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ABSTRACT

This guide provides a framework and tools for local health department staff in North Carolina who plan and evaluate health education programs. The first section presents health education standards of practice. These standards form a base on which the agency can build quality health education services and help health care practitioners become aware of the parameters needed to define quality services. The second section offers a framework for developing a health education plan. This process begins by identifying and analyzing the causes of health problems and then progresses to determining health education objectives, activities, evaluation procedures, and needed resources. The third section provides a step-by-step process for developing a health education program evaluation plan. Appendix A contains 16 worksheets which, once completed, represent a health education program plan. Appendix B provides samples of completed worksheets--one set addressing the goal of reducing the infant death rate and one set on reducing sexually transmitted diseases. A glossary is also included. (JDD)

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HEALTH EDUCATION PLANNING

A Guide for Practicing Quality Health Education

DEHNR

Office of Health Education and Communication

State of North Carolina • James B. Hunt, Jr., Governor

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Contents

Preface

Our challenge in preparing this guide has been to provide a framework and tools that are both acceptable and readable for all local health department staff who plan and evaluate health education programs. In writing this guide we had two major goals. First, we wished to reinforce the link between planning and evaluating health education programs. Second, we wished to develop and illustrate an approach to evaluating health education programs that could be reasonably and feasibly carried out by the providers of health education services at the local level.

To accomplish these goals, we have organized this guide into four sections: (1) Health Education Standards of Practice; (2) Developing a Health Education Plan; (3) Developing a Health Education Program Evaluation Plan; and (4) Reference Worksheets.

The first section (Chapter 1) presents the Health Education Standards of Practice. These standards form a base on which the agency can build quality health education services to be delivered to individuals, groups and communities.

The standards help health care practitioners become aware of the parameters needed to define these quality services. Used as guideposts, these standards can lead to well-planned and carried out health education activities and programs, later lending meaning to evaluations.

The second section (Chapters 2-4) offers a framework for developing a health education plan. This process begins by identifying and analyzing the causes of health problems, then progresses to determining health education objectives, activities, evaluation procedures and needed resources. The section concludes with tips on preparing a health education workplan.

The third section (Chapter 5) provides a step-by-step process for developing a health education program evaluation plan. Our intent is that once you complete the process outlined in this section, you will have a plan for evaluating all health education activities carried out by local health department personnel.

The fourth section (Appendices A and B) contains worksheets. The worksheets in Appendix A are referenced as you proceed through the planning steps outlined in this guide. Once completed, these worksheets will represent a health education program plan. To help you complete them, we included sample worksheets in Appendix B.

We believe that this guide will be a valuable learning asset for two groups of public health professionals: health education specialists and numerous practitioners. The information and suggestions provided will reinforce and augment the formal training of health education

specialists as health educators. And for those practitioners who consider health education an important aspect of their work (nurses, physicians, social workers, nutritionists, environmentalists and other health professionals), this guide will relate issues of health and health delivery to health education theory and practice.

We wish to acknowledge our colleagues whose ideas and assistance influenced us in developing and writing this guide. For their thoughtful reading and comments on preliminary drafts of the Health Education Standards of Practice, we are grateful to the following local health department health educators: **Lynn Ballenger** of Moore County, **Linda Charping** of Henderson County, **Tamara Dempsey-Tanner** of Catawba County, **Linda DeShazo and Carmine Rocco** of Guilford County, **Denise Dickinson** of Alamance County, Tekola Fisseha and **Kathy Kerr** of Durham County, **Jen Hames** of Davidson County, **Peggy Helm-Quast** of Gaston County, **Deborah Hawkins and Mary Strickland** of Harnett County, **Belinda Jones** of Orange County, **Dennis Joyner** of Forsyth County, **Carolyn King** of Wayne County, **Jackie Lockhart** of Rowan County, **Rebecca McLeod** of Burke County, **Phyllis McLymore** of Cumberland County, **Karen Ramsey** of Nash County, **Andrea Savage** of PPCC Health District, **Karan Smith** of Buncombe County and **Lindy Williams** of Edgecombe County.

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We wish to extend a special debt of gratitude to **Amin Khalil**, chief of the Office of Health Education and Communication, not only for his guidance and assistance in writing this guide, but also for his many years of thoughtful and productive leadership to health education in North Carolina.

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Chapter 1

STANDARDS OF PRACTICE

These Health Education Standards of Practice were developed by the Office of Health Education and Communication for use by health agencies that provide planned health education services to clients and the community. They are a product of wide input from health education practitioners, managers and scholars as well as other health professionals involved in the planning or delivery of health education.

Making these standards available to public health agencies, as well as other agencies that would like to use them, emerged from the growing emphasis on, and demand for, accountability. These standards can contribute to the agency's ability to hold itself accountable by identifying the essential parameters of levels of quality health education. In this sense, the standards can be viewed as part of the quality assurance effort of the agency.

Their purpose, like any other standards, is to help practitioners and their agencies become aware of the essentials of quality services, and so we present these standards as part of the ongoing technical assistance effort provided by the Office of Health Education and Communication.

When applied, these standards should help address gaps and upgrade health education planning, delivery and evaluation.

Definition

Throughout the process of developing, implementing and evaluating health education programs, quality mus. be maintained. In assuring quality, health education standards of practice constitute indicators of acceptability. While specific program guidelines and policies may change, these standards are constant and apply to all health education programs.

Outcome

Applying these standards will:

- Improve the level of health education practice;
- Assure the quality of health education services; and
- Guide the training of professionals and others involved in health education work.

Categories of Standards

These standards are based on the following main categories or areas of practice:

Diagnosis and Planning

Administration and Management

Implementation

Evaluation

> ***Community and participant involvement is integrated into all standard categories.***

STANDARDS

1. DIAGNOSIS AND PLANNING

1.1 Diagnosis

Practice Concept

Diagnosing the health problem defines the specific individual and societal changes that are the focus of health education interventions.

Standards

1.11 Maintain a community profile that includes (in addition to health data) data describing economic, social and political variables that affect health, for example:

- Substandard housing
- Unemployment
- High crime areas
- Literacy levels
- Cultural diversity
- Ethnic structure
- Political structure
- People on public assistance
- Population demographics
- Incidence/prevalence of abuse and violence
- Community resources, agencies and institutions

1.12 Identify community health issues and problems with:

a. Groups/agencies that can provide needed skills, services or resources; and
b. Members of the population to be reached by the program.

1.13 When determining how to address health problems and issues, diagnose the following factors:

a. Associated risk factors - behavioral and nonbehavioral;
b. Contributing factors - attitudes, beliefs, values, cultural norms, knowledge, skills, resources, rewards;
c. Population(s) at risk; and
d. Delivery system strengths and barriers - responsiveness to clients, accessibility of services.

1.14 For each health problem, maintain a community resource inventory that describes and lists agencies, groups, formal and informal leaders and the potential contributions of each, such as skill-building; direct health care services; facilities; information capabilities; social support: and financial, administrative or resource support.

1.15 Planned patient education is based on a diagnosis of the following points:

a. What the client knows about the subject;
b. The highest grade level completed by the client;
c. The client's attitudes and beliefs towards the condition or behavior being addressed;
d. Skills the client needs to learn;
e. The client's readiness level; and
f. The client's social support system and other reinforcing factors.

1.16 Planned presentations to community groups are based on a diagnosis of the following information:

a. What the group members want to know;
b. What the group members already know about the subject;
c. The general education level of group members;
d. The level of action desired, such as to be more informed, furnish resources, use services change behavior; and
e. The general attitudes and beliefs of group members.

1.2 Planning

Practice Concept

Planning based on the diagnosis helps ensure that effective interventions are used to bring about desired change.

Standards

1.21 When planning health education programs, the planning group consists of:

a. Members from the potential target group;
b. Health educators and other staff in the sponsoring organization; and
c. Representatives of outside organizations that can provide needed skills, services or resources.

1.22 Develop a written plan for influencing change that describes:

a. **Objectives;**
b. **Strategies** for achieving each objective;
c. **Resources** to carry out educational strategies;
d. **Roles and timeframes;** and
e. **Evaluation** methods to be used.

This plan should describe multiple interventions (knowledge, attitudes, skills, resources, rewards, legislative/regulatory, environmental) directed at various audiences (for example, individuals, families, worksites, schools, social networks, community groups, health care organizations).

1.23 Within the agency set up a system to ensure multidisciplinary involvement in the total process of patient care, including:

a. Establishing written policies and procedures for patient education (these should be consistent with mandates, guidelines and policies of the public health program);
b. Creating lesson plans that include learner objectives, content and methods;
c. Evaluating and selecting appropriate education materials;
d. Defining roles and coordinating delivery of education;
e. Developing/refining adequate documentation procedures; and
f. Establishing procedures for evaluating patient's status, including progress in acquiring needed skills for self-care.

2.0 ADMINISTRATION AND MANAGEMENT

Practice Concept

Organizing the efforts of the agency and other participants assures the procurement and use of needed resources to carry out planned health education interventions.

Standards

2.1 Within the agency establish a system to ensure:

a. The competency of persons involved in the planning or delivery of health education activities;
b. The training needed to develop or enhance these abilities; and
c. The employment of, contracting with or otherwise having access to the expertise of a health education specialist.

2.2 Within the agency should be a record-keeping system to document information in the following areas:

a. Changes in the community profile; and

b. Program implementation.

1. The number of clients participating in the program;
2. Needs of and services for individual clients;
3. The degree to which program clients are members of the target population;
4. The degree to which program activities are completed and program objectives are achieved;
5. An analysis of the enablers and barriers to program implementation;
6. Client feedback on services being used; and
7. Feedback from potential users who did not use the services.

2.3 Within the agency set up a system to ensure the timely and effective communication with the users of program services and among all other participating organizations, agencies and groups. This system includes:

a. A mechanism and procedures for reviewing educational materials for readability level, comprehension and appropriateness (If the agency develops materials, messages are based on diagnostic findings, sound educational concepts and are refined through pretesting.);
b. Procedures for the procurement, dissemination and use of educational materials;
c. A mechanism for working with and using mass media;
d. A mechanism for communicating with medical and other health-related professionals regarding the problem and the efforts to address it; and
e. A procedure for determining what needs to be reported, to whom and how often.

2.4 The administrative portion of the health education program addressing the problem includes written policies and procedures for:

a. Carrying out the program and for the program's administrative functions;
b. Assuring health education expertise in planning, implementing and evaluating the program;
c. Evaluating the program and using the evaluation findings; and
d. Carrying out patient education.

3.0 IMPLEMENTATION

Practice Concept

The delivery of health education services as planned requires:

a. The continued partnership of community groups and agencies;
b. The maximum use and development of resources;
c. The monitoring of activities and making needed adjustments;
d. The delivery of appropriate services for the target population; and
e. The empowerment of the community to effect change.

Standards

3.1 Health education activities are carried out as planned when:

a. Educational interventions and strategies are applied;
b. Participating agencies carry out their roles;
c. The target population is reached;
d. Targeted behaviors and environmental risks for individual and collective action are addressed;
e. Evaluation data are collected and records are maintained; and
f. The achievement of objectives is monitored.

3.2 When necessary, the program plan is updated based on suggestions from the evaluation:

a. Users and participating agencies are involved in making adjustments or modifications;
b. Planned modifications are communicated to appropriate persons; and
c. The modifications are integrated into the implementation process.

3.3 Promotion of community awareness and involvement in health issues includes:

a. Identification and use of formal and informal channels of communication for specific target groups;
b. Policies and procedures for working with media outlets;
c. Strategies for media relations;
d. Expertise in writing for print and electronic media and in giving interviews;
e. A process for producing appropriate messages, public service announcements, media events and campaigns; and
f. A plan for communicating during a crisis.

3.4 The design, delivery and evaluation of communication messages for the target population based on social marketing principles that include:

a. Segmenting the audience;
b. Framing messages in terms of the wants and needs of the intended audience;
c. Delivering segmented educational messages using appropriate communication channels or approaches;
d. Assessing whether messages reach their intended audience; and
e. Assessing whether messages are understood and acceptable by the intended audience.

4.0 EVALUATION

Practice Concept

Evaluation helps assure the quality of health education service delivery as well as program effectiveness.

Standards

4.1 Evaluation procedures are developed before program implementation and included in a written program plan **(see Standard 1.22).**

4.2 Within the agency set up a system to ensure program quality. This system generates accurate information on the following topics **(see Standards 2.1, 2.2, 2.4, 3.1 and 3.2.):**

a. The skill and performance of program providers;
b. The adequacy of program resources including evaluation;
c. The appropriateness of the program's selected interventions;
d. The degree to which the program's educational strategies are being accomplished;
e. The nature of the barriers to program implementation; and
f. Adherence to health education standards of practice.

4.3 Within the agency establish a system to determine the extent to which health objectives are achieved. This system generates information on the following:

a. Changes in predisposing factors;
b. Changes in enabling factors;
c. Changes in reinforcing factors; and
d. Changes in environmental risks.

4.4 Program evaluation data and conclusions are:

a. Documented and used as a resource and data base for future program planning and evaluation activities; and
b. Disseminated as appropriate.

4.5 Within the agency develop a system to ensure that program deficiencies are addressed and appropriate action(s) defined.

Chapter 2

GETTING STARTED

What Does a Health Education Plan Do?

- **A health education plan** outlines the work of a health department's health education staff over a certain period, for example, one year.
- A plan organizes your health education work and helps you prioritize it.
- It is a way of making health education understood by other staff, and of clarifying the department's health education commitments reflected in contract addenda and program guides or policies.
- It gives direction and sets limits on workload. The plan helps eliminate the danger of becoming overextended, superficial or unfocused. It helps the health educator to carry out planned rather than spontaneous reactive work.
- A plan provides the basis for documenting, reporting and monitoring progress.

Sources for Developing Your Plan

The following sources of information are important to the development of a health education plan.

1. **Your Job Description.** Your plan must reflect your scope of responsibility.
2. **Contract Addenda.** Your plan must reflect the objectives and requirements of contracting agencies.

3. **Community Needs.** Your plan must reflect the health needs of your community. These needs are identified through studies, assessments and community diagnosis, and are defined by both quantitative and qualitative data.

4. **Past Health Education Plans.** Once established, the preparation of a current health education plan will largely entail a review and rewrite of your existing plan.

5. **Written Policies and Procedures.** Policies and procedures provide important insights into how your agency carries out its programs.

Health education interventions cannot be designed and implemented in isolation. Beyond the sources of information listed above, the health educator must seek the guidance and advice of other health department staff, representatives of the target population, program consultants and content experts. Indeed, the process of creating the health education plan should be an opportunity to enhance teamwork in the agency, make contacts in the community and educate others about health education.

Chapter 3

DEVELOPING THE PLAN

The following instructions will guide you in filling out the worksheets contained in Appendix A. These worksheets, when completed, will be your health education plan. There are six steps to completing your health education plan:[1]

STEP 1: Identifying Public Health Program Goals and Primary Target Groups

STEP 2: Identifying the Causes of the Health Problem

STEP 3: Analyzing the Causes of the Health Problem

STEP 4: Determining Health Education Objectives and Activities

STEP 5: Determining Evaluation Measures and Procedures

STEP 6: Determining Needed Resources

The first three steps provide direction and content; that is, they define the health education components of the program. Beginning with STEP 4, you will describe the work you actually wish to accomplish; that is, you will list specific educational objectives and the activities you will use to carry out these objectives. In STEP 5 you will develop an evaluation plan. You will outline how you will monitor the program's quality and its affect on target group behavior. When developing an evaluation plan for the health education component of a program, you will want to refer to **Chapter 5: Developing an Evaluation Plan.** The concluding step, STEP 6, asks you to review the results of all the previous steps and prepare for implementation.

[1]These steps are based on Green, L.W., Kreuter, M.W. 1991. Health Promotion Planning: An Educational and Environmental Approach, Mountain View: Mayfield.

This means determining needed resources and materials, estimating program costs and consulting with your supervisor and health department director about budget allocations and constraints. It also means sequencing the implementation activities, reviewing your agency's policies and procedures to assure that they support the objectives and activities you have described, and planning and conducting needed staff training.

Creating Your Plan

STEP 1: Identifying Public Health Program Goals and Primary Target Groups

The health education components of public health programs are developed within the context of the program's goals, that is, their intended long-range outcomes. In consultation with your supervisor, your first task is to review the program(s) you will be working with and identify their long-range outcomes or goals.

GET WORKSHEET

You will be using Worksheet #1 titled "Public Health Goal and Target Population."

EXAMPLE 1

Let's take the issue of infant mortality. Among a low-income group in a rural area of a county, the infant death rate is 34.5 per 1,000 compared to a rate of 21.0 for the state. In this case, your agency's efforts are directed towards reducing this rate. For example, reducing infant mortality to the state rate is the long-range outcome.

Public health programs are in place in response to identified public health issues, problems and opportunities, and their intention is to affect these issues and problems. Thus, public health program goals are typically aimed at changing a particular health status indicator, such as a community infant death rate.

Examples of public health goals include:

- Reducing overall injury mortality;
- Increasing immunization levels, especially among younger children, persons at risk and older adults;
- Increasing the percentages of children and youth whose permanent teeth are free of dental decay;
- Increasing the fitness level of all North Carolinians;
- Reducing the number of North Carolinians of all ages who are overweight;
- Reducing the number of people who contract sexually transmitted diseases;
- Reducing the use of tobacco and the inappropriate use of alcohol and other drugs;
- Reducing death rates from heart disease, stroke and lung disease; and
- Identifying and correcting the sources of contaminated drinking water.

COMPLETE WORKSHEET

Place your program's long-range goal in the space provided on Worksheet #1 titled "Public Health Goal."

Public health problems are further analyzed for those who are at risk, for example, adolescent mothers, preteen youth or males aged 20 to 45. These individuals are the target for and the beneficiaries of educational interventions, and thus are the primary target group. Information on this target group should be assembled and include:

- Geographical distribution;
- Occupational, economic and educational status;
- Age and sex composition;
- Ethnicity; and
- Other appropriate health indicators such as age-specific morbidity and service-utilization patterns.

COMPLETE WORKSHEET

Place the program's primary target group in the space provided on Worksheet #1 titled "Target Population." (NOTE: Append the information describing this target group to the worksheet.)

STEP 2: Identifying the Causes of the Health Problem

GET WORKSHEET

You will be using Worksheet #2 titled "Objectives and Activities."

In this step you will identify the causes of health problems. The causes of health problems that are changeable by educational interventions are **behaviorally** or **environmentally** based.

