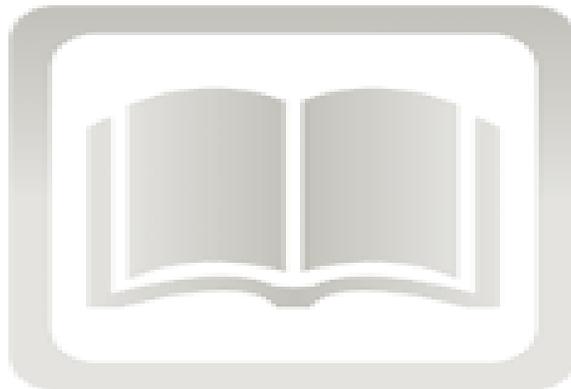# PROGRAM PLANNING & EVALUATION:

Framework for FHTs and NPLCs

February 2016

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Summary

The following Program Planning & Evaluation Framework is a guide for FHTs and NPLCs to use when developing new or evaluating current programs to promote effective program delivery.

- **Section 1** introduces FHT/NPLC program reporting requirements as a mechanism to support quality improvement;
- **Section 2** presents the concept of a Logic Model to support overall program design, development and evaluation;
- **Section 3** proposes key principles to any program planning and evaluation efforts;
- **Section 4** recommends the following steps for effective program planning & evaluation (including links to templates);
- **Section 5** provides links to additional tools and resources.

Step 1: Conducting a Situational/Needs Assessment

| Understanding Current Context & Landscape | Identifying Problem, Gap or Need | Gathering Data | Determining Actions & How to Proceed |

- ✓ *Explore What Is* – why do we need this program? What are the perceived care gaps?
- ✓ *Know Your Local Population* – what are the health needs of the local population? What are the health care risks, issues or opportunities?
- ✓ *Assess & Prioritize* – How can the program improve the care gap? What resources/programs are already available?

Step 2: Setting Program Direction

| Program Description & Goal Statement | Determining Target Population | Identifying SMART Objectives |

- ✓ *Address the "WHAT" and the "HOW" of the program* - What Will Change (e.g., knowledge, attitudes, skills, behaviours)? For Whom? By How Much? By When?
- ✓ *Take a Population Health Based Approach* – is the program aligned to meet the needs of a target population? Whom are you hoping the program will change? How will the program address their needs?
- ✓ *Be SMART* – Are objectives Specific, Measurable, Achievable, Realistic, Time-limited?

Step 3: Determining Program Elements

| Identifying Program Inputs | Determining Program Activities | Linking to Performance Measures |

- ✓ *Know what is Needed* - How much time/effort/resources will be required (money, facilities, clients, program staff, equipment, etc.)? Are there opportunities to share resources & collaborate?
- ✓ *Make the Link* – What activities or interventions will achieve the desired objective(s)? How will this be measured?

Step 4: Conducting a Program Evaluation

| Conducting a Program Evaluation | Evaluating Outcomes vs. Outputs | Using Logic Models |

- ✓ *Take the Time to Evaluate* - What were the major barriers or factors that contributed to program success? What action will be taken as a result?
- ✓ *Look at Outcomes* - What changes resulted from the program or its activities? Remember outputs (units of service) alone will not demonstrate program impact or success.

Program Planning & Evaluation Framework

In addition to traditional office visits for clinical services, FHTs and NPLCs plan and offer programs that are designed to meet the specific needs of their patient population. FHTs/NPLCs oversee the planning, implementation and evaluation of these programs to ensure:

- ✓ the program has a clear purpose and objectives;
- ✓ is designed to meet the needs of a target population;
- ✓ has the necessary staff, support and resources;
- ✓ is outcome focused with clear measures of success;
- ✓ is demonstrating benefit for the participants involved

The following Program Planning & Evaluation Framework outlines program reporting requirements, foundational principles, a step by step approach, and provides templates/tools/resources to guide FHTs/NPLCs in their program planning and evaluation practices.

