process evaluation materials already created may be used for this phase.

Management
Delegate responsibilities for each task needed to carry out the program activities. This responsibility can be given to a member of the Community Coalition, a partner, or a trained volunteer. Management tasks include:

- Registration for program activities
- Follow up of questions
- Documentation of program activities
- Distribution and collection of evaluation materials
- Technical and Facility needs
Marketing

Purpose
Marketing and advertising is used to raise awareness about the wellness program and its activities. It is also an important recruitment tool of participants. If the program activity itself is a mass media campaign, this information is relevant to its development and implementation.

Use of partners is important during marketing. It is an opportunity to distribute marketing material through them by having ads on their webpage, an ad in their newsletter, or flyers at their location.

For more examples of marketing materials, visit the Center for Disease Control and Prevention Social Media page.
http://www.cdc.gov/socialmedia/

Typical marketing material includes:

<table>
<thead>
<tr>
<th>Type of Advertisement</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print advertisements</td>
<td>Newspaper, local magazine/newsletter, church bulletins, brochures, flyers, posters, billboards</td>
</tr>
<tr>
<td>Television advertisements</td>
<td>Local news stations, public broadcasting</td>
</tr>
<tr>
<td>Radio advertisements</td>
<td>Local radio stations over the air and online</td>
</tr>
<tr>
<td>Web page advertisements</td>
<td>Facebook, Twitter, web pages of partners</td>
</tr>
</tbody>
</table>
Marketing and Action

Marketing Mix
When developing advertisements, keep in mind the four P’s of marketing to develop strong and relevant marketing material.

Segmentation
Just like the program activities, it is important to have a target audience for advertising. Marketing to a child will be different than marketing to their parents. Appealing to teenagers will be different than appealing to seniors. The target audience of the program activity and of the marketing materials should match.

Pilot Test
A pilot test is the same activity/event to be carried out, but on a smaller scale with a small segment of your target audience. So, the activity will be done in full, and all of the evaluation will be conducted as well. Conduct a process evaluation during the implementation of the pilot test, and an outcome evaluation upon completion.

The purpose of a pilot test is to:
- Form a picture of what the activity/event will be like
- See if the activity is carried out like it was planned
- See if the activity is reasonable, clear, and feasible
- Evaluate the effectiveness of the activity and make changes before full implementation

Full implementation
After reviewing the results from the evaluations of the pilot test, make any necessary changes to the activities. Then, implement the program’s activities at full strength. Encompass the entire scope and reach of the activities. Remember to using the process evaluation tools throughout implementation to ensure the program is being carried out as planned.

A “kickoff” day or event can be planned to start the full implementation of the program activity or the wellness program entirely.
## Resources

**Implementation**  
**PRECEDE – PROCEED Model**  
"Phase 5"  
Implementation of a program.

**Marketing**  
**COMMUNITY TOOL BOX**  
http://ctb.ku.edu/en/implement-social-marketing-effort  
"Toolkit 13: Implementing a Social Marketing Effort"  
Explanation and resources to create a marketing campaign.

<table>
<thead>
<tr>
<th><strong>Product</strong></th>
<th>What is being advertised. Can be a tangible object or a core product that are the benefits of participating in the product.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Price</strong></td>
<td>What the participant must “give up” to take part in the program activity. Can be tangible or intangible.</td>
</tr>
<tr>
<td><strong>Place</strong></td>
<td>Places the target audience frequents and will see the marketing materials</td>
</tr>
<tr>
<td><strong>Promotion</strong></td>
<td>The communication strategy that must inform, persuade, reinforce, and differentiate the program activity. The channels used to advertise to the population.</td>
</tr>
</tbody>
</table>
Evaluation

- Distribution/Collection
- Analysis
- Conclusions
- Report and Share
Purpose
The purpose of evaluation is to:
• Determine accomplishment of goals and objectives
• Provide feedback to improve the program
• Seek to increase community support
• Hold accountable funders, community, and stakeholders
• Become an example for scientific base
• Provide evidence for policy decisions.

Distribution
Upon completion of the program activities, distribute the
impact and process evaluation materials already created to the
participants. It is suggested to incentivize the completion of these
materials.

Evaluation should be distributed according to the length of the
activity. For example, a one day event should be evaluated on
that day. Whereas a 12 week program can be evaluated at the
beginning, at the end of 12 weeks, and at a specified time after
that (like 6 weeks post-intervention) to evaluate the sustainability
of the changes made.