EXAMPLE 2

Considering the issue of infant mortality, examples of causes are:

- Not using pregnancy prevention services
- Consuming an improper diet
- Getting inadequate medical supervision at each stage from prenatal to postnatal period
- Getting pregnant before age 18 or after age 40
- Smoking, using alcohol or other drugs during pregnancy

In carrying out this diagnosis, do the following:

- Create a list of as many possible causes as you can imagine;
- Conduct a review of evidence that the identified causes are amenable to change through educational interventions and that such change will improve the health problem in question. CONSULT EXPERTS AND REVIEW THE LITERATURE!; and
- In consultation with other members of the health department as well as representatives of the target group, select the one or two causes that you feel you can most influence, for example, not smoking and using alcohol during pregnancy. Once selected, these causes become the target of your educational interventions.

When selecting causes for educational intervention, the two most important criteria are the evidence that (1) the prevention of the cause will reduce the health problem; and (2) the cause is amenable to change. Beyond these two criteria, the selection process is often influenced by policies governing the services provided by your agency, legal and economic factors, your agency's resources and expertise, the political viability of the educational interventions and the chance of continued funding.

COMPLETE WORKSHEET

Place the program's targeted behaviors/ environmental condition in the space provided on Worksheet #2 titled "Educational Objectives and Activities." (NOTE: List one behavior/environmental change per worksheet. For example, if your analysis has identified three causes that you consider both important and changeable, you will need to make three copies of the worksheet and list one cause per worksheet.)

STEP 3: Analyzing the Causes of the Health Problem

GET WORKSHEET

You will be using Worksheet #3 titled "Educational Diagnosis."

Our next step is to analyze the causes of the behaviors or environmental conditions selected in STEP 2. This diagnosis will identify those factors that must be changed to initiate and sustain behavioral or environmental change; **these factors will become the immediate targets or objectives of your program.** It is at this point that the educational component of public health programs emerges as an entity distinct from other technologies and services.

Consider the following factors when analyzing each behavior or environmental condition:

- **PREDISPOSING FACTORS** - (*which include knowledge, attitudes, beliefs, values and perceived needs and abilities*) - relate to the motivation of an individual or group to act. They include the cognitive and affective dimensions of knowing, feeling, believing, valuing, and having self-confidence or a sense of efficacy. Predisposing factors are the "personal" preferences that an individual or group brings to a behavioral or environmental choice, or to an educational or organizational experience.

- **ENABLING FACTORS** - (*often conditions of the environment*) - facilitate the performance of an action by individuals or organizations. Enabling factors include the availability, accessibility and affordability of health-care and community services. Also included are conditions of living that act as barriers to action, such as the availability of transportation or work release to participate in a health program. Enabling factors also include new skills that a person, organization or community needs to carry out a behavioral or environmental change.

- **REINFORCING FACTORS** - (*which include social support, peer influences, advice from health-care providers, recognition, relief of discomfort or pain, economic benefits or avoidance of cost*) - follow the adoption of desired behavioral or environmental change and serve to strengthen the motivation for continued change.

Thus, the task in STEP 3 consists of sorting and categorizing the factors that directly affect the causes of the health problem. During this process you will need to decide which factors deserve highest priority. This decision is based on their relative importance and the resources available to influence them.

EXAMPLE 3

Returning to the information presented in Examples 1 and 2, and considering the health department's mission and resources, the following factors might be selected:

Predisposing Factors:

Knowledge of the importance of proper nutrition during pregnancy

Knowledge of the importance of not smoking during pregnancy

Enabling Factors:

Skill in selecting a nutritional diet

"Healthy Choice" selections on menus

Skill to stop smoking

Reinforcing Factors:

Support from employers in selecting nutritional foods

Support from employers in helping employees stop smoking

COMPLETE WORKSHEET

On Worksheet #3 titled "Educational Diagnosis" list predisposing, enabling and reinforcing factors. (NOTE: This will need to be done for each "cause" identified in STEP 2.)

STEP 4: Determining Health Education Objectives and Activities

GET WORKSHEET

You will be using Worksheet #2 titled "Objectives and Activities."

Health educators aspire to bring about worthwhile changes in a program's target audience or in their environment through planned health education initiatives. These initiatives focus primarily on altering behaviors via the factors thought to contribute to behavior. Put most simply, an educational objective for a health education program should describe the postprogram knowledge, attitudes, values, beliefs, skills, resources and environmental changes that the program seeks to promote. Identifying a program's educational objectives can lead to identifying the decisions on which you will focus your evaluation.

Having researched and identified predisposing, enabling and reinforcing factors, the next step is to word these factors as educational objectives. Remember, an objective should answer the questions: who is expected to achieve or become how much of what by when?

- **WHO** - the target group(s) or individual(s) expected to change;
- **HOW MUCH** - the extent of the condition to be achieved;
- **WHAT** - the action or change in behavior or health practice to be achieved; and
- **WHEN** - the time in which the change is expected to occur.

In preparing educational objectives, it is important to be guided by the principle that "using multiple interventions is more effective than using any one type of intervention alone." This means that to make health education programs more effective, a person should write educational objectives to cover all of the "causes of behavior and environmental conditions" (that is, predisposing, enabling and reinforcing factors).

EXAMPLE 4

Referring to the factors identified in Example 3, the following educational objectives could be written:

Knowledge Objectives:

During FY 1993, increase by 20 percent the knowledge of all prenatal patients on the importance of proper nutrition during pregnancy.

During FY 1993, increase by 20 percent the knowledge of all prenatal patients who smoke on the importance of not smoking during pregnancy.

Skill Objectives:

During FY 1993, increase by 75 percent the number of all prenatal patients who will be able to identify a nutritional diet plan.

During FY 1993, develop a community advisory group to promote "Healthy Choice" selections on menus in local restaurants.

During FY 1993, increase by 50 percent the number of prenatal patients who will stop smoking while they are pregnant.

Support Objectives:

During FY 1993, two local manufacturing businesses will initiate activities that support employees in selecting nutritional foods and in not smoking.

COMPLETE WORKSHEET

In the space provided on Worksheet #2 titled "Objectives," list your program's educational objectives.

Your second task in STEP 4 is to identify the activities you will use to carry out your objectives. The selection of activities should be done with care and thoughtfulness. Representatives of the various segments within the agency and community who will be affected by the educational interventions should be consulted throughout this process. Further, you should select, if possible, those activities that have been tried and tested.

For guidance and direction, this means turning to other agencies; a wide variety of resource persons, including representatives of the target population; and the literature. For example, to create a change in knowledge of the importance of proper nutrition during pregnancy, you could develop a class and prepare educational pamphlets, but what content to include, what resources to distribute, and where (what site) to present the material represent the types of questions the health educator needs to research thoroughly.

Classifying those factors that affect changes of behavior or environmental conditions into predisposing, enabling and reinforcing categories provides a useful roadmap to the general types of health education interventions available to health educators. These interventions are:

- **Directing communication** to the target population **to affect awareness, knowledge, attitudes, beliefs and values**

  Informational or cognitive interventions are designed to: increase awareness of health-related issues, problems and solutions; create support for individual or community action or behavior change; demonstrate or illustrate skills in health risk behavior change; increase the demand for health-related services; and reinforce positive health knowledge, attitudes and behaviors.

  Example activities include using: workshops, group classes and individual instruction; mass media; programmed learning and educational television; and written materials and audiovisual aids such as books, charts, posters, manuals, pamphlets, videos, slide-tapes and bulletin boards.

Attitudinal or affective interventions are designed to affect the feelings people hold toward certain health problems or practices, such as contraceptives or immunizations.

Example activities include: doing health risk appraisals; providing screening with education, counseling, referral and follow-up; and behavioral contracting with incentives and rewards.

- **Training to provide skills** to the target population

  Skill-based interventions are designed to increase a person's ability to: control personal risk factors for disease, use medical instruments and the medical care system appropriately and bring about changes in the environment. Once acquired, it is important to update and continually refine these skills.

  Example activities include: teaching the appropriate use of relaxation techniques and other stress management techniques; assisting persons to resist peer pressure and increase self-esteem; conducting exercise classes; teaching persons to read a thermometer, take their blood pressure, record their observations, and use other medical instruments and diagnostic procedures; and teaching persons to organize community groups, build coalitions, raise funds, negotiate contracts, work with the media, write reports and educational materials, and speak in public.

- **Facilitating** community organization, organizational development, political change and environmental change **to provide health-enhancing resources**

  Organizational interventions are designed to make health-related services available, accessible and affordable.

  Example activities include: providing "no smoking" areas, walking and bike paths, exercise facilities, healthy food in vending machines, and "Healthy Choice" menus in community restaurants and worksite cafeterias; researching needs and writing project proposals to enhance existing health-related community resources or create new ones; organizing lay groups around health-related goals; creating legislation or regulations; and establishing nonsmoking policies.

- **Training and consultation for those who interact with the target population**

Support interventions are designed to increase the ability of peers, parents, spouses, employers, health-care providers and community leaders to support and reinforce desired changes in the target population.

Example activities include: organizing support groups; providing one-on-one and group education and consultation; distributing educational materials such as brochures, pamphlets, professional journal articles and newsletters; and engaging in collaborative efforts with other agencies to better assure the support of peers, spouses, parents, employers, health-care providers and community leaders.

COMPLETE WORKSHEET

On Worksheet #2 titled "Objectives and Activities," provide a brief description of the activities that will be used with each objective.

STEP 5: Determining Evaluation Measures and Procedures

REFER TO CHAPTER 5

NOTE: A discussion of program evaluation is presented in **Chapter 5: Developing an Evaluation Plan**. At this point, it is recommended that you turn to this chapter and complete the following worksheets:

Worksheet #4 titled "Evaluation Questions"

Worksheet #5 titled "Quality Assurance Plan"

Worksheet #6 titled "Program Implementation Assessment"

STEP 6: Determining Needed Resources

Step 6 consists of three tasks: (1) determining needed resources, (2) assessing available resources and (3) assessing the barriers to the implementation of your program.

GET WORKSHEETS

You will be using Worksheet #7 titled "Program Timetable," Worksheet #8 titled "Program Personnel" and Worksheet #9 titled "Barriers to Program Implementation."

TASK #1: Determine Needed Resources

This first task consists of two parts: developing a timeframe and determining personnel requirements.

- **First**, you develop a timeframe to accomplish your program's educational objectives.

  The first and most critical resource is time. Time has been stated as an integral part of your educational objectives. We now must examine these educational objectives, identify the specific tasks required to accomplish the objectives and assess whether or not these tasks can be accomplished within the timeframe stated in the objective. A timetable or Gantt chart can be created, as in Example 5, to show the start and finish dates for each activity.

- **Second**, you determine the types and numbers of people needed to carry out the program.

  The next most critical resource is program personnel. The Gantt chart from your time analysis can provide the basis for analyzing personnel requirements. Each month's tasks require certain types of skills, e.g., professional, technical, administrative and clerical. The estimate of personnel hours (see Example 6) enables a cost analysis of personnel and permits the consideration of reassigning or hiring personnel.

EXAMPLE 5

Based on the educational objectives listed in Example 4, the following timetable could be developed.

ACTIVITY	Feb	Mar	Apr	May	Jun	Jul	Aug . . . . . Jan
Prepare materials	X						
Pretest materials		X					
Produce materials			X				
Conduct prenatal classes			X	X	X	X	X X
First contact with manufacturing businesses		X					
Create Advisory Group and hold meetings		X	X		X		X X
Follow up with manufacturing businesses			X				X X
Hold quality assurance meetings		X		X			X X

COMPLETE WORKSHEET

Refer to your program's educational objectives and activities (Worksheet #2). Then, using Worksheet #7 titled "Program Timetable," identify specific program tasks and the time of year when they will be initiated and/or accomplished.

After determining your timeframe (Worksheet #7), estimate your program's personnel requirements (see Example 6 below). Then convert the requirements into estimated costs by adding together salaries (hours worked times hourly wage) and related expenses (personnel benefits for salaried workers, materials or supplies, printing, postage, photocopying, telephone, equipment, data processing, travel and indirect costs).

EXAMPLE 6

PERSON	MONTH			TOTAL HOURS
	1	2	3 12	
Administrator	10 Hours	10 Hours	8 Hours	100
Health Educator	40	40	40	2,000
Medical Consultant	5	5		20
Graphic Artist	10		10	20
Nurses			20	800
Secretary	20	20	20	1,000

COMPLETE WORKSHEET

Using Worksheet #8 titled "Program Personnel," estimate your program's personnel requirements. Further, in consultation with your supervisor, develop and review the overall costs of your program.

TASK #2: Assess available resources

At this point, you must look at your resources in light of what you need and what's available. When reviewing the program costs, if you find that the available resources are not sufficient, then consider these options:

- Seek part-time commitments from other department or unit personnel within your agency;
- Train staff to take on tasks outside their usual scope of responsibility;
- Recruit and use volunteers from the community;
- Seek cooperative agreements with other agencies or organizations in the community;
- Develop and submit grant proposals; or
- Seek cost-recovery via charging fees to some or all users of program services.

If sufficient resources cannot be found, you will need to modify your program plan but not without considering the consequences for its integrity. When modifying your program, certain basic tenets should not be compromised, such as providing multiple interventions that cover all the determinants of behavior (predisposing, enabling and reinforcing factors).

TASK #3: Assess the barriers to program implementation

Besides resource constraints, there will be other barriers to the smooth implementation of your educational objectives. Having a realistic view of carrying out your educational objectives requires assessing any factors that may interfere. These barriers can take several forms:

- **Social, psychological and cultural barriers** (for example, citizen and staff bias, prejudice, misunderstanding, taboos, unfavorable past experiences, values, norms, social relationships, official disapproval, rumors)

- **Communication obstacles** (for example, illiteracy, local vernacular, local radio/television policies and procedures)

- **Economic and physical barriers** (for example, low income, the inabiiity to pay for or access services, or travel over long distances and difficult terrain for services at agency facilities)

- **Legal and administrative barriers** (for example, residence requirements to be eligible for services, existing agency policy and procedures, existing agency organization and allocation of resources)

COMPLETE WORKSHEET

Using Worksheet #9 titled "Barriers to Program Implementation," identify barriers to the implementation of your educational objectives, list them, discuss their potential effects and identify possible strategies for addressing them.

Chapter 4

DEVELOPING A WORKPLAN

With your health education plan in hand (Worksheets 1-9), you have the ingredients to prepare a workplan. A workplan links staff responsibilities and time with specific activities. A productive and efficient work flow is best assured by assigning selected staff the responsibility of completing specific program activities and by defining timeframes for completing these activities.

Creating Your Workplan

GET WORKSHEET

You will be using Worksheet #10 titled "Workplan."

Worksheet #10 allows for:

- Listing program activities;
- Assigning staff responsibilities;
- Indicating who else to involve or inform; and
- Defining the timeframe for starting and completing the program activities.

The following "activity headings" should be represented on Worksheet #10:

Designate Staff. If new staff are to be hired or existing staff reassigned (be they professional staff members, clerical staff or volunteers), the tasks associated with acquiring these individuals or reassigning them should be listed (e.g., preparing and distributing position announcements and conducting interviews).

Train Staff. Included under this activity heading are field, on-the-job, classroom or other training for the purpose of improving staff members' ability to carry out their responsibilities.

Identify Needs. Needs identification includes any activity undertaken to identify barriers to the implementation of program strategies, to determine program resource needs, and to determine staff training needs. This may include gathering data through literature searches; meetings with health department staff, program personnel, and/or community groups; abstracting data from patient records; and conducting interviews and surveys.

Develop/Acquire Materials/Equipment. This might include a wide range of activities, for example, purchasing materials (pamphlets, videos, etc.), updating existing materials, producing new materials, assessing the appropriateness of materials (cultural sensitivity, reading level, etc.), pretesting materials, surveying supplies and purchasing new equipment.

Provide Planned Interventions. These activities refer to the planned provision of the program's educational objectives.

Evaluate Objectives. This might include such activities as designing data collection forms, recording data, meeting with quality assurance team members, writing reports, etc.

COMPLETE WORKSHEET

Complete Worksheet #10 titled "Workplan."

Chapter 5

DEVELOPING AN EVALUATION PLAN

There are, of course, any number of reasons that public health professionals might evaluate some or all aspects of the health education programs they carry out. Fundamentally, however, evaluation techniques and the resulting data are used to make decisions about program quality and program effectiveness.

Program Quality

The quality of educational interventions is best assured by a formal and periodic analysis of the following factors:

- The skill and performance of program providers;
- The adequacy of program resources;
- The appropriateness of the program's selected interventions, the degree to which the program's educational activities are being accomplished and the nature of the barriers to program implementation; and
- Adherence to health education standards of practice.

Program Effectiveness

The effectiveness of educational interventions is best assured by a formal and periodic analysis of the following factors:

- Changes in behavior and environmental conditions (Impact Evaluation); and
- Changes in mortality, morbidity and disability (Outcome Evaluation).

This chapter is organized into four steps:

STEP 1: Determining the Focus of the Evaluation

STEP 2: Gathering Data

STEP 3: Analyzing the Data

STEP 4: Reporting the Results

It is useful to think of these four steps as procedural decision points. Although you will need to make other choices as an evaluator, these four steps provide the framework for most of the tasks associated with evaluating health education programs.

The contents of this chapter were adapted from the following resources:

NC Department of Environment, Health, and Natural Resources, Office of Health Education and Communication, Basic Health Education Skills: A Trainer's Guide, 1992.

NC Department of Environment, Health, and Natural Resources, Division of Adult Health Promotion, Model Objectives for Health Promotion Section Programs, 1992.

U.S. Department of Agriculture, Food and Nutrition Service, WIC Evaluation Resource Guide, 1991.

Centers for Disease Control and Prevention, Division of Adolescent and School Health, Handbook for Evaluating HIV Education, 1992.

STEP 1: Determining the Focus of the Evaluation

When we hear the expression "program evaluation," we might instinctively think of a process designed to determine if a health education program is *good* or *bad*. This view of program evaluation, fortunately, is way off the mark. A health education program is evaluated for one fundamental reason: to provide information to help people make better decisions about the program.

Properly conceived, health education evaluations help decision makers arrive at better decisions. The evaluator's responsibility, then, is to gather information, or evidence, for these decision makers.

Two Kinds of Decisions

Decisions that relate to health education programs can be classified into two major categories. The first category includes decisions that improve the program and allow it to function in the best way possible. These are **program-quality decisions**. The second category focuses on more fundamental go/no-go decisions, that is, whether to continue or discontinue the program. These decisions are **program-effectiveness decisions**. A decision might be made, for example, to terminate an existing health education program and replace it with a substantially different program.