1. Program Planning & Delivery – Part of Comprehensive Primary Care

By definition a program is a collection of resources in an organization that are geared to accomplish a certain goal or set of goals. A program is made up of **inputs** (resources), **activities** (processes/services), **outputs** (tangibles) and **outcomes** (impacts on clients) -- with ongoing feedback among the parts. FHTs/NPLCs typically develop programs to address a specific problem, gap or care need in their target population. However, it is important to remember the complexities and uniqueness of each human being - one program doesn't necessarily "fit all". For example, a program focused on diabetes may worsen, rather than improve, care for someone with co-morbidities. Or for a person living with diabetes who is also suffering from depression or is living in poverty, he/she likely has other priorities that need attention before dealing with diabetes. Although programs can help target and address care needs effectively, program planning and delivery is only one component of providing comprehensive primary care – care that considers the "whole person" and is based on long term relationships with the care provider.

1.1 Program Reporting

In an effort of ongoing quality improvement, FHTs/NPLCs report on the programs and services they deliver as a mechanism to track progress on objectives and outcomes achieved. Reporting on the programs ensures FHTs/NPLCs are providing value for funding received, delivering high quality care and improving health outcomes for their target population. FHTs/NPLCs are expected to monitor associated

performance metrics on an ongoing basis to ensure that programs and services are operating effectively and meeting their intended goals.

1.2 Program & Service Tip Sheet & Decision Flow Chart

The program and service tip sheet and decision flow chart (Appendix A to the AOP submission form) help FHTs/NPLCs to differentiate between a service and a program and are useful when completing reporting requirements.

2. Using Program Logic Models

Using a logic model can help FHTs/NPLCs to clarify how a program is intended to work and can later be used as an evaluation tool to understand whether or not program objectives were met. Through a diagram, it describes how a program is organized and the outcome the program intends to achieve. Keep in mind that a logic model provides a snapshot of the program at one point and can be refined as the program develops. Constructing a logic model should be part of an ongoing process of discussion, commitment, and reflection as part of a FHT/NPLCs dedication to program development, improvement and accountability.
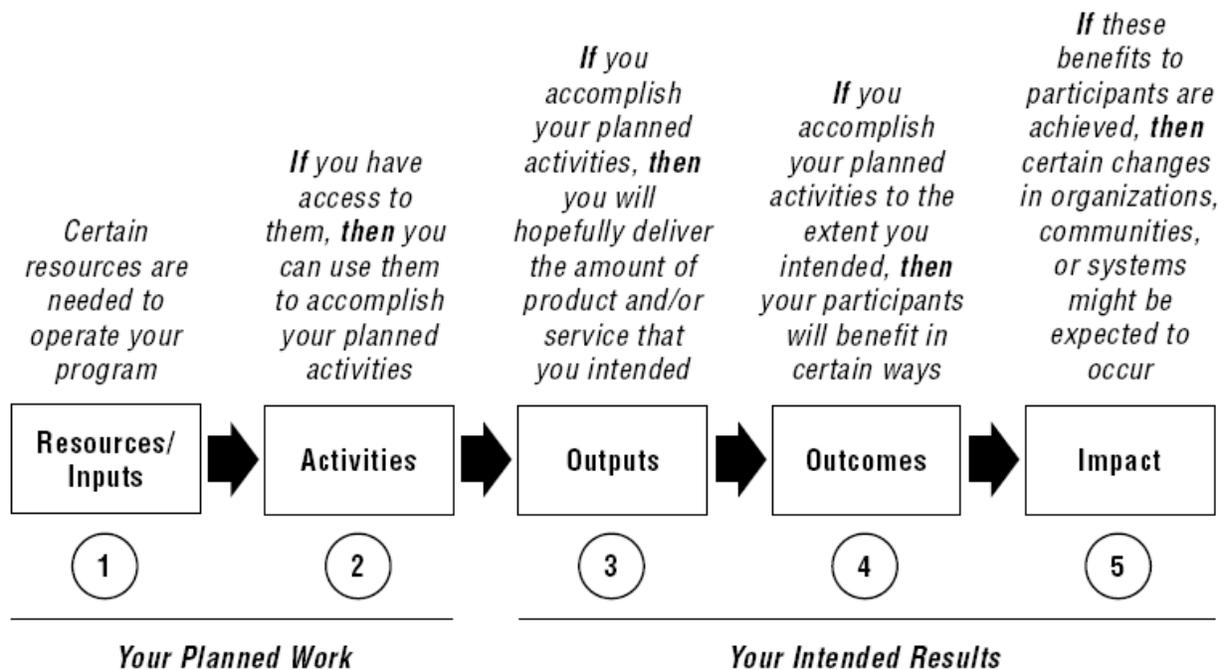
The steps and templates outlined in section 4 of the framework, will assist FHTs/NPLCs to construct a logic model for their programs and help support overall program design, development and evaluation.