For further explanation of the specific steps of the Evaluation
process, refer to the Community Tool Box Chapter 36 Section 1A
framework-for-evaluation/main
Evaluation

Analysis
Methods of analysis like the ones used during Assessment can be used during Evaluation analysis as well. Table, charts, graphs, and other organizational tools should be used to present a clear picture of the results of the activities. These tools should include descriptive statistics that describe characteristics of the participants, and inferential statistics that present a relationship of causality or change due to the program activity.

1. Analyze process evaluation to determine the degree to which the activity was carried out as planned.
2. Analyze data collected from participant surveys to make conclusions about impact and immediate effectiveness.
3. Analyze data collected from follow up surveys and second round community assessment to make conclusions about long term effects.

Internal Validity
Internal validity is the fact that change occurred because of the program itself, and not an external factor. Threats to internal validity, which want to be minimized include;

History: an event occurs that changes behavior
Maturation: grow older, wiser, stronger
Testing: familiarity with the evaluation materials
Attrition: drop out of participants during the program activity (not much control over this threat)

Conclusions
Based on these analyses, draw conclusions of the accomplishment of the program objectives, the program goals, and the program mission. In addition to the achievement of those, the value, strengths, weaknesses, reduction of needs and disparities of the program activities or the program as a whole should be identified.

From this information, decided whether to continue the activity or terminate.

Report and Share
Produce a written report summarizing the steps taken by the Community Coalition to plan, implement, and evaluate a community wellness program. Any organizational planning tools, charts, surveys, partnership contracts, strategic plans, logic models, and evaluation material should be included in the written report as well. Sections of the report may include;

Introduction, Methods, Results, Conclusions

Presentation and documentation of this process will make your program credible, and available for replication by future Community Coalitions tackling different health issues. This will allow for sustainability of the wellness program.
Resources

COMMUNITY TOOL BOX
http://ctb.ku.edu/en/table-of-contents/sustain/
long-term-institutionalization
“Chapter 46. Planning for Long-Term Institutionalization”

http://ctb.ku.edu/en/sustaining-work-or-initiative
“Toolkit 16: Sustaining the Work or Initiative”

PRECEDE – PROCEED MODEL
http://ctb.ku.edu/en/table-contents/overview/
chapter-2-other-models-promoting-community-
health-and-development/section-2
“Phase 6: Process Evaluation”
“Phase 7: Impact Evaluation”
“Phase 8: Outcome Evaluation”

CENTER FOR DISEASE CONTROL AND
PREVENTION OFFICE OF THE ASSOCIATE
DIRECTOR PROGRAM EVALUATION
http://www.cdc.gov/eval/framework/index.htm
An explanation of the evaluation process.

http://www.cdc.gov/eval/steps/index.htm
Steps of the evaluation process with explanatory
articles and worksheets available for download.

http://www.cdc.gov/eval/strongevaluations/index.htm
Tips for conducting strong evaluations.

http://www.cdc.gov/eval/resources/index.htm
Resources for program evaluation materials such
as step by step guides, manuals, websites, and
journal articles.
Appendix 1-
CHANGE (Community Health Assessment and Group Evaluation) Model
Appendix 2-
PATCH (Planned Approach to Community Health) Model
Appendix 3-
MATCH (Mobilizing Action Towards Community Health) Model
Appendix 4-
MAP – IT Framework
Appendix 5-
MAPP (Mobilizing Action through Planning and Partnerships) Framework
Appendix 6-
PRECEDE – PROCEED Model

Phase 6
Administrative Diagnosis

Phase 4-5
Educational Diagnosis

Phase 3
Behavioral Diagnosis

Phase 1-2
Epidemiological and Social Diagnoses

Health education components of health program

Direct communication: public, patients

Training: community organization

Indirect communication: staff development, training, supervision, consultation, feedback

Predisposing factors:
Knowledge
Attitudes
Values
Perceptions

Enabling factors:
Availability of resources
Accessibility
Referrals
Skills

Reinforcing factors:
Attitudes and behavior of health and other personnel, peers, parents, employers, etc.

Nonbehavioral causes

Behavioral causes

Behavioral indicators:
Utilization
Preventive actions
Consumption patterns
Compliance
Self-care
Dimensions:
Efficacy
Frequency
Quality
Range
Persistence

Vital indicators:
Morbidity
Mortality
Fertility
Disability
Dimensions:
Incidence
Prevalence
Distribution
Integrity
Duration

Nonhealth factors

Quality of life

Subjectively defined problems of individuals or communities

Social indicators:
Inequality
Population
Poverty
Unemployment
Abasement
Abuse
Hostility
Discrimination
Votes
Riots
Crime
Crowding

IMPLEMENTATION
PROCEESS EVALUATION
IMPACT EVALUATION
OUTCOME EVALUATION
Appendix 7-
RE-AIM Framework