> The decision you need to make -- program quality or program effectiveness -- directly determines the information you must gather and the **design** of your evaluation.

If you are carrying out an evaluation study designed to assist with program-quality decisions, you can be decidedly partisan. You are in every sense a "member of the team," and your chief responsibility is to assure program quality.

On the other hand, when carrying out a program-effectiveness evaluation study, you must be completely objective and nonpartisan. Your evaluation should be governed by your need to supply accurate and credible evidence to those who will decide whether your program should be continued.

Decision makers associated with health education programs typically fulfill one of two functions. First, they are the individuals who have designed and/or will deliver the program. In local health departments these are generally health educators, nurses, nutritionists and environmental health specialists. Primarily, these individuals are concerned with assuring the program's quality.

The second category of decision makers consists of those who authorize or fund health education activities. Officials at the local and state levels may set the policies that establish the programs. State or federal officials may supply funding for the programs. Both those who authorize or fund programs are usually more concerned with program-effectiveness decisions than with program-quality decisions.

The first task in STEP 1 is to determine the scope of your evaluation, that is, deciding on the information you want and need. In more formal terms, your task is to develop evaluation questions. Regardless of whether you pursue an evaluation study aimed at program quality or program effectiveness, it is important to focus on a manageable number of evaluation questions. Keep your focus on significant information, not "nice to know" information.

COMPLETE WORKSHEET

Fill in Worksheet #4 titled "Evaluation Questions."

Quality Assurance - Procedures for Conducting Program-Quality Evaluations

Quality assurance (also referred to as quality improvement) is a way to assure the appropriateness of professional and program activities as they relate to their intended educational objectives. The quality of educational interventions is best assured by a formal and periodic analysis of the following factors:

- The skill and performance of program providers;
- The adequacy of program resources;
- The appropriateness of the program's selected interventions, the degree to which the program's educational activities are being accomplished and the nature of the barriers to program implementation; and
- Adherence to health education standards of practice.

Creating Your Quality Assurance Plan

GET WORKSHEET

You will be using Worksheet #5 titled "Quality Assurance Plan." Also, to assist you in responding to PART 3: Methods and Procedures of Worksheet #5, it is suggested that you read the section of this chapter titled "Carrying Out Quality Assurance Activities."

The following instructions are designed to help you write a quality assurance plan for your agency's health education activities. This plan will identify the person with the overall responsibility for health education-related quality assurance activities, as well as those individuals who will make up the quality assurance team. Further, the plan will define what team members will review, how often they will review it and how the results of these reviews will be reported and used.

BEGIN BY: Defining Responsibilities and Forming a Quality Assurance Team

1. Appoint a person to be responsible for your agency's health education quality assurance activities.

2. Form a quality assurance team consisting of interdisciplinary members, some of whom are responsible for or are involved in providing health education activities. This team should be composed of health department staff and, as appropriate, representation from community agencies and groups.

NEXT: Define the Methods and Procedures to be Followed in Carrying Out Quality Assurance Activities

1. The agency's health education quality assurance plan should be on file and contain the following information:

   (a) The name of the health professional(s) involved in providing health education activities, their professional training, degree(s) and experience;

   (b) The scope of quality assurance activities that will take place over the course of the year (for example, provider performance review, program resources review, program implementation review and health education standards review);

   (c) The frequency of planned quality assurance meetings and activities;

   (d) The methods that will be used to collect data; and

   (e) The method of documenting quality assurance findings and recommending future actions.

   While the health education quality assurance plan should be **updated** annually, it also should be carried out at least once a year. On file should be documentation, such as minutes and written reports of meetings and quality assurance activities.

COMPLETE WORKSHEET

Fill in Worksheet #5 titled "Quality Assurance Plan."

Carrying Out Quality Assurance Activities

Health education quality assurance activities need to include formal reviews of: (1) the performance of program providers; (2) the adequacy of resources; (3) the success of program implementation; and (4) adherence to health education standards of practice.

(1) Program Provider Review - Staff development activities, such as assessing staff skill needs, planning ways to meet these needs and providing in-service workshops for health department employees, are extremely important to the overall quality of an educational enterprise.

A primary source of staff skill and information needs comes directly from the program being implemented. Related personnel training must be carried out at two levels:

- Briefings and orientation regarding the content or health condition; and
- Skill and knowledge training related to specific program content, methods and procedures.

A rule of thumb is not to assume that personnel involved in the program already possess the needed information and skills. In most cases, personnel have uneven levels of skill and information, and orientation and training can help to fill any voids. For example, in at least a few cases, you may need to combine all program personnel for an orientation session. Also, it may be reasonable to combine training when tasks will cut across types of personnel (for example, health educators, nurses, schoolteachers), and when everyone is expected to provide the same basic message.

On the other hand, if different groups of personnel will undertake different tasks, then it is reasonable to train them separately. The extent of training is determined by the tasks to be performed, the information to be provided and the existing skill level of the personnel.

SOURCES OF DATA

The following sources of data should be considered when gathering information on provider knowledge and skill needs:

- ***Survey/Interview*** *- administered to provider to assess: (a) current status regarding relevant skills; (b) attitudes towards members of the target population; (c) confidence in ability to provide education; (d) comfort in discussing sensitive topics; and (e) knowledge related to risk behaviors.*

- ***Performance Review*** *- observation of the provider by:*

  (a) ***Supervisor*** *– for example, when the provider makes a presentation, leads a class or planning meeting, or works with a community group;*

  (b) ***Program participants (via survey)*** *– for example, when a provider presents an activity or gives a lecture; and*

  (c) ***Co-worker*** *– for example, when the provider makes a presentation, gives a class, leads a meeting or works with a community group.*

- ***Activity Debriefing Sessions*** *- providers meet to discuss their performance in program-related activities and ask the following questions: What was done? How were we organized to do it? How do we feel we did? What can be improved and how do we improve it?*

(2) Program Resources Review - This review involves the periodic comparison of resources required to conduct the program (such as time, equipment, facilities, supplies and qualified personnel) to resources available for the program.

The first and most critical resource is time. Time has been stated as an integral part of your educational objectives. During quality assurance meetings, it is important to examine these educational objectives and assess whether or not these activities are being accomplished within the timeframe stated in the objective. As a tool, you can create a Gantt chart (refer to Worksheet #7) to show the start and finish dates for a wide variety of program-related activities and events, for example, the developing, pretesting and printing of written materials; and the scheduling of classes, media events, reports and meetings.

The next most critical resource is program personnel. If, during the process of reviewing personnel needs, you find that available resources are not sufficient, you can pursue the following options:

- Seek part-time commitments from other department or unit personnel within your agency;
- Provide training for staff to take on tasks outside their usual scope of responsibility;
- Recruit and use volunteers from the community;
- Seek cooperative agreements with other agencies or organizations in the community;
- Develop and submit grant proposals; and
- Seek cost-recovery via fees charged to some or all users of program services.

If sufficient resources cannot be found, you will need to modify your program's objectives and educational interventions. This course of action should be taken only after considering the consequences for the program's integrity. When modifying your program, certain basic tenets should not be compromised, such as providing multiple interventions that cover all of the determinants of behavior or environmental conditions (predisposing, enabling and reinforcing factors).

SOURCES OF DATA

The following sources of data will assist you in assessing your program's resources:

- ***Program Educational Objectives*** *- refer to Worksheet #2 titled "Objectives and Activities."*
- ***Program Timetable*** *- refer to Worksheet #7 titled "Program Timetable."*
- ***Program Personnel Requirements*** *- refer to Worksheet #8 titled "Program Personnel."*

- ***Program Workplan*** *- refer to Worksheet #10 titled "Workplan."*

- ***Program Budget*** *- in consultation with your supervisor, review the overall costs of your program.*

(3) Program Implementation Review

GET WORKSHEET

You will be using Worksheet #6 titled "Program Implementation Assessment."

The keystone to assuring program quality is the assessment of program implementation. This is an analysis of:

- The methods used to collect data;
- The quality of data obtained for use when defining the program's health problem or issue and selecting the program's target population;
- The program's behavioral and/or environmental targets;
- The program's educational objectives;
- What activities were selected;
- How the program's activities were to be carried out; and
- How the program's activities were actually carried out.

Useful in this analysis are the collection and presentation of descriptive statistics (number and duration of educational sessions conducted, number of people in the target population reached and the number of mass media messages delivered, etc.). Further, qualitative data may be obtained via an expert panel review of a program's plans and its degree of implementation. This process uses persons with expertise in a health problem and with expertise in educational approaches to the health problem. These experts use their knowledge of theory, research and practice as a basis of evaluating your program's goals, objectives, plans and methods.

COMPLETE WORKSHEET

At this point, complete Worksheet #6 titled "Program Implementation Assessment," based on the following instructions:

INSTRUCTIONS FOR WORKSHEET #6

1. Refer to **Worksheet #2** for a listing of program educational objectives and activities.

2. Fill in the requested information at the top of **Worksheet #6** and list program activities in the column titled "Activities." (NOTE: You will need a separate worksheet for each educational objective.)

3. In the column titled **"Method of Data Collection"** indicate how you will collect the information you need to measure the objective. For example, **to assess knowledge** you may use true/false or multiple-choice items on a test. **To assess skills**, you may create a situation, such as a role play, task completion exercise or demonstration, where you can observe participants. **To assess behavior change,** you may ask the participant to keep a diary or log, or present a series of questions to the participant in a questionnaire or interview, or perform physiological tests such as blood analysis or a CO_2 breath test. **To assess attitudes,** you may present the participant with a series of questions or statements and use a scale of choices to show how much they agree or disagree with each statement.

4. In the column titled **"Measure,"** give the expression (mathematical if possible) that will indicate if progress has been made or change has occurred, for example, the difference in pre- and postscores, the completion of tasks and the existence of resources.

5. In the last column titled **"Results,"** enter the actual computation of the measure, if mathematical, the date a task was completed, the date a new service was started, etc. Also use this column for an analysis of why this result was achieved.

SOURCES OF DATA

The following sources of data will assist you in assessing how your program is being implemented:

- ***Program Goal and Description of Primary Target Population*** *- refer to Worksheet #1 titled "Public Health Goal and Target Population."*
- ***Behavioral and/or Environmental Targets, Educational Objectives and the Program's Activities*** *- refer to Worksheet #2 titled "Objectives and Activities."*
- ***An Analysis of Barriers to the Program's Implementation*** *- refer to Worksheet #9 titled "Barriers to Program Implementation."*
- ***An Evaluation of PSAs*** *- refer to Worksheet #11 titled "PSA Evaluation."*
- ***An Evaluation of Written Educational Materials*** *- refer to Worksheet #12 titled "Educational Materials Evaluation."*
- ***Participant Satisfaction Data*** *- refer to workshop and class evaluations, client surveys and suggestion box comments.*

GET WORKSHEET

You will be using Worksheet #13 titled "Health Education Standards of Practice."

(4) Health Education Standards of Practice - Effective health education activities are designed to reach different target groups for different reasons:

- Activities directed to the primary target group can be designed to help them accept a program or practice and increase their motivation to benefit by it (direct communication).

- Activities directed through the secondary audience of parents, teachers, officials, employers and peers to the target group can be designed to provide a supportive social environment and reinforce the behavioral or environmental change (indirect communication). For example, such change may be aided by organizing or creating community resources that enable changes to occur. In this case, communications could be directed to organizations, such as parent-teacher associations, service clubs, church groups, labor unions, health agencies, parent groups, governmental agencies and neighborhood organizations.

Regardless of who receives health education services or why these services are made available, there are basic tenets of health education practices, which, when followed, best assure positive change: Health Education Standards of Practice. Though these Standards may serve many purposes, in this Guide they are to: **provide health professionals in local health departments with standards for developing, monitoring, maintaining and evaluating the quality of health education services and programs for the community.**

Most every health professional in all local health department program plays a role in educating clients and the public. Thus, they must consider getting a working knowledge of the following areas:

- Health and community data gathering and analysis;
- Health education program planning, implementation and evaluation;
- Group process;
- Social marketing, public information and mass media methods; and
- Community organization and coalition building.

Using Worksheet #13 will better assure that tasks in the areas just mentioned are accomplished. Worksheet #13 is divided into the following categories:

- Diagnosis and Planning
- Administration and Management
- Implementation
- Evaluation

COMPLETE WORKSHEET

It is recommended that at least once every year the Quality Assurance Team analyze its program activities and process against the "Health Education Standards of Practice." Worksheet #13 should be used for this purpose.

Preparing for and Conducting a Quality Assurance Meeting

1. Complete list of program activities. Activities may be categorized by program funding source, for example, Adult Health Promotion, Injury Prevention, Project ASSIST, Teen Pregnancy Prevention or Family Planning. Activities may also be categorized by site, for example, Clinic, School or Community. (NOTE: Use Worksheet #6, titled "Program Implementation Assessment" to list activities.)

2. With members of your Quality Assurance Team, review each activity you have listed on Worksheet #6.

   - If an activity has been completed, indicate the outcome of the activity in the column titled "Results" on Worksheet #6.

   - If an activity is in progress, discuss accomplishments to date and, as appropriate, seek advice from team members who would aid in the successful accomplishment of the activity. (NOTE: Based on these discussions, it is appropriate to amend or eliminate activities or to create new activities.)

3. After all activities have been reviewed or after a specific category of activities has been reviewed, respond to the following open-ended statements.

   1. _____ is a benefit produced by these activities.

   2. _____ is a reason these activities produced this benefit.

   3. _____ is a result of the benefit being produced.

******

4. _____ is an area in need of improvement.

5. This need for improvement resulted from _____.

6. The areas in need of improvement can be changed by _____.

******

7. _____ is a strength of these activities.

8. _____ is a result of this strength.

4. Discuss:

   - Resource needs; and
   - Continuing education needs.

   and identify the procedures/methods that must be taken to meet these needs.

5. Using the "Health Education Standards of Practice" as a guide, be assured that:

   - The target population is being accessed;
   - Program records are being kept and maintained;
   - All stakeholders are being routinely informed of program needs and accomplishments;
   - Written materials and audiovisual materials are being appropriately reviewed; and
   - Program evaluation data are being collected, properly maintained and routinely assessed.

6. Write and circulate meeting minutes.

Program Effectiveness - Procedures for Conducting an Evaluation of Program Effectiveness

*** WAS THERE ANY CHANGE? ***

*** DID MY PROGRAM CAUSE IT? ***

The Difference Is in the Design

Although the methods and procedures used to carry out a program-quality evaluation are satisfactory for program improvement purposes, they do not fill the needs of program-effectiveness evaluators wishing to supply evidence about whether a program *really works*. When conducting a program-effectiveness evaluation, you need a data-gathering design that allows you to make defensible statements about a health education program's success -- or lack of it. In other words, you need to supply evidence that your program produces changes. The types of changes studied in a program-effectiveness evaluation can be viewed as short-range **impacts** (1 to 3 years) of program interventions or long-range **outcomes** of public health programs. Short-range educational impacts such as changes in knowledge, attitudes, skills, resources, social supports, behavior and environments are understood to determine the longer range outcomes of reducing morbidity, mortality and disability.

Changes in the way people feel and think, what they know, the skills they have and the behavior they exhibit can be studied when carrying out a program-quality evaluation. **The difference is in the design.** In a program-quality evaluation a one group pre-post design may be used to study these variables; whereas, in a program-effectiveness evaluation, at a minimum, a pretest-posttest comparison group design must be used.

The following general guidelines will help you identify a comparision group: **(NOTE: No matter how you choose them, you must always check on the MATCH between your clients and comparisons. For example, are the *demographic characteristics* of the two groups similar and are the *pretest* measures of the groups similar?**

- **Recruit from other communities** - look next door or in your region for other counties, schools, teen clubs, churches, etc. that have similar socioeconomic indicators, age distribution, education or other relevant characteristics.

- **Recruit from other programs** - look in your community or similar communities that serve the same clients that you serve.

- **Recruit from the broader population** - look in your community, for example, for other individuals in the same neighborhood or school who are not receiving your health education intervention.

- **Have your clients name comparisons** - look for friends of your clients who share many of their characteristics and interests and who are not going to take part in your program.

Choosing and Using an External Evaluator

In most health education programs carried out at the local level, program-effectiveness studies cannot be done efficiently within the constraints of normal resources. Additional resources must be sought and obtained. One highly recommended additional resource is to use an external evaluator.

Your need for an external evaluator may arise if you decide to carry out a program-effectiveness evaluation that uses a complex data-gathering design, for example, a pretest-posttest comparison group design. To undertake and preform this type of study entails a great deal of specialized knowledge.

Just as important to a program-effectiveness evaluation is objectivity. Consulting with an external evaluator is often the best way to assure needed expertise and objectivity. The following steps can direct you in selecting and interacting with an appropriate external evaluator.

Task 1: Form an Evaluation Committee The evaluation committee should oversee the entire evaluation process, from initial planning and implementation through the final report. In smaller local health departments, this committee might be made up of only the health educator and the health educator's supervisor.

The evaluation committee will have primary responsibility for all aspects of the evaluation and will receive regular reports from the external evaluator. Committee members must be actively involved in the evaluation process to increase their understanding of it and to allow them to make effective use of evaluation results.

Task 2: Define the Evaluation

GET WORKSHEET

You will be using Worksheet #14 titled "Sample Job Description."

The evaluation committee must have a clear understanding of what it wants the evaluation to accomplish. In particular, the committee must frame the questions that will be the focus of the evaluation.

The questions that guide a program-effectiveness evaluation study differ from those that guide a program-quality evaluation study. In a program-effectiveness study you are interested in determining whether or not changes have resulted from the activities carried out within your program. Depending on your program's objectives, of specific interest would be one or more of the following changes in:

Knowledge	Attitude
Behavior	Risk factors
Morbidity	Mortality
Disability	Resources, policy, environment, administration and organization

Once these questions have been identified, the committee should target specific tasks and responsibilities for the external evaluator. These might include:

- The development of an evaluation plan;
- The development of the evaluation instruments;
- The selection of the sampling procedures and the drawing of the sample;

- The collection of data;
- The analysis of data;
- The preparation of the evaluation report; and
- Assistance in presenting evaluation results.

Once these tasks have been determined, the committee must compose a job description including these and any other requirements for the position. An overall description of your health education program and an estimate of the evaluation funds available should also be included in this document.

COMPLETE WORKSHEET

Fill in Worksheet #14 titled "Sample Job Description."