3. Principles for Effective Program Planning

Incorporating the following principles into any program planning efforts will help FHTs/NPLCs to develop programs that are run effectively, efficiently and to the benefit of the target population.

1. **Tie Programs to Mission & Strategic Plan**
   Each program should be strongly associated with the organization's overall mission and strategic plan. That is, the FHTs/NPLCs executive leaders should work from the mission to identify several overall major goals for programs.

2. **Conduct Program Planning as a TEAM**
   Effective program planning should engage the leadership team, clinicians, target population and other stakeholders (internal and external) that may be involved in some aspect of delivering, receiving and/or linking with the program.

3. **Explore Opportunities for Collaboration**
   So often, in the excitement of a new program, we ignore precious resources that already exist. The new program is but part of an overall organization, an overall system. Pay attention to how the new program will coordinate with other programs in the FHT/NPLC or health system.

4. **Take a Population Health Approach:** FHTs/NPLCs should provide flexibility in their approach to program planning, and tailor program development to meet the specific needs of their local population. Important considerations include:
   - Identifying high risk groups such as Seniors, First Nations, Inuit, Metis, Immunocompromised, Palliative, Pregnant & Babies, Mental Health or Co-morbid;
   - Addressing health disparities resulting from lack of access or barriers to care

5. **Focus on Outcomes (not outputs)**
   It's critical to verify that the planned results and outcomes are indeed valuable and providing benefit to your target population. Typically, outcomes should relate to changes in knowledge, attitudes, skills, and/or behaviour as a result of the program.

6. **Plan Key Indicators of Program Success:** Identifying evidence-based indicators will help you to demonstrate the value and impact of programs. Select indicators that are closely linked to the programs objectives and intended results, and that are based on available sources of data and supported by evidence.

4. Four Cornerstones of Solid Program Planning

Program planning is a multi-step process that generally begins with the definition of a problem and ends with development of an evaluation plan that is used for program improvement. Following the four key steps outlined below, and completing the sample templates within each step, will assist FHTs/NPLCs in their program planning and evaluation efforts and further support completion of reporting requirements.

4.1 STEP ONE – Conducting a Situational / Needs Assessment

Understanding Current Context & Landscape	Identifying Problem, Gap or Need	Gathering Data	Determining Possible Actions & How to Proceed

4.1.1 Understanding Current Context & Landscape: At the beginning of planning, it is important to identify the current environment, political considerations, influence of key stakeholders and any assumptions or inherent risks you are aware of. Determine the priorities of the FHT/NPLC and the strategic intent of programs and services being delivered, and perform a scan of existing initiatives and programs in place in your environment.