Task 3: Solicit Candidates Distribute the job description to local colleges and universities, to regional health education consultants and to local newspapers. Also, specialized academic centers, such as centers for health services research or educational research, are another potential source of candidates. Send copies of the job description to all identified candidates. When someone is identified as a good health education program evaluator, a telephone call or letter to recruit that person is appropriate.

Task 4: Interview and Select the Evaluator The committee will want to explore a number of issues during these interviews. The following questions -- to be asked of the candidate or discussed among committee members -- may help:

1. **Does the candidate understand the difference between research and evaluation?** The primary purpose of research is to develop a new knowledge base or expand on an existing one. On the other hand, the primary purpose of program evaluation is to provide information related to specific program-quality or program-effectiveness decisions. External evaluators are sometimes more interested in conducting research, because of their desire to publish in research journals. Such instances can lead to misunderstanding and, in the end, ineffective evaluation results. To prevent such a situation, make sure that the candidate's approaches clearly relate to the questions you want answered and the decisions you need to make.

2. **Does the candidate understand your program?** Have the candidate describe his or her understanding of your program's intent and how its objectives are to be attained. If the candidate misunderstands program objectives and strategies, make corrections at this time to give the candidate a fair chance to respond to subsequent questions.

3. **What would the candidate's general approach be to your evaluation?** Have the candidate describe the general approach he or she intends to take for the evaluation. Pay attention to questions and issues the candidate believes should be the focus of the evaluation, the type of data to be collected to address those questions and issues, the method of data collection and the presentation of the evaluation's results. If the discussion becomes very technical and a candidate is unable to present information that you can understand, it is unlikely that this candidate will meet your needs.

4. **Does the candidate believe your evaluation can be conducted with the available funds?** Candidates must indicate that their proposed evaluation approach can be carried out with the funds you indicated would be available. You may find a proposed evaluation plan to be excellent but unattainable under your anticipated budget. All candidates who pass the initial screening process should be asked to produce a detailed budget for the evaluation. A detailed budget is useful for identifying the aspects of the evaluation that are being emphasized, as well as for providing the committee with a way to monitor the overall evaluation effort.

5. **What is the candidate's reaction to supervision by the evaluation committee?** The evaluator should report to the evaluation committee. It is reasonable to assume that a candidate unwilling to work under such conditions is not appropriate for the position.

6. **What is the candidate's prior evaluation experience?** Experience is an important factor to consider. A candidate may not have preformed exactly the same evaluation that you require, but check for similarities between your requirements and the candidate's experience.

7. **How useful are the candidate's previous evaluation reports?** Assess the reports for their clarity, organization, readability and potential usefulness for decision makers. Pay particular attention to how well they would help a program improve.

8. **Does the candidate have good references?** Candidates should be asked to provide the names of at least a couple of persons or organizations for whom they have previously conducted evaluation projects. The following questions could be asked of references:

   - Did the evaluation approach used by the evaluator address the needs and desires of your organization?
   - Was the evaluation conducted in a timely fashion?
   - Was the evaluation conducted within your budget?
   - Was the evaluation report useful to you?
   - Would you hire the evaluator to conduct another evaluation for you?

9. **Will the candidate's existing professional commitments interfere with the planned evaluation?** Ask the candidate to describe current and expected professional commitments. If the candidate indicates that other persons (such as graduate students) will be used to help with the evaluation, determine who will perform which tasks. Committee members must be satisfied that the candidate will be involved in all tasks that the committee believes require this person's direct involvement.

10. **What is your general reaction to the candidate?** During interviews, be alert to the candidate's ability to communicate in a straightforward manner, and be alert to your own expectations of how effectively you and your colleagues can work with this person.

GET AND COMPLETE WORKSHEET

Following the interview process, each committee member can use Worksheet #15, titled "Candidate Rating," to rate the candidates.

Task 5: Write and Negotiate the Contract

GET WORKSHEET

You will be using Worksheet #16 titled "Sample Contract."

The desired relationship between the evaluation committee and the external evaluator is one of partnership and should be reflected as such in the contract. To do this, the contract should state responsibilities for each:

<u>The Evaluator</u>

- A list of general responsibilities;
- A list of what the evaluator will provide (deliverables) with a timetable; and
- A description of the evaluator's billing process and requested payment schedule.

<u>The Evaluation Committee</u>

- A detailed list of its responsibilities aimed to provide the evaluator with timely and appropriate guidance;
- A description of the committee's decision-making process and overall authority;
- A method for reviewing and approving the evaluation instruments and documents in a timely and constructive way;
- A payment schedule; and
- A means of helping the evaluator solve any problems that may arise during the evaluation.

COMPLETE WORKSHEET

Fill in Worksheet #16 titled "Sample Contract."

Task 6: Interact Closely With the Evaluator The committee, in part or in whole, should continually monitor the evaluator and the evaluation. During the initial meeting with the evaluator, schedule and make agendas for subsequent meetings. The more specific the agenda you make for subsequent meetings, the more likely that the evaluation will meet the needs of the program and be completed in a timely manner.

Task 7: Prepare the Final Report and Release of Results The evaluation report should address evaluation questions and be understandable to the target audience. The committee and the evaluator should agree on the evaluator's role in the release of the evaluation's results. The committee may request, for example, that the evaluator be available to meet with decision makers or to make oral presentations of the results.

STEP 2: Gathering Data.

Types of Data

When conducting an evaluation of your program, there are essentially two types of data you can collect -- **qualitative data** and **quantitative data**.

Qualitative data provides personal opinions, insights and views from community members, members of target populations, collaborating agency personnel and others. For example, a survey of opinion leaders in the community may provide the information that many of them believe "heart disease" is the community's most important health problem. Qualitative data can be very useful in providing information that you can use to improve your program, that is to say, for a program-quality evaluation.

Qualitative data provides:

- Reactions and views expressed by the program participants, for example, their suggestions on how to improve specific program activities or materials, or how they are generally affected by the program;
- Descriptions of the experiences in conducting program activities by program staff, and from others involved in carrying out program activities;
- Data and guidance when developing quantitative measures; and
- A cross check to quantitative data.

Quantitative data provides information that is quantifiable, measurable and objective. The use of close-ended questionnaires produces this kind of data, as do epidemiological surveys that gather morbidity and mortality information. On a program level, the number of individuals who attended a program, the duration of the program, the amount of weight participants lost, the number of radio messages broadcasted and the difference in pre- and posttest scores are examples of quantitative data. Though quantitative data is very useful in a program-quality evaluation, it is particularly useful in a program-effectiveness evaluation.

Quantitative data provides:

- A profile of program participants (age, race, sex);
- Confirmation of numbers served;
- Information that needs to be ranked or scored; and
- Numerical assessment of changes in the scores before and after the intervention.

Most programs lend themselves to collecting both quantitative and qualitative data. For example, you may want to measure attitudes quantitatively on a scale of 1 to 5, as well as qualitatively with open-ended questions on the reasons for these attitudes. You may ask participants what they like and dislike about your program, and you may ask these same participants to take a pre- and postknowledge test.

Data-Gathering Designs

RECORD-KEEPING APPROACH Record keeping is the minimum that should be expected of any professional health educator. It yields tables, charts or graphs that provide an ongoing account of what occurs in a program. For example, if you count the number of people served each day and then total the daily figures, you can chart the weekly, monthly or yearly trends.

PERIODIC INVENTORY APPROACH Using this approach, the health educator collects data at specific points in time, for example, before an educational intervention and then again after the intervention. Comparisons in the design are "historical" in that success is defined in relation to an earlier measurement of performance in the same program or population. Often called the before-and-after design or the pre-posttest design, this *historical time-series* approach is most frequently used to test the knowledge gained or attitudes and behaviors changed during a program.

As seen in Figure 5.1, this design involves a preprogram measurement and a postprogram measurement. Differences between the pretest and the posttest data would be credited to the program's effects; however, the evaluator cannot attribute this difference solely to the program.

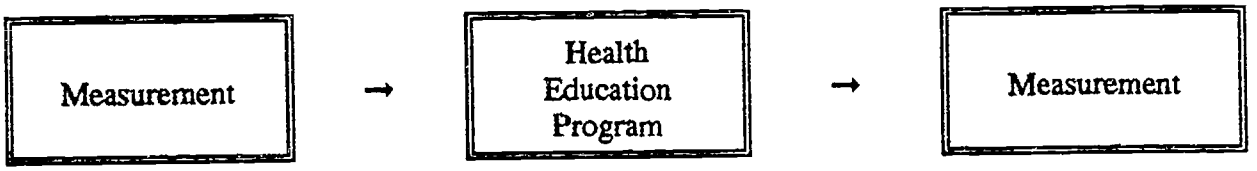


Figure 5.1 A one-group pretest-posttest design

COMPARISON APPROACH This approach is an extension of the record-keeping and periodic inventory designs. The same procedures are followed, except that data from sources outside the program are obtained for comparison. For example, the health educator may compare one county's results with those of a similar program in a neighboring county. Or the health educator may compare local data to state or national data.

CONTROLLED-COMPARISON QUASI-EXPERIMENTAL APPROACH Using this approach, the evaluator first identifies a community or population similar demographically to the target population, but one not receiving the educational intervention. This *pretest-posttest comparison group (no random assignment to groups) design,* portrayed in Figure 5.2, is frequently used in a program-effectiveness evaluation. It involves two groups, with only Group 1 involved in the health education program. This data-gathering design requires that a preprogram measurement be taken of both groups. After Group 1 has completed the health education program, both groups are posttested.

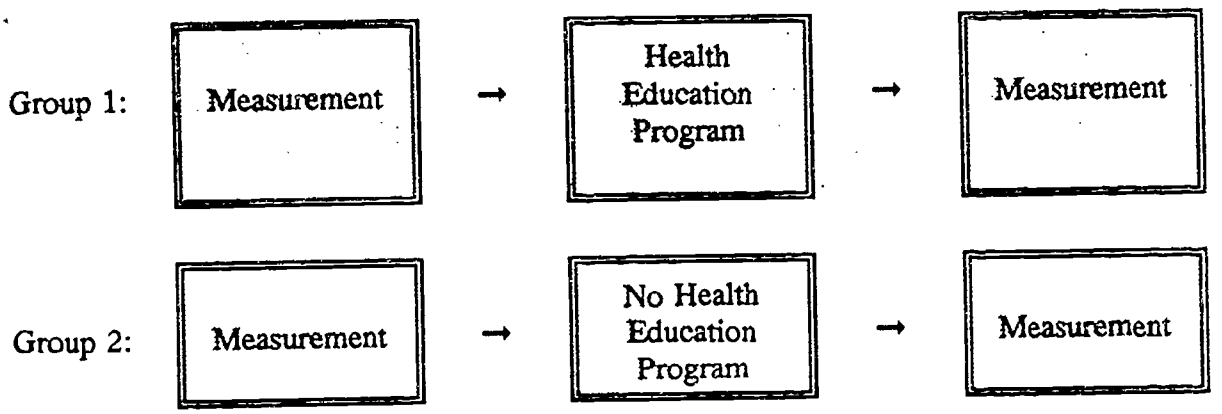


Figure 5.2 A pretest-posttest comparison group design

The key comparisons in this two-group design are between the pretest-to-posttest changes made in Group 1 (the treated group) and those made in Group 2 (the untreated group). If Group 1 outperforms Group 2 on the posttest, it would indicate that the program is effective. If there is no difference between the two groups' pretest-to-posttest changes or if Group 2 outperforms Group 1, a lack of program effectiveness is indicated.

THE CONTROLLED EXPERIMENTAL APPROACH This design is similar to the clinical trial used in medical studies. It requires a formal procedure for random assignment of individuals within the target population into at least two groups. One of these groups receives the intervention (the experimental group) and one does not (the control group). In most health education programs carried out at the local level, it would not be possible, for many reasons, to randomly assign individuals to groups. Thus, this design is not often used to evaluate health education programs. If you could use this design, however, it would be appropriate when measuring program effectiveness.

Data-Gathering Methods

A variety of methods may be used alone or combined to gather your program data. The following presents an overview of the most popular methods for collecting data and can be used with either program-quality or program-effectiveness evaluations. When choosing your particular method(s), you must consider such issues as available resources for creating or obtaining necessary data-collection instruments, client privacy, confidentiality and literacy.

RECORD KEEPING Record keeping is the minimum that should be expected of any health education program. The process is one of routinely collecting program-related information. In turn, this information yields tables, charts or graphs that provide an ongoing account of what occurs in a program. For example, you may wish to create forms to keep records on the number of people that attend program activities, the number and kinds of activities delivered, the dates and locations of program activities, brief descriptions of what occurred at specific events and meetings, people and organizations contacted and the type of assistance they provided, and the costs associated with producing or procuring program resources. In addition, there may be information on records routinely kept by others in your agency that would be useful to you. Perhaps the most obvious example of this type of record in a health department setting would be the patient's medical record.

MEETINGS AND GROUPS One way of collecting program information is to engage the participants in a structured discussion. Participants may include members of the target population, professional and other staff who work with the target population, along with the target population's support persons such as family members, friends, health providers and clergy. Small groups are generally less threatening than larger ones, so several separate meetings may be better than one large one. Group strategies, such as the Nominal Group Process, the Focus Group Method and Brainstorming Methods, have been used effectively to gather program information.

OBSERVATION Observation methods are most useful for collecting behavior and skill data. For example, you can observe the food selections people make in a cafeteria line, and whether or not people use seat belts, can take their blood pressure or perform a self-injection. Simulations can be created through role playing in which direct observation is possible. For example, one of the objectives of a tobacco control project was to provide students with skills to refuse offers of a cigarette. To assess the development of these skills, a student is placed in a room with two people, one of whom offers him or her a cigarette. The student is asked to demonstrate what he or she

would do in this real-life situation. Checklists are generally used to collect data. Data may be obtained directly by using observers or video and audio tapes.

INTERVIEWS Interviewing consists of asking an individual questions and recording his or her answers. Interviewing may be carried out face-to-face or over the telephone or other electronic media. Structured interviews use preselected questions that may be open-ended to allow the interviewee the opportunity to express subjective impressions and feelings.

The primary strength of the interview is that the interviewer may query the respondent intensively and clarify and follow up on perplexing answers or questions. Interviews are also a way to obtain in-depth answers. The appropriateness of an interview for respondents who cannot read or write is obvious. Interviews often can help to identify the range of response alternatives that can then be used to construct a self-completion questionnaire.

QUESTIONNAIRES A questionnaire is an instrument that the respondent can complete by reading the questions and providing answers, without an interviewer or other person taking part. A questionnaire can be used with an individual or a group. The postal system and computer-assisted interactive video can also be used as the vehicle for delivering and retrieving a questionnaire.

The questionnaire is the most convenient and frequently used method of data collection for program evaluation. It allows data to be collected from many people in a short time, costs are minimal and all people are exposed to the same instrument. Generally, close-ended as opposed to open-ended questions are asked. Questionnaires using rating scales are especially helpful for determining beliefs and attitudes. For example, an attitude inventory typically presents a series of questions or statements that are accompanied by a scale of choices to indicate the degree to which a respondent can agree or disagree with each statement.

DIARIES Diaries are useful when you need to collect detailed information from program participants over a specific time period. For example, the participants in a weight control program might log everything they eat for a specific time such as a 24- or 72-hour period. Information may be recorded as open-ended comments (a narrative), checks on a checklist or frequency counts in a structured format.

KNOWLEDGE TESTS The traditional knowledge test for health education programs is one of the most prevalent methods of obtaining program information. A knowledge test provides a standard measure of knowledge useful for pre- and postprogram comparisons. The two most common formats used for knowledge assessment are true/false and multiple-choice items.

PHYSIOLOGICAL MEASURES Physiological measures can infer health-related behaviors. For example, a blood analysis can reveal cholesterol levels that may be affected by fat consumption and exercise. A CO_2 breath test can indicate whether a person smokes. These measures can be used along with self-report techniques to verify whether respondents are providing accurate information.

When possible, instruments should be pilot-tested before full-scale data collection begins. Questionnaires, interviews or tests should be administered to a small number of respondents. In the case of record-keeping forms or observation forms, you can practice filling them out yourself. This will help identify any problems, inconsistencies or inaccuracies so that instruments can be revised.

See Table 5.1 for an overview of data-collection methods. A sample health education program using several of these data-collection designs is in Example 1.

DATA-COLLECTION METHODS	BEST USED WHEN MEASURING THESE VARIABLES:			
	Knowledge	Attitudes	Skills	Behaviors
Record Keeping - data collected on occurrence, frequency and other selected indicators. Data may also be abstracted from existing sources such as client medical records.	X	X	X	X
Meetings and Groups - data obtained by Nominal Group Process, Focus Group or Brainstorming methods in small group discussions.	X	X		
Observation - data accumulated by observers who watch certain activities.			X	X
Interviews - data obtained by an interviewer asking questions and recording answers. May be face-to-face or over the telephone.		X		
Questionnaires - data obtained by the respondent reading the questions and writing the answers. May be done with an individual, group or through the mail.	X	X		X
Diaries - detailed data recorded by the respondent over a specific time period.		X		X
Knowledge Tests - data obtained via a standard measure of knowledge. Is useful for pre- or postcomparisons.	X			
Physiological Measures - data obtained via a testing procedure such as taking a blood pressure or analyzing a blood sample.				X

Table 5.1 Overview of Data-Collection Methods

EXAMPLE 1

The following activities for a health education program on smoking were developed along with suggestions of data-collection instruments appropriate to each activity:

PROGRAM ACTIVITIES	METHOD OF MEASURE
Assess tobacco use practices by Maternity Clinic clients.	**ABSTRACT** information from POHRs and Health Risk Appraisal forms.
Offer programs to stop smoking to Maternity Clinic clients who smoke.	**RECORD** number of programs offered, dates, sites, the facilitators, number of participants and their attendance.
Assess the quality of the smoking cessation group programs.	**RECORD**, in meeting minutes, the discussions, findings, and recommendations of Quality Assurance Team members. **SURVEY** the participants, via a questionnaire, on their general reaction to the smoking cessation group program.
Assess knowledge change in Maternity Clinic clients on facts related to smoking and pregnancy.	**TEST** the participants at the beginning and again at the end of the program.
Assist three local restaurants and three local manufacturing firms to write and install a no smoking policy.	**RECORD** the names and addresses of the restaurants and manufacturing firms, dates contacted, type of contact, activities and materials used.

STEP 3: Analyzing the Data

Once you have gathered your data, it must be summarized in a way that is useful and understandable to decision makers. That is to say, in carrying out data-analysis procedures we must remember our audience. The audience for the information gathered by evaluators at the local level will most often be the developers and implementors of the health education program, local health department administrators, board members, county commissioners or state officials. For the most part, such decision makers are concerned with practical information rather than statistical significance.

As a health education program evaluator, you will need to analyze data in a way that yields easily understandable results for decision makers. This usually leads to analyses involving easy-to-read indices such as percentages and arithmetic averages or easily understood data-representation schemes such as bar graphs and pie charts. To be useful to busy decision makers, data-analysis procedures should lead to straightforward, readily interpretable information regarding their questions and concerns.

Program-quality evaluations often involve the use of qualitatively oriented data-gathering procedures, such as focus groups and staff meetings, where opinions on program activities and services are solicited. This qualitative information often provides a rich source of explanatory evidence to help decision makers better understand the nature of the evidence you supply to them. This information from meetings and small group discussions can be categorized and presented to decision makers. For example, the opinions generated from a focus group session with individuals who have completed a health education program can prove particularly illuminating if the evaluator is trying to figure out which parts of the program worked well and which parts did not.

You will discover in most instances that simple statistical procedures will take care of your data-analysis needs. In those few cases when you might need more sophisticated statistical analyses, you may wish to call on a statistical consultant to provide you with additional data-analysis guidance. For example, it would be advisable to have consultant assistance when planning and carrying out a program-effectiveness study involving a pretest-posttest two-group design.

STEP 4: Reporting the Results

How you plan to use evaluation results will clearly shape reporting options. If an evaluation is conducted at the request of a state or federal agency, or private foundation, certain requirements may have been established for reporting results. If, however, it was a local decision to evaluate, then you should develop a reporting format early in the process when you consider the intended use of results. Factors to consider in planning and preparing a report include:

- **Audience.** Who will read or hear this report? Why are they interested in the results?

- **Type of Report.** An executive report (very brief, hitting only the high points); a technical report (describing the evaluation study's procedures and results in greater detail); both an executive and technical report; an oral report; or an article for a journal, newsletter or newspaper.

- **Resources.** Be sure to set aside sufficient resources for the kind of reporting you intend. For example, resources may be needed for typing, editing, duplicating, mailing or making audiovisual materials.

Too often, evaluators produce lengthy reports. Evaluation reports perceived as hyper-detailed will rarely be read by anyone except the authors. Thus, even the technical report should be sufficiently succinct and focused so that decision makers will be inclined to use it.

In any evaluation report, try to use visual and/or graphic methods to make the results as palatable to the readers as possible. Few decision makers relish the prospect of reading even three pages of single-spaced prose. Although it may be difficult, particularly in the executive report, use white space, charts and graphs to stimulate the reader's interest.

Evaluation reports are organized around fairly conventional sections. Two slightly different organizational structures are presented in Table 5.2.

STYLE 1	STYLE 2
• Introduction • Procedures • Assessment Instruments • Data Analysis • Results • Discussion • Recommendations	• The Setting • Decisions at Issue • Program Description • Study Variables • Procedures • Findings • Discussion

Table 5.2 Commonly Used Sections of Evaluation Reports

A Note on Oral Reporting

Increasingly, health education program evaluators are being asked to supplement written evaluation reports with oral presentations, for example, to health department staff or board members. Such sessions provide you with an excellent opportunity to educate decision makers on the effects of health education programs. The give-and-take discussion that often follows is a wonderful forum for such educative efforts.

Reporting evaluation study results can involve substantial effort; however, any effort will usually be well worth it. Reporting an evaluation's results should not be an afterthought. From the earliest days of the evaluation study, you should think about how the study's results can be most effectively communicated.

Glossary

activities The specific ways by which objectives are carried out, for example, mass media, community development and training sessions.

administrative diagnosis An analysis of the organizational policies, resources and circumstances that support or limit the development of health education efforts.

attitude A relatively constant feeling, predisposition or set of beliefs regarding an object, person or situation.

behavior A conscious or unconscious action that has a specific frequency, duration and purpose.

behavioral diagnosis Delineation of the specific health-related actions that most likely affect, or could affect, a health outcome.

behavioral objective A statement of desired outcome that indicates *who* is to demonstrate *how much* of *what* action by *when.*

belief An opinion, doctrine or principle that is emotionally and/or intellectually accepted as true by a person or group. May be implied or declared.

community A group of people from the same locality or who have common values and mutual concerns for the development and well-being of their group or geographical area.

educational diagnosis The delineation of factors that predispose, enable and reinforce a specific behavior.

effectiveness The ability of an intervention to achieve its intended effect in reducing a need or problem in a population.

enabling factor Any characteristic of the environment that supports action and any skill or resource required to attain a specific behavior.

environment The total social, biological and physical circumstances surrounding a defined quality of life, health or a behavioral goal or problem.

environmental diagnosis A systematic assessment of factors in the social and physical environment that interact with behavior to produce health effects or quality-of-life outcomes.

evaluation The comparison of an object of interest against a standard of acceptability to determine its effectiveness.

Gantt chart A timetable showing each activity in a program plan as a horizontal line that extends from the start to the finish date so that at any given time a program manager can see what activities should be under way, about to begin or due to be completed.

health education Any planned combination of learning experiences designed to predispose, enable and reinforce voluntary behavior conducive to health in individuals, groups or communities.

health education plan A formal document that outlines the health department's health education activities over a certain period of time. This document contains the problem to be addressed (Public Health Goal), a description of the target population, targeted behaviors or environmental conditions, educational objectives and activities, resources and barriers, a workplan and an evaluation plan.

health promotion Any planned combination of educational, political, regulatory and organizational supports for actions and conditions of living conducive to the health of individuals, groups or communities.

impact evaluation The assessment of program effects on intermediate objectives including changes in predisposing, enabling and reinforcing factors, and behavioral and environmental changes.

implementation The act of converting program objectives into actions through policy change, regulation and organization.

intervention Strategic action taken to bring about change or improvement in a person or population.

lifestyle Cultural, social, economical and environmental actions of an individual, group or community that have become habit over time and that may affect health but are not necessarily health directed.

morbidity The existence or rate of disease or infirmity.

mortality The event or rate of death.

need (1) Whatever is required for health or comfort; or (2) an estimate based on diagnosing the problem and, in populations, the number of people who could benefit from that intervention(s).

objective A defined result of a specific activity to be achieved in a certain timeframe by a specified person(s). Objectives state *who* will experience *what* change or benefit by *how much* and by *when*.

organization The act of gathering and coordinating the resources necessary for implementing a program.

outcome evaluation Assessment of a program's effects on the ultimate objectives, including changes in health and social benefits or quality of life.

planning The process of defining needs, establishing priorities, diagnosing causes of problems, assessing resources and barriers, and allocating resources to achieve objectives.

policy The set of objectives and rules guiding the activities of an organization or an administration and providing authority for allocating resources.

predisposing factor Any characteristic of a person or population that motivates behavior before the behavior occurs.

primary target group Individuals who are targeted for and are the primary beneficiaries of educational interventions.

process evaluation The assessment of policies, materials, personnel, performance, quality of practice or services, and other inputs and implementation experiences.

program A set of planned activities over time designed to achieve specified objectives.

public health program goals Objectives typically aimed at changing a particular health status indicator; for example, a community infant death rate and rates that represent the preventable or controllable aspects of leading causes of deaths and disabilities.

quality assurance A formal process of assessment to assure stakeholders that professional activities have been performed appropriately.

regulation Means by which rules, policies and laws are enforced.

reinforcing factor Any reward or punishment that would strengthen the motivation for a desired behavior.

risk factors Characteristics of individuals (genetic, behavioral, environmental, social and cultural) that increase the probability that they will experience a disease or specific cause of death.

stakeholders People who have an investment or a stake in the outcome of a program and, therefore, have reason to be interested in the program's evaluation.

strategy A plan of action that anticipates barriers and resources relative to achieving a specific objective.

Appendix A

WORKSHEETS

Worksheet #1: Public Health Goal and Target Population
Worksheet #2: Objectives and Activities
Worksheet #3: Educational Diagnosis
Worksheet #4: Evaluation Questions
Worksheet #5: Quality Assurance Plan
Worksheet #6: Program Implementation Assessment
Worksheet #7: Program Timetable
Worksheet #8: Program Personnel
Worksheet #9: Barriers to Program Implementation
Worksheet #10: Workplan
Worksheet #11: PSA Evaluation
Worksheet #12: Educational Materials Evaluation
Worksheet #13: Health Education Standards of Practice
Worksheet #14: Sample Job Description
Worksheet #15: Candidate Rating
Worksheet #16: Sample Contract

PUBLIC HEALTH GOAL AND TARGET POPULATION

Public Health Goal:

Target Population: List the target population, number in the target population, proportion of target population to be served and location in the county of the target population.

TARGET POPULATION	NUMBER	PROPORTION OF TARGET POPULATION TO BE SERVED	LOCATION

PUBLIC HEALTH GOAL AND TARGET POPULATION

Worksheet #1

TARGET POPULATION	NUMBER	PROPORTION OF TARGET POPULATION TO BE SERVED	LOCATION

Worksheet #2

OBJECTIVES AND ACTIVITIES

Target Behavior/Environmental Condition:

EDUCATIONAL OBJECTIVES	ACTIVITIES

OBJECTIVES AND ACTIVITIES

Worksheet #2

EDUCATIONAL OBJECTIVES	ACTIVITIES

Worksheet #3

EDUCATIONAL DIAGNOSIS

Target Behavior/Environmental Condition:

PREDISPOSING FACTORS:

ENABLING FACTORS:

REINFORCING FACTORS:

Worksheet #4

EVALUATION QUESTIONS

Instructions: Check off and/or develop the questions that will provide program decision makers with needed information.

1. _____ Are the skills of the program's providers adequate?
2. _____ Are the resources available to the program adequate (personnel, equipment, materials and funds)?
3. _____ How well is the program being managed?
4. _____ Are the program's activities being achieved as planned?
5. _____ For which groups was the program most/least successful?
6. _____ Does the program adhere to health education standards of practice?
7. _____ Are the methods used to collect information about the program adequate?
8. _____ Are the methods used to distribute information about the program adequate?
9. _____ Who is participating in the program (for example - age, sex, race, socioeconomic status, reading level, health status)?
10. _____ How are communications among program staff? Between program staff and other sponsoring agencies? Between program staff and participants?
11. _____ Have program participants changed behavior?
12. _____ Do program participants know more now than they did at the beginning of the program?
13. _____ Have the attitudes of program participants changed?
14. _____ Have the skill levels of program participants changed?
15. _____ Are there new resources in the community to assist program participants?

Worksheet #4

16. _____ Are needed resources more accessible to program participants?

17. _____ Are needed policies, rules or regulations in place to assist program participants?

18. _____ Are program participants being supported in the changes they are trying to make?

NOTE: Questions 11 through 18 are designed to measure program effectiveness. If it is your intent to measure whether or not the changes indicated in these questions are the result of your program, you must use a pretest-posttest comparison group design (see **Chapter 5** page 57, **Periodic Inventory Approach.**)

19. _____ _____

_____

20. _____ _____

_____

21. _____ _____

_____

22. _____ _____

_____

23. _____ _____

_____

24. _____ _____

_____

25. _____ _____

_____

Worksheet #5

QUALITY ASSURANCE PLAN

Date: _____

Name of Health Department: _____

Name of Program: _____

Program Goal: _____

PART 1: Members of Program's Quality Assurance Team

1. **Individual responsible for program's quality assurance activities:**

   Name: _____

   Agency: _____

   Position: _____

   Telephone #: _____

2. **Team members:**

   Name: _____

   Agency: _____

   Position: _____

   Telephone #: _____

Worksheet #5

2. **Team Members (con't)**

Name: _____

Agency: _____

Position: _____

Telephone #: _____

Name: _____

Agency: _____

Position: _____

Telephone #: _____

Name: _____

Agency: _____

Position: _____

Telephone #: _____

Name: _____

Agency: _____

Position: _____

Telephone #: _____

Name: _____

Agency: _____

Position: _____

Telephone #: _____

Worksheet #5

PART 2: Scope of Quality Assurance Activities

It is recommended that all of the following areas be addressed at least once during the fiscal year.

The program's quality assurance team will review:

_____ the skill and information needs of program providers

_____ the adequacy of program resources

_____ the implementation of the program's educational activities (is the program being delivered as planned and what barriers are being encountered?)

_____ adherence to health education standards of practice

PART 3: Methods and Procedures

1. Frequency of program's quality assurance meetings:

_____ once, at the end of the fiscal year

_____ twice, mid-year and again at the end of the fiscal year

_____ quarterly, with one meeting at the end of the fiscal year (recommended for newer programs)

_____ other: _____

_____

_____

_____

2. Data will be collected based on:

   a. Data on the skill and information needs of program providers:

      _____ participant satisfaction surveys

      _____ peer review

      _____ activity debriefing sessions

      _____ supervisor review

      _____ other: _____

      _____

      _____

      _____

   b. Data on program resources:

      _____ budget review

      _____ timetable review

      _____ workplan review

      _____ other: _____

      _____

      _____

      _____

c. Data on program implementation:

_____ target population review

_____ educational activities review

_____ participant satisfaction

_____ material review

_____ other: _____

_____

_____

_____

d. Data on health education standards of practice:

_____ standards of practice checklist

_____ consultant report

3. The findings and recommendations of quality assurance team members will be documented by:

_____ meeting minutes

_____ oral reports

_____ written reports

_____ other: _____

_____

_____

_____

Worksheet #6

PROGRAM IMPLEMENTATION ASSESSMENT

Target Behavior/Environmental Condition:

Educational Objective:

ACTIVITIES	METHOD OF DATA COLLECTION	MEASURE	RESULTS

PROGRAM IMPLEMENTATION ASSESSMENT

Worksheet #6

ACTIVITIES	METHOD OF DATA COLLECTION	MEASURE	RESULTS

PROGRAM IMPLEMENTATION ASSESSMENT

Worksheet #6

ACTIVITIES	METHOD OF DATA COLLECTION	MEASURE	RESULTS

Worksheet #7

PROGRAM TIMETABLE

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

PROGRAM TIMETABLE

Worksheet #7

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Worksheet #8

PROGRAM PERSONNEL

PERSON	MONTHS												TOTAL HOURS
	1	2	3	4	5	6	7	8	9	10	11	12	

PROGRAM PERSONNEL

Worksheet #8

PERSON	MONTHS												TOTAL HOURS
	1	2	3	4	5	6	7	8	9	10	11	12	

Worksheet #9

BARRIERS TO PROGRAM IMPLEMENTATION

Instructions: Identify barriers to the implementation of your educational objectives, list them, discuss their potential effects and identify possible strategies for addressing them.

1. **Social, psychological and cultural barriers** (for example, citizen and staff bias, prejudice, misunderstanding, taboos, unfavorable past experiences, values, norms, social relationships, official disapproval, rumors)

   BARRIERS:

   STRATEGIES:

2. **Communication obstacles** (for example, illiteracy, local vernacular, local radio/television policies and procedures)

   BARRIERS:

   STRATEGIES:

3. **Economic and physical barriers** (for example, low income, the inability to pay for or access services or travel for long distances over difficult terrain to agency facilities)

   BARRIERS:

   STRATEGIES:

4. **Legal and administrative barriers** (for example, residence requirements to be eligible for services, existing agency policy and procedures, existing agency organization and allocation of resources).

   BARRIERS:

   STRATEGIES:

Worksheet #10

WORKPLAN

ACTIVITY	LEAD PERSON	OTHER PARTICIPANTS	DATES	
			BEGIN	END

WORKPLAN

Worksheet #10

ACTIVITY	LEAD PERSON	OTHER PARTICIPANTS	DATES	
			BEGIN	END

Worksheet #10

The following "activity headings" should be represented on Worksheet #10:

Designate Staff. If new staff are to be hired or existing staff reassigned (be they professional staff members, clerical staff or volunteers), the tasks associated with acquiring these individuals or reassigning them should be listed (such as, preparing and distributing position announcements and conducting interviews).

Train Staff. Included under this activity heading are field, on-the-job, classroom or other training for the purpose of improving staff members' ability to carry out their responsibilities.

Identify Needs. Needs identification includes any activity that can help to identify any barriers to carrying out program strategies, to determine program resource needs and to determine staff training needs. This may include gathering data through literature searches; meetings with health department staff, program personnel and/or community groups; abstracting data from patient records; and conducting interviews and surveys.

Develop/Acquire Materials/Equipment. This might include a wide range of activities, for example, purchasing materials (pamphlets, videos, etc.), updating existing materials, producing new materials, assessing the appropriateness of materials (cultural sensitivity and reading level), pretesting materials, surveying supplies and purchasing new equipment.

Provide Planned Interventions. These activities refer to the planned provision of the program's educational objectives.

Evaluate Objectives. This might include such activities as designing data-collection forms, recording data, meeting with quality assurance team members, writing reports, etc.

Worksheet #11

PSA EVALUATION

Adapted from:
U.S. Department of Health and Human Services, Public Health Services, National Institutes of Health. 1984. Making PSAs Work: A Handbook for Health Communication Professionals. NIH Publication No. 84-2485.

The following questions are designed to be used with individuals who represent the "target audience" of your PSA. This list of questions is intended to assist you in developing your own questionnaire.

1. **Main Idea/Comprehension**

   What was the main idea this message was trying to get across to you?

   What does this message ask you to do?

   What action, if any, is the message recommending that people take?

   In your opinion, was there anything in the message that was confusing?

   Which of these phrases best describes the message?

   _____ Easy to understand
   _____ Hard to understand

2. Likes/Dislikes

In your opinion, was there anything in particular that was worth remembering about the message? If so, what?

What, if anything, did you particularly like about the message?

Was there anything in the message that you particularly disliked or that bothered you? If yes, what?

3. Believability

In your opinion, was there anything in the message that was hard to believe? If yes, what?

Which of these words or phrases best describes how you feel about the message?

_____ Believable
_____ Not believable

4. Personal Relevance/Interest

In your opinion, what type of person was this message talking to?

Was it talking to . . .

_____ Someone like me
_____ Someone else, not me

Was it talking to . . .

_____ All people
_____ All people but especially (the target audience)
_____ Only (the target audience)

Which of these words or phrases best describes how you feel about the message?

_____ Interesting
_____ Not interesting
_____ Informative
_____ Not informative

Did you learn anything new about (health subject) from the message? If yes, what?

5. Other Target Audience Reactions

Target audience reactions to messages can be assessed by using pairs of words or phrases or by using a 5-point scale. The following is an example of how this is done.