4.1.2 Identifying Problem, Gap or Need: Knowing the overall attributes of your patients and/or local population will help teams to determine their health needs, risk factors and develop strategies to address them. Attributes that are often used to describe a population include age, gender, ethnicity, health practices, health status, education levels and socio-economic status. By working with the local community, FHT/NPLC staff, and potential community partners, your team will gain a clearer understanding of local needs and resources, gaps in services or care, and can identify issues and opportunities to be addressed.

4.1.3 Gathering Data: Information about your patients and/or local population may be available from multiple sources including: computerized records (EMR data), patient surveys, Local Health Integration Networks (LHINs), Ministry of Health & Long Term Care (MOHLTC) priorities/action plan, municipal planning departments and other clinical level resources. For example, emergency room admissions may provide information on health conditions that are prevalent in the community. Interviewing potential program recipients can provide insight in to their expectations, interest and engagement if the program is to be developed and identify program targets. The more thorough you are in completing data collection, the more effective and accurate you will be in designing a plan to meet the needs of your target population.

4.1.4 Determining Possible Actions & How to Proceed: At this point, you've thought -- and hopefully learned -- more about your community and stakeholder needs, the perceived care gaps and risk factors, possible client benefits associated with the delivery of a program, and potential collaborators. Now is the time to go back and review/evaluate (see step 4 below) current programs that are being delivered and determine if a new program may help to improve any care gaps identified. The information you collect in the assessment processes should provide a "road map", guiding you toward the choice of the most appropriate program interventions.

Develop a check list for assessing program priority:
- o   MOHLTC priority program
- o   High Risk Group
- o   Not at Risk
- o   Access (Enhanced)
- o   Barriers to Care (Removed)
- o   Unnecessary ER Visits (Reduced)
- o   Wait Times (Reduced)
- o   Mission & Strategic Plan (Alignment)

4.1.5 Step 1 Templates

Needs Assessment Template (Blank) [opens as an editable Word document]
Needs Assessment (Completed Example: Eating Disorder) [PDF]

4.2 STEP TWO: Setting Program Direction

Program Description & Goal Statement	Determining Target Population	Identifying SMART Objectives

4.2.1 Program Description & Goal Statement: A program description should be a brief statement to identify 'WHAT' the program is going to do for your patients and 'HOW' the program is expected to have a positive impact. The description should identify the program's goals and align to the organizations strategic goals. Program goals can describe a positive outcome ("increase the number of..."), or be a problem reduction statement ("reduce the incidence of"). Once the goals are clearly defined, it will be much easier to

Goals are broad statements that describe what impact you hope to achieve in the future

identify specific objectives (i.e., desired outcomes) and activities that will result in change to the target population.

4.2.2 Determining Target Population: Using the goal as an umbrella, and data gathered in step 1 as a guide, you next identify your populations of interest. This is the primary audience who you ultimately hope to affect in some way. Consider the following questions when identifying your target population:

- Who will benefit from the program?

- Whom are you hoping the program will change?

- How many program participants would you like to include?

- What is the program admission criteria?

- How will you recruit and/or retain them into your program?

> **Target Population** is the participants your program is designed to change.

4.2.3 Identifying SMART Objectives: Once the broad goals have been stated and you are armed with the decision about who you want to influence, you then create objectives**.** Think "**SMART**" when writing your program objectives: *Specific, Measurable, Achievable, Relevant, Time-limited.* It is important to construct your program objectives in such a way that your FHT/NPLC has the ability to influence the outcomes and how they are measured. An objective should specify:

> **Objectives** are the specific changes expected in your target population(s) as a result of your program.

- ✓ **What Will Change?** (typically objectives are related to changed in *knowledge, attitudes, skills, behaviours*)

- ✓ **For Whom**?