Listed below are several pairs of words or phrases with the numbers 1 to 5 between them. I'd like you to indicate which number best describes how you feel about the message. The higher the number, the more you think the phrase on the right describes it. The lower the number, the more you think the phrase on the left describes it. You could also pick any number in between. Now let's go through each set of words. Please tell me which number best describes your reaction to the message.

Too Short	1 2 3 4 5	Too Long
Discouraging	1 2 3 4 5	Encouraging
Comforting	1 2 3 4 5	Alarming
Well Done	1 2 3 4 5	Poorly Done
Not Informative	1 2 3 4 5	Informative

Is there anything in the message that would bother or offend people you know?

6. Impressions of Announcer

Please select the one answer from each pair of phrases that describes your feelings about the announcer.

_____ Believable
_____ Not believable

_____ Appropriate to the message
_____ Not appropriate to the message

_____ Gets the message across
_____ Doesn't get the message across

Worksheet #12

EDUCATIONAL MATERIALS EVALUATION

Source: Office of Health Education and Communication. 1992. Basic Health Education Skills: A Trainer's Guide.

TITLE OF MATERIAL: _____

FORMAT: _____ PRODUCTION YEAR: _____

RUNNING TIME (AV): _____ COST: _____

PURPOSE OF MATERIAL: _____

_____

INTENDED USE: _____

_____

****

1. Is this particular medium effective with this target population?

   _____YES _____NO

2. Does the material convey the intended message clearly and in a straightforward manner?

   _____YES _____NO

3. Is the reading level appropriate to the target audience?

   _____YES _____NO _____Reading Level

4. Is the recommended action clearly stated?

   _____YES _____NO

5. Does the material contain any controversial or offensive content?

   _____YES _____NO If yes, specify: _____

   _____

6. Is the content sensitive to the norms and culture of the audience?

_____YES _____NO

7. Is the message within the experience of the audience?

_____YES _____NO

8. Is the material current and scientifically accurate?

_____YES _____NO

9. Does the material avoid negative stereotypes?

_____YES _____NO

10. Is the material attention-getting, attractive and appealing?

_____YES _____NO

11. Is the content well organized and the presentation flow logical?

_____YES _____NO

12. Is the subject matter presented in an unbiased manner?

_____YES _____NO

13. If the material is for children or minors, does it belittle parental involvement?

_____YES _____NO

14. Do you recommend the use of this material:

a. without restrictions? _____

b. with specific restrictions? _____ Specify: _____

_____

_____

EDUCATIONAL MATERIALS EVALUATION

Worksheet #12

Reviewer: _____

Title: _____

Affiliation: _____

Date: _____

NOTE: If this material is to be acquired, please write a brief description for inclusion in your agency's materials catalog to guide potential users.

Worksheet #13

HEALTH EDUCATION STANDARDS OF PRACTICE

NOTE: Use as a Quality Assurance tool for program improvement.

Name of Program: _____

Date: _____

Health Education
Quality Assurance Coordinator: _____

Supervisor: _____

****

Category 1.0: Diagnosis and Planning

Standard 1.11	**Have set up community profile and documented as baseline 1.13 and 1.14 data:**
____YES ____NO	Health status statistics (county and state);
____YES ____NO	Other pertinent economic, social and political data such as substandard housing, people on public assistance, unemployment, education and literacy levels, abuse and violence, cultural information and political structure;
____YES ____NO	Associated risk factors (behavioral and nonbehavioral);
____YES ____NO	Factors contributing to the health problem (attitudes, beliefs, values, cultural norms, knowledge, skills, resources, rewards);
____YES ____NO	Demographics of target population;
____YES ____NO	Delivery system strengths and barriers;

_____YES _____NO Agencies, persons, groups, resources and policies that can address the problem or in some fashion influence the outcome of the program (documentation entails the types of contributions from each potential resource, such as skill-building, direct health care services, facilities, information, social support, materials support, financial support and administrative support).

Standard 1.12 **When diagnosing community health issues and problems, have sought input from:**

_____YES _____NO Groups/agencies that can provide needed skills, services or resources; and

_____YES _____NO Members of the population to be reached by the program.

Standard 1.15 **If program includes planned health education activities for patients/clients in a clinic setting (patient education), an educational assessment has been completed that includes:**

_____YES _____NO What the client knows about the subject;

_____YES _____NO The highest grade level completed by the client;

_____YES _____NO The client's attitudes and beliefs towards the condition or behavior being addressed;

_____YES _____NO Needed skills;

_____YES _____NO Client's readiness level; and

_____YES _____NO Client's social support system and other reinforcing factors.

Standard 1.16 **If program includes planned presentations to community groups, an educational assessment has been completed that includes:**

_____YES _____NO What group members want to know about the subject;

_____YES _____NO What group members know about the subject;

_____YES _____NO Group members' general education level;

_____YES _____NO The level of action expected of group members; and

_____YES _____NO Group members' attitudes and beliefs towards the condition or behavior being addressed.

Standard 1.21 **Have organized a health education planning group consisting of:**

_____YES _____NO Members of target population;

_____YES _____NO Health educator(s) and other staff in the local health department; and

_____YES _____NO Representatives of outside organizations that can provide needed skills, services or resources.

Standard 1.22 **Have developed a written plan for influencing change that includes:**

_____YES _____NO What you are trying to change (objectives);

_____YES _____NO Strategies for achieving each objective:

(a) Indicate which health education interventions are being pursued:

_____ knowledge and/or awareness
_____ attitudes or motivation
_____ skill building
_____ resource development or systemic change
_____ legislative/regulatory change
_____ environmental change

(b) Indicate which social levels your interventions are targeting:

_____ individuals
_____ families
_____ worksites
_____ schools
_____ social networks
_____ community groups
_____ health-care organizations
_____ other _____

_____YES _____NO Resources to implement educational strategies;

_____YES _____NO Roles and timeframes; and

_____YES _____NO A description of evaluation methods.

Standard 1.23 **If your program includes planned health education activities for patients/clients in a clinic setting (patient education), has it been approached as a multidisciplinary effort that includes:**

_____YES _____NO Written policies and procedures to assure that patient education is consistent with mandates, guidelines and policies of the public health program;

_____YES _____NO Lesson plans that include learner objectives, content and methods for individual and group education;

_____YES _____NO Evaluating and selecting appropriate educational materials;

_____YES _____NO A definition of roles;

_____YES _____NO A description of adequate documentation procedures; and

_____YES _____NO Procedures for evaluating patient's status, including progress in the acquisition of needed skills for self-care.

Category 2.0: Administration and Management

Standard 2.1 **Have a system to ensure:**

_____YES _____NO The assessment of skill and information needs of persons involved in the planning or delivery of health education activities;

_____YES _____NO The provision of training to develop/enhance health education competencies; and

_____YES _____NO Employment of, contracting with or having access to the expertise of a health education specialist.

Standard 2.2 **Have a record-keeping system to document information in the following areas:**

_____YES _____NO Changes in the community profile;

_____YES _____NO The number of clients that participate in the program;

_____YES _____NO Needs of/services for individual clients;

_____YES _____NO The degree to which program clients are members of the target population;

_____YES _____NO The degree to which program activities are completed and program objectives are achieved;

_____YES _____NO Enablers and barriers to program implementation;

_____YES _____NO Client feedback on services being used; and

_____YES _____NO Feedback from potential users who did not use the services.

Standard 2.3 **Have a system to ensure effective communication with users of program services. This system includes a process to:**

_____YES _____NO Review educational materials for readability and appropriateness;

_____YES _____NO Base agency-developed materials on sound educational concepts, diagnostic findings and pretesting;

_____YES _____NO Procure, disseminate and use educational materials;

_____YES _____NO Work with and use mass media;

_____YES _____NO Communicate with medical and other health-related professionals regarding the problem and the efforts made to address it; and

_____YES _____NO Determine what needs to be reported, to whom and how often.

Standard 2.4 **Have administrative and program details written out in:**

_____YES _____NO Standard operating policies and procedures;

_____YES _____NO Policies for assuring health education expertise in the process of planning, implementing and evaluating the program;

_____YES _____NO Policies regarding quality assurance and the use of findings; and

_____YES _____NO Protocols for patient education.

Category 3.0: Implementation

Standard 3.1 **Have program monitoring procedures in place to assure that:**

_____YES _____NO Planned educational strategies are being implemented;

_____YES _____NO Participating agencies are carrying out their roles;

_____YES _____NO The target population is being reached;

_____YES _____NO Targeted behaviors and environmental risks for individual and collective action are being addressed;

_____YES _____NO Barriers to implementation are being detected, analyzed and responded to;

_____YES _____NO Data-collection and record-keeping procedures are being maintained; and

_____YES _____NO The achievement of objectives is being evaluated.

Worksheet #13

Standard 3.2 **Have a system for updating (as necessary) the program's plan to assure that:**

_____YES _____NO All stakeholders are involved in making adjustments or modifications;

_____YES _____NO Modifications are communicated to appropriate persons; and

_____YES _____NO Modifications are being integrated into the implementation process.

Standard 3.3 **Have a system for using a variety of communication channels to explain health issues and services to the community. This system includes:**

_____YES _____NO A process for identifying appropriate channels (formal and informal) of communication to specific target groups;

_____YES _____NO Policies and procedures for working with media outlets;

_____YES _____NO Strategies for media relations;

_____YES _____NO Expertise in writing for print and electronic media and in giving interviews;

_____YES _____NO A process for producing appropriate messages, public service announcements, media events and campaigns; and

_____YES _____NO A plan for communicating during a crisis.

Standard 3.4 **Have communicated with members of the target audience based on the following social marketing principles:**

_____YES _____NO Segmenting the audience;

_____YES _____NO Framing messages in terms of the wants and needs of the intended audience;

_____YES _____NO Using appropriate communication tools and approaches; and

_____YES _____NO Assessing whether messages reach their intended audience; and

_____YES _____NO Assessing whether messages are understood and acceptable by the intended audience.

HEALTH EDUCATION STANDARDS OF PRACTICE

Worksheet #13

Category 4.0: Evaluation

____YES ____NO	A written evaluation plan was prepared before program implementation **(Standard 4.1).**
Standard 4.2	**Have a system to ensure program quality. This system generates accurate information on the following topics:**
____YES ____NO	The skill and performance of program providers;
____YES ____NO	The adequacy of program resources;
____YES ____NO	The appropriateness of the program's selected interventions;
____YES ____NO	The degree to which the program's educational strategies are being accomplished;
____YES ____NO	The nature of the barriers to program implementation; and
____YES ____NO	Adherence to health education standards of practice.
Standard 4.3	**Have a system for evaluating program objectives that generates information on the following:**
____YES ____NO	Changes in predisposing factors;
____YES ____NO	Changes in enabling factors;
____YES ____NO	Changes in reinforcing factors; and
____YES ____NO	Changes in environmental risks.
Standard 4.4	**Evaluation data and conclusions are:**
____YES ____NO	Documented and used as a resource and data base for future program planning and evaluation activities; and
____YES ____NO	Disseminated as appropriate.
Standard 4.5	**Have a system to ensure that:**
____YES ____NO	Program deficiencies are addressed and appropriate action(s) defined.

Worksheet #14

SAMPLE JOB DESCRIPTION

Program Evaluator

The Evaluation Committee of _____ County Health Department wishes to contract someone to design and conduct an evaluation of a community-based health education program. (A description of the program is attached.) The evaluation, which is to begin _____, is intended to help program staff, health department administrators and local officials make decisions on the effectiveness of the program.

Interested candidates should submit a letter of intent outlining their prior evaluation experiences, a current resume, a copy of an evaluation report written by the candidate and the names of two persons for whom program evaluations have been conducted. The information should be sent to: _____. Applications postmarked by _____ will be accepted.

Candidates who are invited for an interview should be prepared to discuss the evaluation approach they would propose. Candidates should assume that approximately $_____ is available for the evaluation, including personnel costs.

Worksheet #15

CANDIDATE RATING

Candidate's
Name:_____

1. **Distinction between research and evaluation**

Clearly understands the distinction between evaluation and research

No Opinion

Has no understanding of the distinction between evaluation and research

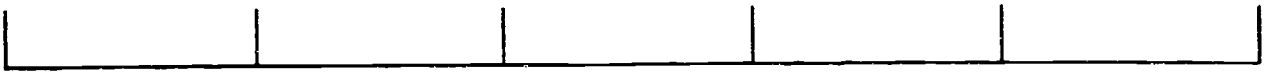
2. **Understanding of the program**

Has excellent understanding of the program

No Opinion

Has no understanding of the program

3. **Evaluation approach**

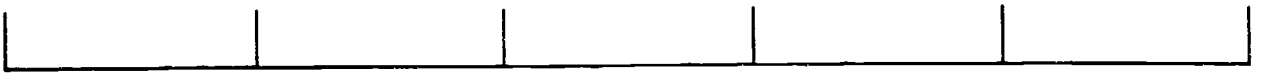


Understandable: can clearly explain how evaluation approach addresses needs of program

No Opinion

Not understandable: cannot clearly explain how evaluation approach addresses needs of program

4. **Evaluation costs**



Evaluation is very likely to be conducted with available resources

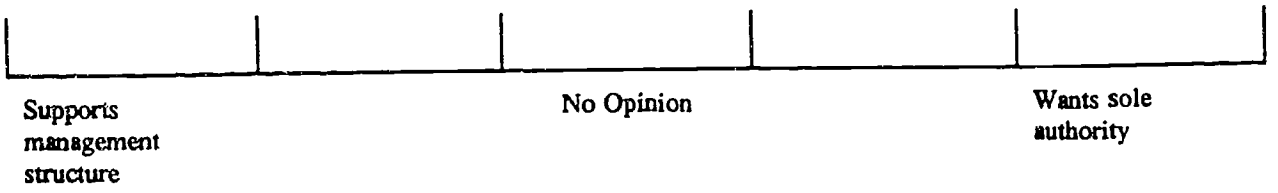
No Opinion

Evaluation can't be conducted with available resources

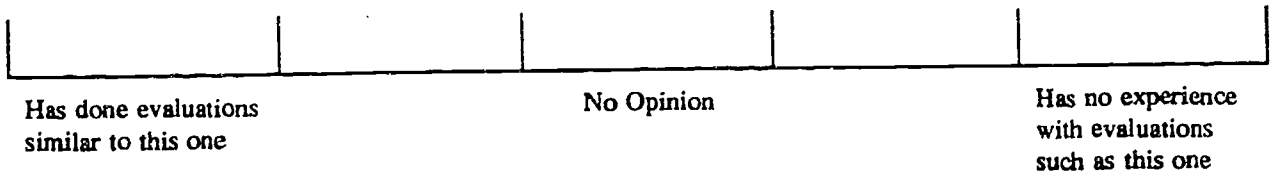
CANDIDATE RATING

Worksheet #15

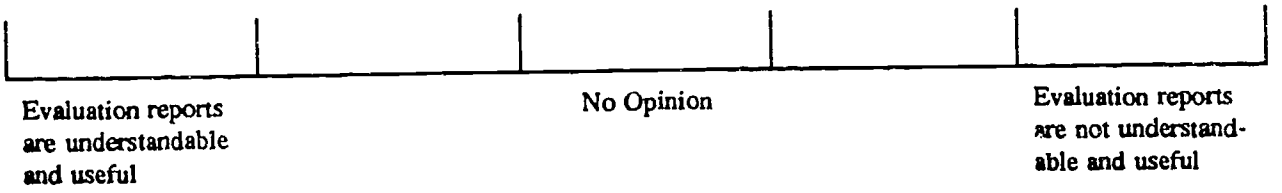
5. **Reaction to management structure**



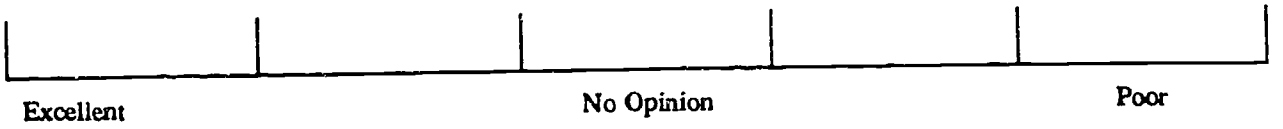
6. **Prior evaluation experience**



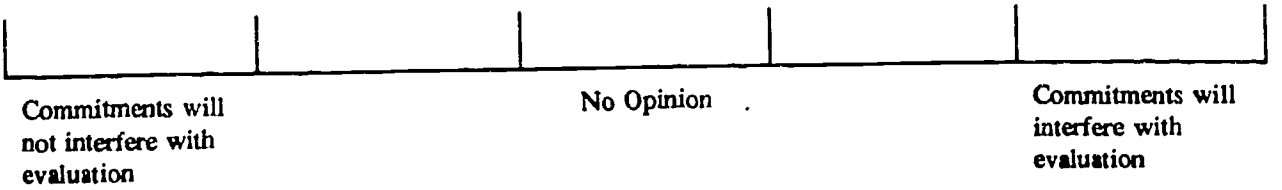
7. **Usefulness of previous evaluation reports**



8. **References**



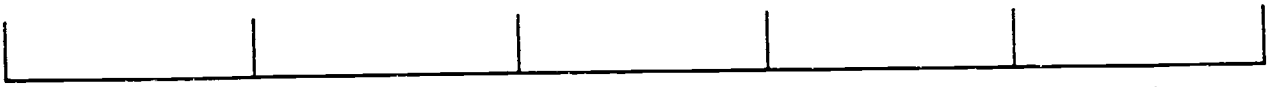
9. **Professional commitments**



CANDIDATE RATING

Worksheet #15

10. **General reaction (manner, personality)**



Very positive — No Opinion — Very negative

11. **Overall rating**

Definitely hire as our evaluator — No Opinion — Definitely do not hire as our evaluator

Worksheet #16

SAMPLE CONTRACT

The evaluator, _____, is responsible for designing and conducting an evaluation of _____ program of _____ County Health Department. The evaluator is responsible for preparing the evaluation plan, developing the evaluation instruments, identifying the program participants who will complete the evaluation instruments, administering the evaluation instruments to the selected participants, entering the data onto a computer program, conducting the appropriate statistical analyses, writing the evaluation report and presenting the evaluation's result to _____. The Evaluation Committee, chaired by _____, has oversight responsibility for the evaluation. The evaluator reports to the Evaluation Committee. The overall evaluation plan as well as the evaluation instruments, sampling plan, data-collection plan, data-analysis plan and final report must be submitted to, and approved by, the Evaluation Committee. The evaluator serves as an advisor to the Evaluation Committee and is expected to attend all meetings of the Committee, unless informed otherwise.

The Evaluation Committee is responsible for making timely decisions regarding the overall evaluation plan and its components. If the Committee recommends changes in the plan, the suggested changes will be specific and feasible within the scope of the contract. If the evaluator disputes the feasibility of the changes, _____ will be the final arbiter. If the Evaluation Committee reverses one of its decisions, and the changes require additional work on the part of the evaluator, the contract may be modified as agreed to by _____. The Evaluation Committee will also be responsible for assisting the evaluator in securing permission for collecting the evaluation data, as well as assisting the evaluator in resolving political or logistical barriers to conducting the evaluation. The Evaluation Committee will assist the evaluator in developing a model outline for the evaluation report. Finally, the Evaluation Committee will identify the person(s) to whom a presentation of the evaluation's results will be made.

The evaluation contract will be in effect from _____ through _____. The evaluator will deliver the following products at the times specified below.

	Date
1. General evaluation plan	_____
2. Evaluation instruments	_____
3. Sampling plan	_____
4.	
5.	
6.	
7.	

SAMPLE CONTRACT

Worksheet #16

Products will not be considered satisfactorily completed until they are approved/accepted by the Evaluation Committee. If products are not approved/accepted by the Evaluation Committee, specific reasons for their disapproval/rejection must be provided to the evaluator within two weeks of the product's receipt.

The payment schedule for the contract is as follows:_____

_____

_____

Accepted by:

_____ _____

Evaluator

_____

Local Officials

_____ _____

Date Date

Appendix B

SAMPLE WORKSHEETS

NOTE: Two sets of sample worksheets are provided.

Sample A Worksheets address the goal of reducing the infant death rate and include worksheets 1 to 3 and 5 to 10.

Sample B Worksheets address the goal of reducing STDs and include worksheets 1 to 3 and 6 to 10.

PUBLIC HEALTH GOAL AND TARGET POPULATION

Public Health Goal: In the rural areas of Fairfax County the infant death rate is 34.5 per 1,000 compared to a rate of 21.0 for the state. The long-term public health goal of the Fairfax County Health Department is to reduce infant mortality in the rural areas of Fairfax County to that of the state.

Target Population: List the target population, number in the target population, proportion of target population to be served and location in the county of the target population.

TARGET POPULATION	NUMBER	PROPORTION OF TARGET POPULATION TO BE SERVED	LOCATION
Women ages 15 to 44	2,000	1,200 or 60%	Rural Fairfax County
Young women ages 11 to 18	500	Total = 500 or 100%	Jones Middle and High Schools West County High School
Women who have lost at least one child and are still of child-bearing age	10	Total = 10 or 100%	Local Health Department clients from areas of the county not including Bridgeport and Fairfax
Women with 5+ children and are still of child-bearing age	50	Total = 50 or 100%	
Pregnant women and partners attending Maternity Clinic	280	Total = 210 or 75%	

OBJECTIVES AND ACTIVITIES

Target Behavior/Environmental Condition: (For school population) Non-use of Prevention Services

EDUCATIONAL OBJECTIVES	ACTIVITIES
1. By June 199_, 75% of students will be able to name all of the pregnancy prevention services available in Fairfax County. 2. By June 199_, 30% of students will express the attitude that early teen pregnancy is not acceptable. 3. By June 199_, 60% of students will express the attitude that one needs to be responsible for the prevention of early teen pregnancy. 4. By June 199_, 45% of students will demonstrate that they can access pregnancy prevention services and communicate with providers.	1-4. Work with school staff in developing a curriculum for use in health and related classes.

Sample A Worksheet #2

Target Behavior/Environmental Condition: (For school population) Non-use of Prevention Services

EDUCATIONAL OBJECTIVES	ACTIVITIES
5. Within the next 3 years, establish a school health clinic at Jones High School.	5. Work with community coalition of parents, school personnel, health department staff and other providers to establish school health clinic.
6. By June 199_, 45% of parents/guardians/ male students will express the attitude that early teen pregnancy is not acceptable.	6. Offer community education sessions via churches, civic groups and other community groups and produce and distribute written materials on the negative consequences of early teen pregnancy.
	1-6. Develop and administer tests and surveys for assessing knowledge, skills and attitudes between students and parents/guardians.

EDUCATIONAL DIAGNOSIS

Target Behavior/Environmental Condition: (For school population)
Non-use of Prevention Services

PREDISPOSING FACTORS:

1. Knowledge of pregnancy prevention services available in Fairfax County
2. Attitude that early teen pregnancy is not acceptable
3. Attitude that one needs to be responsible for prevention of early teen pregnancy

ENABLING FACTORS:

1. Skill in accessing pregnancy prevention services and communicating with providers
2. Provision of pregnancy prevention services in Jones High School Health Clinic (Presently, this clinic does not exist.)

REINFORCING FACTORS:

1. Support from parents/guardians
2. Support from male student population

Sample A Worksheet #5

QUALITY ASSURANCE PLAN

Date: **July 1, 1993**

Name of Health Department: **Fairfax County**

Name of Program: **Infant Mortality Reduction Program**

Program Goal: **In the rural areas of Fairfax County the infant death rate is 34.5 per 1,000 compared to a rate of 21.0 for the state. The long-term public health goal of the Fairfax County Health Department is to reduce infant mortality in the rural areas of Fairfax County to that of the state.**

PART 1: Members of Program's Quality Assurance Team

1. **Individual responsible for program's quality assurance activities:**

   Name: Dawn Taggart, MPH **Phone #:** 704/684-7806

   Agency: Fairfax County Health Department
   74 Aurora Drive
   White Pine, NC 55589

   Position: Health Education Supervisor

2. **Team members:**

   Name: Mary Edmonds **Phone #:** 704/684-7806

   Agency: Fairfax County Health Department
   74 Aurora Drive
   White Pine, NC 55589

   Position: Health Educator

Sample A Worksheet #5

Name: Mildred Wilson, RN **Phone #:** 704/684-7806

Agency: Fairfax County Health Department
74 Aurora Drive
White Pine, NC 55589

Position: Director of Nursing

Name: Betsy Ellington **Phone #:** 704/274-3714

Agency: McCormick County Health Department
523 North Fork Road
Chambers, NC 47900

Position: Health Educator

Name: Holly Morgan, Ph.D. **Phone #:** 704/254-3477

Agency: Southeastern University
Dept. of Human Services
Dillingham Hall #304
White Pine, NC 56734

Position: Associate Professor

Name: George Neale, M.Ed. **Phone #:** 704/685-8084

Agency: Fairfax High School
14 Calloway Circle
White Pine, NC 56723

Position: Principal

Sample A Worksheet #5

PART 2: Scope of Quality Assurance Activities

It is recommended that all of the following areas be addressed at least once during the fiscal year.

The program's quality assurance team will review:

1. _X_ the skill and information needs of program providers
2. _X_ the adequacy of program resources
3. _X_ the implementation of the program's educational activities (is the program being delivered as planned and what barriers are being encountered)
4. _X_ adherence to health education standards of practice

PART 3: Methods and Procedures

1. Frequency of program's quality assurance meetings:

   _____ once, at the end of the fiscal year

   _____ twice, mid-year and again at the end of the fiscal year

   _X_ quarterly, with one meeting at the end of the fiscal year (recommended for newer programs)

   _X_ other: At the end of one year, we will assess your progress and determine how often we need to meet during the second year of the project.

2. Data will be collected based on:

   a. Data on the skill and information needs of program providers:

      _____ participant satisfaction surveys

      _____ peer review

      _X_ activity debriefing sessions

      _X_ supervisor review

      _X_ other: during the course of formal quality assurance meetings

Sample A Worksheet #5

b. Data on program resources:

_X_ budget review

_X_ timetable review

_X_ workplan review

_X_ other: resource needs identified during the course of formal quality assurance meeting

c. Data on program implementation:

_X_ target population review

_X_ educational activities review

____ participant satisfaction

_X_ material review

____ other:

d. Data on health education standards of practice:

_X_ standards of practice checklist

____ consultant report

3. The findings and recommendations of quality assurance team members will be documented by:

_X_ meeting minutes

____ oral reports

_X_ written reports

_X_ other: a quarterly report will be submitted to program funders. Information on the project will also be included in the Health Department's Annual Report.

PROGRAM IMPLEMENTATION ASSESSMENT

Target Behavior/Environmenta Condition: (For school population) Non-use of Prevention Services

Educational Objective:

1. By June 199_, 75% of students will be able to name all of the pregnancy prevention services available in Fairfax County.
2. By June 199_, 30% ot students will express the attitude that early teen pregnancy is not acceptable.
3. By June 199_, 60 % of students will express the attitude that one needs to be responsible for the prevention of early teen pregnancy.
4. By June 199_, 45% of students will demonstrate that they can access pregnancy prevention services and communicate with providers.

ACTIVITIES	METHOD OF DATA COLLECTION	MEASURE	RESULTS
Work with school staff in developing a curriculum for use in health and related classes.	Keep log of meetings and attendance at meetings; keep file of meeting agendas and meeting minutes.	Completed curriculum: yes/no	
Develop and administer tests and surveys for assessing knowledge, skills and attitudes among students.	Conduct Expert and Potential User Reviews.	Completed tests/surveys: yes/no	

Sample A Worksheet #6

Educational Objective: 5. Within the next 3 years, establish a school health clinic at Jones High School.

ACTIVITIES	METHOD OF DATA COLLECTION	MEASURE	RESULTS
Work with community coalition of parents, school personnel, health department staff and other providers to establish school health clinic.	Keep log of meetings and attendance at meetings; keep file of meeting agendas and meeting minutes.	School health clinic established: yes/no	

Educational Objective: 6. By June 199_, 45% of parents/guardians/male students will express the attitude that early teen pregnancy is not acceptable.

ACTIVITIES	METHOD OF DATA COLLECTION	MEASURE	RESULTS
Work with school staff in developing a curriculum for use in health and related classes. Develop and administer tests and surveys for assessing knowledge, skills and attitudes among parents/guardians/male students.	Keep log of meetings and attendance at meetings; keep file of meeting agendas and meeting minutes. Conduct Expert and Potential User Reviews.	Completed curriculum: yes/no Completed tests/surveys: yes/no	

PROGRAM TIMETABLE

Target Behavior/Environmental Condition: (For school population) Non-use of Prevention Services

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
OBJECTIVES: 1. By June 1994, 75% of students will be able to name all of the pregnancy prevention services available in Fairfax County. 2. By June 1994, 30% of students will express the attitude that early teen pregnancy is not acceptable. 3. By June 1994, 60% of students will express the attitude that one needs to be responsible for the prevention of early teen pregnancy. 4. By June 1994, 45% of students will demonstrate that they can access pregnancy prevention services and communicate with providers.												

1993 = X
1994

PROGRAM TIMETABLE

Sample A Worksheet #7

Target Behavior/Environmental Condition: (For school population) Non-use of Prevention Services

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
OBJECTIVES 1, 2, 3 & 4 (con't):												
Work with school staff in developing a curriculum for use in health and related classes.												
-- form development team							X					
-- develop curriculum								X	X	X		
-- develop/review tests/surveys									X	X	X	
-- implement curriculum and collect data	■	■	■	■	■	■						X
-- analyze data						■						

1993 = X
1994 = ■

PROGRAM TIMETABLE

Sample A Worksheet #7

Target Behavior/Environmental Condition: (For school population) Non-use of Prevention Services

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
OBJECTIVES:												
5. Within the next 3 years, establish a school health clinic at Jones High School.												
Work with community coalition of parents, school personnel, health department staff and other providers to establish school health clinic.												
-- form coalition and conduct first meeting							X	X	X	X		
-- conduct quarterly meetings	■			■			X			X		

1993 = X
1994 = ■

PROGRAM TIMETABLE

Sample A Worksheet #7

Target Behavior/Environmental Condition: (For school population) Non-use of Prevention Services

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
OBJECTIVES:												
6. By June 1994, 45% of parents/guardians/male students will express the attitude that early teen pregnancy is not acceptable.												
Offer community education sessions via churches, civic groups and other community groups and produce and distribute written materials on the negative consequences of early teen pregnancy.												
-- plan curriculum, prepare written materials and plan promotion strategy									X	X		
-- test written materials										X	X	
-- develop evaluation strategy and materials										X	X	
-- conduct classes and gather evaluation data	■	■	■	■	■	■						

1993 = X
1994 = ■

PROGRAM·PERSONNEL

Target Behavior/Environmental Condition: (For school population) Non-use of Prevention Services

PERSON	MONTHS												TOTAL HOURS
	1	2	3	4	5	6	7	8	9	10	11	12	
Program Supervisor	30	10	10	10	10	10	20	10	10	20	20	30	190
Health Educator	160	160	160	160	160	160	160	160	160	160	160	160	1,920
Nurse Consultant		10	10	10	10		10			10		10	70
Survey Consultant				20	10		10			10		30	80
Secretary	20	20	20	20	15	15	20	15	15	20	15	30	225

Sample A Worksheet #9

BARRIERS TO PROGRAM IMPLEMENTATION

Public Health Goal: In the rural areas of Fairfax County the infant death rate is 34.5 per 1,000 compared to a rate of 21.0 for the state. The long-term public health goal of the Fairfax County Health Department is to reduce infant mortality in the rural areas of Fairfax County to that of the state.

1. **Social, psychological and cultural barriers** (for example, citizen and staff bias, prejudice, misunderstanding, taboos, unfavorable past experiences, values, norms, social relationships, official disapproval, rumors)

   (a) **Barrier:** the idea among some citizens that "there is no problem." **Strategy:** supply data that show the extent of the problem in Fairfax County. For example, compare the infant mortality rate in Fairfax County with the rate in other counties.

   (b) **Barrier:** the idea that the problem only affects certain segments of the population, for example, the poor and disadvantaged. **Strategy:** compile data that show the social and economic distribution of infant mortality.

   (c) **Barrier:** the notion among some groups that the only approach to solving the problem is a religious one. **Strategy:** provide information from research that indicates this is a "community" problem; emphasize that where all groups (churches, schools, parents, medical and public health communities, concerned citizens) become actively involved, the chance for successfully addressing the problem is increased.

   (d) **Barrier:** the norm among some groups that early teen pregnancy is acceptable and desirable. **Strategy:** emphasize the message that early teen pregnancy may have been acceptable and desirable in the past, but not today and give reasons and examples why not (the difficulty and complexity of life today, the need for solid education, the difficulties of raising children as a young single parent, etc.).

   (e) **Barrier:** the norm among some teens that a teen pregnancy is desirable, for example, "someone to love," "everybody is doing it," etc. **Strategy:** Develop curriculum targeted at teens to illustrate what it would be like to have a baby and to take care of it all of the time. For example, ask students to take care of an egg 24 hours a day, seven days a week, taking the egg everywhere the students go.

   (f) **Barrier:** the norm among some teen males that fathering a child is acceptable and a proof of manhood. **Strategy:** assemble a speaker's bureau of young men who have fathered children who will tell what life is like for them today.

Sample A Worksheet #9

(g) **Barrier:** the idea among some groups that establishing a health clinic at school will encourage sexual promiscuity, for example, by making birth control methods readily available to the students. **Strategy:** involve representatives from those groups in planning for the teen pregnancy prevention project in Fairfax County and involve them in developing strategies for preventing teen pregnancy.

(h) **Barrier:** the misconception among some people that early prenatal care is not essential. **Strategy:** conduct a media campaign on the problems of late prenatal care and the importance of early prenatal care.

2. **Communication obstacles** (for example, illiteracy, local vernacular, local radio/television policies and procedures)

(a) **Barrier:** some people think teen pregnancy is *somebody else's* problem. **Strategy:** develop materials that emphasize the costs to society of teen pregnancy and the effects on society of dropping out of school.

(b) **Barrier:** local media policies and procedures prohibiting talking/writing about birth control. **Strategy:** use support of the community coalition to change policies and procedures.

(c) **Barrier:** statistics about Fairfax County suggest that 30% of the population cannot read above the third-grade level. **Strategies:** develop low literacy materials; share materials with the low literacy council; provide materials to teachers in special education, remedial reading and regular classes.

3. **Economic and physical barriers** (for example, low income, the inability to pay for or access services or travel for long distances over difficult terrain to agency facilities)

(a) **Barrier:** students cannot afford medical services in the private sector. **Strategies:** establish a school health clinic at Jones High School; provide students with a list of services, along with dates and times, of the Fairfax County Health Department.

(b) **Barrier:** some women in rural areas lack transportation to Fairfax County Health Department's prenatal clinic. **Strategies:** investigate need for satellite clinic services in rural areas; contact area civic clubs about providing transportation services for rural residents.

Sample A Worksheet #9

4. **Legal and administrative barriers** (for example, residence requirements to be eligible for services, existing agency policy and procedures, existing agency organization and allocation of resources).

   (a) **Barrier:** current health department policies that underage clients will not be enrolled without parental consent. **Strategies:** gain support of teen pregnancy prevention coalition, community leaders and others to change current policies; obtain sanction from board of health and county commissioners.

   (b) **Barrier:** current school policies do not allow for a school health clinic to be established on school property. **Strategy:** obtain written support of community, parents, PTOs and the teen pregnancy prevention coalition to change current school policies.

   (c) **Barrier:** current school policies do not allow for birth control methods to be discussed in classroom settings. **Strategy:** obtain written support of community, parents, PTOS and the teen pregnancy prevention coalition to change current school policies.

   (d) **Barrier:** current school policies prohibit birth control methods to be distributed at school. **Strategy:** enlist support of medical society, board of health, community leaders, PTOS and the teen pregnancy prevention coalition to change current policies.

WORKPLAN

Public Health Goal: In the rural areas of Fairfax County the infant death rate is 34.5 per 1,000 compared to a rate of 21.0 for the state. The long-term public health goal of the Fairfax County Health Department is to reduce infant mortality in the rural areas of Fairfax County to that of the state.