- ✓ **By How Much?**

- ✓ **By When?**

4.2.4 Step 2 Templates

Setting Program Direction Template (Blank) [opens as a Word document]
Setting Program Direction Template (Completed Examples)
- *COPD* [PDF]
- *Diabetes* [PDF]
- *Eating Disorder* [PDF]
- *Immunizations* [PDF]

4.3 STEP THREE: Determining Program Elements

| Identifying Program Inputs | Determining Program Activities | Linking to Performance Measures & Targets |

4.3.1 Identifying Program Inputs: Program inputs are the various resources needed to run the program (e.g. money, facilities, clients, program staff, equipment, etc.). It is critical to have either the organizational capacity or have clear plans to access them elsewhere, modify the program so that it

requires fewer resources, or choose a less resource intensive program. There may be opportunities for sharing resources and forging links, or you may want to collaborate with other groups and individuals who can add certain skills and resources that your FHT/NPLC may not possess.

4.3.2 Determining Program Activities: A program is made up of activities, or groups of activities. Activities are the "work" you do or "things" you produce for the purpose of reaching your objectives. Each activity should link directly to the programs objectives. For example, if the goal of the Influenza Program is to "to help protect patients over age 65 against the flu by increasing the percentage of these patients that have a seasonal flu shot in 2015":

Objectives	Activity	Performance Measure	Performance Target
"5% increase in percentage of patients over 65 receiving flu shot by end of year" **What will change –** percentage of patients receiving flu shots **For whom –** patients over 65 **By how much –** 5% increase from previous year **By when –** end of year	✓ Offering day time and evening flu shot clinics ✓ Sending letters or emails to patients age 65+ advising them of the risks and benefits of flu shots and how to get one ✓ Offering flu shots to any patient over age 65 who has an appointment with a provider Oct 15-Dec31	Percentage of patients age 65+ who had a flu shot for the 2014 flu season; measure that against the 2015 flu season	60%

4.3.3 Linking to Performance Measures & Targets – Linking your objectives and activities to performance measures involves choosing indicators that will assess the extent to which your objectives have been met. For each indicator it is important to identify:

- ✓ what you will measure
- ✓ where the data is available
- ✓ any limitations on accessibility
- ✓ any concerns about reliability
- ✓ any concerns about validity

FHTs and NPLCs should refer to the ***Catalogue of Program Indicators*** to support the selection of meaningful measures aligned with their program objectives and that are based on evidence.

A performance target is the desired level of performance you want to see, as measured by indicators, that represents success at achieving your outcome. Setting a target is not about *guessing* what you can achieve. It involves knowing where you are now, what you are trying to achieve, and determining

challenging but realistic amounts of improvement needed to get there. Historical data can be used to establish a baseline, or starting point, for your target. When you do not have historical data, you might consider using information from outside data sources to benchmark, or compare your performance data with those of other comparable programs. Then set targets that seem reasonable in light of the benchmarking information you've gathered. Alternatively, you can collect your own baseline data and then set your own targets once you more fully understand your current state.

4.3.4 Step 3 Templates

[Determining Program Elements Template (Blank)](#) [opens as a Word document]
Determining Program Elements Template (completed examples)
- [COPD](#) [PDF]
- [Diabetes](#) [PDF]
- [Eating Disorder](#) [PDF]
- [Immunizations](#) [PDF]

4.4 STEP FOUR: Conducting a Program Evaluation

Conducting a Program Evaluation	Evaluating Outcomes vs. Outputs	The Feedback Loop

4.4.1 Conducting a Program Evaluation – A program evaluation is the process of obtaining information to be used to assess, revise and/or improve a program.

> **Performance Measurement** and **Program Evaluation** share similarities but serve different purposes. *Performance Measurement* - provides the data you will use to measure your program's results; *Program Evaluation* - the process of obtaining, analyzing, interpreting, and reporting on this data to describe how your program is working.

4.4.2 Evaluating Outcomes vs. Outputs - An outcome evaluation attempts to document the *changes* that occurred as a result of your program. As stated in step 3, common outcome objectives include changes in knowledge, attitudes, skills, and behaviors. When positive changes in knowledge, attitudes, and skills take place, they do not always lead to changes in behavior. For instance, even if a youth knows the risks related to smoking, believes that smoking is dangerous to health, and knows how to refuse offers to smoke, he/she STILL may become a smoker. Measuring only knowledge, attitudes, or skills may lead you to a different conclusion than you would have if you also measured behaviors.

Often, those who conduct programs assess outputs (e.g., number of youth in attendance, number of classes taught) and not outcomes. They may conduct satisfaction surveys that measure how pleased participants are with how the program is implemented. Unfortunately, a positive output evaluation (like a satisfaction survey that indicates if participants were happy with the program) will not prove that your program is successful. Assessment of satisfaction is necessary but not sufficient to document changes in the target population as a result of your program.

> **Don't Confuse Outcomes and Outputs:**
>
> **Outcomes** are the changes that result from the program or its activities.
>
> **Outputs** are units of services (e.g., the number of people who went through the program).

4.4.3 The Feedback Loop - By monitoring program performance measures and assessing the data you will gather information to make ongoing program improvements, be able to establish whether the program is successful or not, and avoid doing a program for the sake of a program. Evaluating your programs desired outcomes answers important questions such as the following:

- What changes resulted from the program or its activities? (i.e. changes in knowledge, skills, attitudes, behaviours?)
- Where performance targets achieved? Why or why not?
- What were the major barriers or factors that contributed to program success?
- What evidence proves that the program offers value for money?
- What feedback has been received?
- What can be modified that might make the program more effective?
- What actions will be taken based on the results of the evaluation?

If a program is not achieving the intended outcomes or performance targets, revisiting the logic model can be an invaluable tool for helping to identify where a disconnect or mistake in the chain of reasoning in the program design has occurred. Conducting a program evaluation highlights the importance of ongoing quality improvement and also enables FHTs to change or modify performance measures and/or program design if needed based on their evaluation.

4.4.4 Step 4 Templates

Conducting a Program Evaluation Template (Blank) [opens as a Word document]
Conducting a Program Evaluation Template (Completed Example: Eating Disorder) [PDF]

5. ADDITIONAL TOOLS & RESOUCES

See appendix A for additional tools and resources.

APPENDIX A

Sample Tools

√ [Quality Improvement Framework](#)

√ [Measurability & Accountability Framework](#)

√ [Sample Run Chart & Histograms](#)

10 Helpful Resources to Get You Started

1. Online Health Program Planner: Program Planning Steps
   http://www.publichealthontario.ca/en/ServicesAndTools/ohpp/pages/processes/Program-Planning-Steps.aspx?ProcessKey=1
2. Guide to Performance Measurement & Program Evaluation:
   https://www.ovcttac.gov/taResources/OVCTAGuides/PerformanceMeasurement/conducteval.html
3. Getting to Outcomes: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation
   http://www.rand.org/content/dam/rand/pubs/technical_reports/2004/RAND_TR101.pdf
4. Supporting Effective Evaluations: A Guide to Developing Performance Measurement Strategies
   http://www.tbs-sct.gc.ca/cee/dpms-esmr/dpms-esmr05-eng.asp
5. Basic Guidelines for Program Planning and Management
   http://managementhelp.org/programmanagement/business-programs.htm
6. Evaluation Toolkit: Using a Logic Model
   http://toolkit.pellinstitute.org/evaluation-guide/plan-budget/using-a-logic-model/
7. Overview of Non Profit Program Planning
   http://literacy.kent.edu/Oasis/grants/overviewprogplan.html
8. Planning Health Programs
   http://www.publichealthontario.ca/en/eRepository/Planning_health_promotion_programs_2012.pdf
9. The Logic Model for Program Planning & Evaluation
   http://www.uaex.edu/support-units/program-staff-development/docs/The_Logic_Model_Idaho_Extension.pdf
10. [Six Strategic Steps for Situational Assessment](#)
    http://www.publichealthontario.ca/en/eRepository/FocusOn-Situational_Assessment_2015.pdf