ACTIVITY	LEAD PERSON	OTHER PARTICIPANTS	DATES	
			BEGIN	END
Designate Staff:				
1. Obtain the services of a Nursing Consultant.	Program Supervisor	Agency Director	7/1/93	7/15/93
2. Locate and contract with a Program Evaluation Specialist for services pertaining to the design of survey instruments and the analysis of survey data.	Program Supervisor	Agency Director	7/15/93	8/15/93
Train Staff:				
1. Provide program orientation for Nursing Consultant and Evaluation Specialist.	Program Supervisor	Agency Director, Nursing Supervisor, Health Educator	8/1/93	9/1/93

WORKPLAN

Sample A Worksheet #10

ACTIVITY	LEAD PERSON	OTHER PARTICIPANTS	DATES	
			BEGIN	END
Identify Needs:				
1. Identify agencies/individuals with expertise in infant mortality and teen pregnancy prevention. Make contacts and determine potentials for collaboration and consultation.	Program Supervisor	Health Educator	7/1/93	8/15/93
2. Conduct a literature search for effective community-based and school-based infant mortality/teen pregnancy prevention strategies.	Health Educator		7/1/93	8/15/93
Develop/Acquire Materials/Equipment:				
1. Identify/obtain written materials (pamphlets, posters, etc.) and carry out pretesting as necessary.	Health Educator	Potential users of written materials	8/1/93	11/1/93

169

170

WORKPLAN

Sample A Worksheet #10

ACTIVITY	LEAD PERSON	OTHER PARTICIPANTS	DATES	
			BEGIN	END
Provide Planned Interventions: refer to Worksheet #7 titled "Program Timetable" for an outline of planned program activities and the time intervals within which they are to be completed.	Program Supervisor	Health Educator, Nursing Consultant, Evaluation Consultant	7/1/93	6/30/94
Evaluate Objectives: refer to Worksheet #7 titled "Program Timetable" for an outline of planned evaluation activities and the time intervals within which they are to be completed.	Program Supervisor	Health Educator, Nursing Consultant, Evaluation Consultant	10/1/93	6/30/94

PUBLIC HEALTH GOAL AND TARGET POPULATION

Public Health Goal: Reduce the number of people in Fairfax County who contract sexually transmitted diseases. (In Fairfax County the syphilis rate is 14.1 per 10,000 (state = 5.8), the gonorrhea rate is 90.0 per 10,000 (state = 54.4) and the AIDS rate is 1.2 per 10,000 (state = 0.9).

Target Population: List the target population, number in the target population, proportion of target population to be served and location in the county of the target population.

TARGET POPULATION	NUMBER	PROPORTION OF TARGET POPULATION TO BE SERVED	LOCATION
Male and female population ages 15 to 44	25,000	100%	Fairfax County
High school and community college students	2,600	100%	Jones, West County, Kennedy and Washington High Schools; Fairfax Community College
Industrial workers	300	33%	Paul's Poultry Processing Plant, Day Knitting Mill
Clients of the health department's family planning clinic	200	60%	Health Department
Community meeting places	3,000	5%	Churches, recreation centers, social clubs, "night-spots"

OBJECTIVES AND ACTIVITIES

Target Behavior/Environmental Condition: Using Condoms Correctly/Having Condoms Available in Locations Appropriate to Target Group

EDUCATIONAL OBJECTIVES	ACTIVITIES
1. By June 199_, increase community awareness of STD problem and the complications of untreated STDs.	1. Create and broadcast 3 radio spot announcements on top 40 radio station WWOW. Appoint a planning task force representing key elements of the community: MDs, teens, clergy, parents, etc. to plan overall campaign. Sponsor a community awareness day (Valentines Day). Set up a booth at community festival (Memorial Day). Run a newspaper series about the extent of the STD problem in Fairfax County.
2. By June 199_, 60% of the community will be in support of having condoms readily available in the community (low-cost, easy access).	2. Conduct survey on radio station WWOW: have people call in expressing support. Conduct leader opinion survey assessing support of the initiative.

OBJECTIVES AND ACTIVITIES

Sample B Worksheet #2

Target Behavior/Environmental Condition: Using Condoms Correctly/Having Condoms Available in Locations Appropriate to Target Group

EDUCATIONAL OBJECTIVES	ACTIVITIES
3. By June 199_, low-cost condoms will be available at 3 to 5 community locations.	3. Procure at low cost; solicit locations/gain permission for condoms to be displayed and available.
4. By June 199_, the target population will have access to information on the correct use of condoms.	4. Develop written materials demonstrating the correct use of condoms. Videos demonstrating the correct use of condoms will be available upon request at the health department.
5. By June 199_, 70% of the Fairfax County Medical Society membership will endorse the initiative.	5,6 & 7. Create an information sheet on the extent of the STD problem in Fairfax County. Provide presentations describing the initiative and soliciting support.
6. By June 199_, 70% of the Fairfax County Ministerial Association membership will endorse the initiative.	Develop endorsement form.
7. By June 199_, 70% of PTA and PTO membership will endorse the initiative.	

Sample B Worksheet #3

EDUCATIONAL DIAGNOSIS

Target Behavior/Environmental Condition: Using Condoms Correctly/Having Condoms Available in Locations Appropriate to Target Group

PREDISPOSING FACTORS:

1. Community awareness of the extent of STDs in Fairfax County and the dangers of untreated disease
2. The attitude that the use of condoms is an appropriate and reasonable way to prevent STDs

ENABLING FACTORS:

1. Availability of low-cost condoms
2. Condoms are available at locations that are easily accessed
3. Skills in the correct use of condoms

REINFORCING FACTORS:

1. Health-care providers are aware of the problem and will endorse initiatives
2. Clergy are aware of the problem and are supportive of the initiative
3. Parents of school-age children are aware of the problem and will support the initiative

PROGRAM IMPLEMENTATION ASSESSMENT

Target Behavior/Environmental Condition: Using Condoms Correctly/Having Condoms Available in Locations Appropriate to Target Group.

Educational Objective: 1. By June 199_, increase community awareness of STD problem and the complications of untreated STDs.

ACTIVITIES	METHOD OF DATA COLLECTION	MEASURE	RESULTS
Create and broadcast 3 radio spot announcements on top 40 radio station WWOW.	Conduct Expert and Potential User Review of radio spots.	# of radio spots completed / # proposed	
Appoint a planning task force representing key elements of the community: MDs, teens, clergy, parents, etc. to plan overall campaign.	Keep log of meetings and attendance at meetings; keep file of meeting agendas and meeting minutes.	Campaign planned: yes/no	
Sponsor a community awarenes 'ay (Valentines Day).	Keep log of event activities; communications; agencies and individuals involved; individuals responsible for activities.	Activities carried out: yes/no	
Set up a booth at community festival (Memorial Day).	Keep log of event activities; communications; agencies and individuals involved; individuals responsible for activities.	Activities carried out: yes/no	
Run a newspaper series about the extent of the STD problem in Fairfax County.	Conduct Expert and Potential User Review of newspaper articles.	Articles written: yes/no	

PROGRAM IMPLEMENTATION ASSESSMENT

Sample B Worksheet #6

Educational Objective: 2. By June 199_, 60% of the community will be in support of having condoms readily available in the community (low-cost, easy access).

ACTIVITIES	METHOD OF DATA COLLECTION	MEASURE	RESULTS
Conduct survey on radio station WWOW: have people call in expressing support.	Determine survey procedures and questions; collect and analyze data.	Survey completed: yes/no	
Conduct opinion leader survey assessing support of the initiative.	Conduct Expert and Potential User Review of leader opinion survey; collect and analyze data.	Survey completed: yes/no	

Educational Objective: 3. By June 199_, low-cost condoms will be available at 3 to 5 community locations.

ACTIVITIES	METHOD OF DATA COLLECTION	MEASURE	RESULTS
Procure at low cost; solicit locations/gain permission for condoms to be displayed and available.	Keep log of contacts; communications; locations where available.	# where available / # of locations proposed	

PROGRAM IMPLEMENTATION ASSESSMENT

Sample B Worksheet #6

Educational Objective: 4. By June 199_, the target population will have access to information on the correct use of condoms.

ACTIVITIES	METHOD OF DATA COLLECTION	MEASURE	RESULTS
Develop written materials demonstrating the correct use of condoms. Videos demonstrating the correct use of condoms will be available upon request at the health department.	Conduct Expert and Potential User Review of written materials; keep log of distribution and use. Keep log of distribution and use.	Materials written/distributed: yes/no Videos used: yes/no	

Educational Objective:
5. By June 199_, 70% of the Fairfax County Medical Society membership will endorse the initiative.
6. By June 199_, 70% of the Fairfax County Ministerial Association membership will endorse the initiative.
7. By June 199_, 70% of PTA and PTO membership will endorse the initiative.

ACTIVITIES	METHOD OF DATA COLLECTION	MEASURE	RESULTS
Create an information sheet on the extent of the STD problem in Fairfax County. Offer presentations describing the initiative and soliciting support. Develop endorsement form.	Conduct Expert and Potential User Review of information sheet; keep log of distribution and use. Keep log of contacts; communications; # of presentations. Conduct Expert and Potential User Review of information sheet; keep log of distribution and use.	# of endorsements obtained _____ # proposed	

PROGRAM TIMETABLE

Target Behavior/Environmental Condition: Using Condoms Correctly/Having Condoms Available in Locations Appropriate to Target Group

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
OBJECTIVES:												
1. By June 1994, increase community awareness of STD problem and the complications of untreated STDs.												
Create and broadcast 3 radio spot announcements on top 40 radio station WWOW.												
-- write radio spots									X	X		
-- pretest radio spots											X	
-- air radio spots	■	■	■	■	■	■						

1993 = X
199/ ■

PROGRAM TIMETABLE

Sample B Worksheet #7

Target Behavior/Environmental Condition: Using Condoms Correctly/Having Condoms Available in Locations Appropriate to Target Group

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
OBJECTIVES: **1. (con't)**												
Appoint a planning task force representing key elements of the community: MDs, teens, clergy, parents, etc. to plan overall campaign.												
-- form task force and conduct first meeting							X	X				
-- call task force meetings as needed	■	■	■	■	■	■			X	X	X	X
Sponsor a community awareness day (Valentines Day).												
-- with task force members, identify agencies and individuals to be involved and plan activities									X		X	
-- conduct awareness day activities		■										

1993 = X
1994 = ■

PROGRAM TIMETABLE

Sample B Worksheet #7

Target Behavior/Environmental Condition: Using Condoms Correctly/Having Condoms Available in Locations Appropriate to Target Group

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
OBJECTIVES: **1. (con't)**												
Sponsor a booth at community festival (Memorial Day).												
-- with task force members, identify agencies and individuals to be involved and plan activities	■	■										
-- conduct festival activities					■							
Run a newspaper series about the extent of the STD problem in Fairfax County.												
-- write newspaper articles									X	X		
-- pretest articles											X	
-- publish articles	■	■	■	■	■	■						

1993 - X
199 ■

PROGRAM TIMETABLE

Sample B Worksheet #7

Target Behavior/Environmental Condition: Using Condoms Correctly/Having Condoms Available in Locations Appropriate to Target Group

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
OBJECTIVES: 2. By June 1994, 60% of the community will be in support of having condoms readily available in the community (low-cost, easy access). Conduct survey on radio station WWOW: have people call in expressing support. -- with task force members, prepare survey methodology and questions -- conduct survey	■	■				■						

191

192

1993 = X
1994 = ■

PROGRAM TIMETABLE

Sample B Worksheet #7

Target Behavior/Environmental Condition: Using Condoms Correctly/Having Condoms Available in Locations Appropriate to Target Group

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
OBJECTIVES: **2. (con't):** Conduct opinion leader survey assessing support of the initiative. -- with task force members, prepare survey methodology and questions -- pretest survey -- conduct survey		■	■	■		■						

1993 X
199 ■

PROGRAM TIMETABLE

Sample B Worksheet #7

Target Behavior/Environmental Condition: Using Condoms Correctly/Having Condoms Available in Locations Appropriate to Target Group

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
OBJECTIVES: 3. By June 1994, low-cost condoms will be available at 3 to 5 community locations. Procure at low cost; solicit locations/gain permission for condoms to be displayed and available. -- procure condoms							X					
-- solicit/select locations								X	X			
-- maintain the availability of condoms at selected locations	■	■	■	■	■	■				X	X	X

196

195

1993 = X
1994 = ■

PROGRAM TIMETABLE

Sample B Worksheet #7

Target Behavior/Environmental Condition: Using Condoms Correctly/Having Condoms Available in Locations Appropriate to Target Group

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
OBJECTIVES:												
4. By June 1994, the target population will have access to information on the correct use of condoms.												
Develop written materials demonstrating the correct use of condoms.												
-- write materials										X	X	
-- pretest materials												X
-- distribute materials	■	■	■	■	■	■						
Videos demonstrating the correct use of condoms will be available upon request at the health department.												
-- develop method/materials for monitoring distribution of videos							X					
-- distribute videos	■	■	■	■	■	■		X	X	X	X	X

1993 X
1994 ■

PROGRAM TIMETABLE

Sample B Worksheet #7

Target Behavior/Environmental Condition: Using Condoms Correctly/Having Condoms Available in Locations Appropriate to Target Group

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
OBJECTIVES: 5. By June 1994, 70% of the Fairfax County Medical Society membership will endorse the initiative. 6. By June 1994, 70% of the Fairfax County Ministerial Association membership will endorse the initiative. 7. By June 1994, 70% of PTA and PTO membership will endorse the initiative.												
Create an information sheet on the extent of the STD problem in Fairfax County.												
-- write information sheet								X				
-- pretest information sheet									X			
-- distribute information sheet	■	■	■	■	■	■				X	X	X

199

200

1993 = X
1994 = ■

PROGRAM TIMETABLE

Sample B Worksheet #7

Target Behavior/Environmental Condition: Using Condoms Correctly/Havi..g Condoms Available in Locations Appropriate to Target Group

ACTIVITY	MONTHS											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
OBJECTIVES 5, 6 & 7 (con't):												
Provide presentations describing the initiative and soliciting support.												
-- plan presentation and promotion strategy											X	X
-- provide presentations	■	■	■	■	■	■						
Develop/use endorsement form.												
-- develop endorsement form			■									
-- obtain endorsements					■	■						

PROGRAM PERSONNEL

Target Behavior/Environmental Condition: Using Condoms Correctly/Having Condoms Available in Locations Appropriate to Target Group

PERSON	MONTHS												TOTAL HOURS
	1	2	3	4	5	6	7	8	9	10	11	12	
Program Supervisor	30	20	10	10	20	10	20	20	20	20	20	30	230
Health Educator	160	160	160	160	160	160	160	160	160	160	160	160	1,920
Nurse Consultant			10	10	10		10	20		10	20	10	100
Survey Consultant							20	20		10		30	80
Secretary	20	20	20	20	20	20	20	20	20	20	20	20	240

Sample B Worksheet #9

BARRIERS TO PROGRAM IMPLEMENTATION

Public Health Goal: Reduce the number of people in Fairfax County who contract sexually transmitted diseases. (In Fairfax County the syphilis rate is 14.1 per 10,000 (state = 5.8), the gonorrhea rate is 90.0 per 10,000 (state = 54.4) and the AIDS rate is 1.2 per 10,000 (state = 0.9).

1. **Social, psychological and cultural barriers** (for example, citizen and staff bias, prejudice, misunderstanding, taboos, unfavorable past experiences, values, norms, social relationships, official disapproval, rumors)

   (a) **Barrier:** the bias from some groups that "using condoms encourages sexual activity and promiscuity." **Strategy:** use ministerial association to develop strategies to address this barrier.

   (b) **Barrier:** the idea that STDs affect only certain segments of the population, for example, poor, disadvantaged, sexually promiscuous. **Strategy:** compile data to show the distribution of STDs.

   (c) **Barrier:** resistance to change, for example, having condoms readily available to all represents a new way of thinking and doing. **Strategy:** invite guest speakers from other communities to share their experiences in making condoms readily available.

2. **Communication obstacles** (for example, illiteracy, local vernacular, local radio/television policies and procedures)

   (a) **Barrier:** local media policies and procedures prohibiting talking/writing about condoms. **Strategy:** utilize recommendation from task force members and support from opinion leaders to change policies and procedures.

   (b) **Barrier:** some people do not want to talk about condoms, for example, they are "dirty, nasty and not nice." **Strategy:** emphasize the extent and seriousness of the STD problem in Fairfax County. We have to talk about it!

   (c) **Barrier:** statistics about Fairfax County suggest that 30% of the population cannot read above the third-grade level. **Strategies:** develop low literacy materials; share materials with the low literacy council; have materials available where condoms are distributed.

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3. **Economic and physical barriers** (for example, low income, the inability to pay for or access services or travel for long distances over difficult terrain to agency facilities)

   (a) **Barrier:** lack of transportation to distribution centers, particularly in rural areas. **Strategies:** survey rural community members to determine how and where to best meet needs of residents; determine the most easily accessed sites in the rural areas of Fairfax County.

4. **Legal and administrative barriers** (for example, residence requirements to be eligible for services, existing agency policy and procedures, existing agency organization and allocation of resources).

   (a) **Barrier:** no agency policy or procedures governing the distribution of condoms and their promotion. **Strategies:** obtain the written support of task force members, ministerial association members, medical society members and members of school PTOs promoting the development of policies and procedures; obtain sanction of county commissioners and board of health members

WORKPLAN

Public Health Goal: Reduce the number of people in Fairfax County who contract sexually transmitted diseases. (In Fairfax County the syphilis rate is 14.1 per 10,000 (state = 5.8) the gonorrhea rate is 90.0 per 10,000 (state = 54.4) and the AIDS rate is 1.2 per 10,000 (state = 0.9).

ACTIVITY	LEAD PERSON	OTHER PARTICIPANTS	DATES	
			BEGIN	END
Designate Staff:				
1. Obtain the services of a Nursing Consultant.	Program Supervisor	Agency Director	7/1/93	7/15/93
2. Locate and contract with a Program Evaluation Specialist for services pertaining to the design of survey instrument and the analysis of survey data.	Program Supervisor	Agency Director	7/15/93	8/15/93
Train Staff:				
1. Provide program orientation for Nursing Consultant and Evaluation Specialist.	Program Supervisor	Agency Director, Nursing Supervisor, Health Educator	8/1/93	9/1/93

WORKPLAN

Sample B Worksheet #10

ACTIVITY	LEAD PERSON	OTHER PARTICIPANTS	DATES	
			BEGIN	END
Identify Needs:				
1. Identify agencies/individuals with expertise in STD prevention. Make contacts and determine potentials for collaboration and consultation.	Program Supervisor	Health Educator	7/1/93	8/15/93
2. Conduct a literature search for effective community-based and school-based STD prevention strategies.	Health Educator		7/1/93	8/15/93
Develop/Acquire Materials/Equipment:				
1. Identify/obtain written materials (pamphlets, posters, etc.) and carry out pretesting as necessary.	Health Educator	Potential users of written materials	8/1/93	11/1/93

WORKPLAN

Sample B Worksheet #10

ACTIVITY	LEAD PERSON	OTHER PARTICIPANTS	DATES	
			BEGIN	END
Provide Planned Interventions: refer to Worksheet #7 titled "Program Timetable" for an outline of planned program activities and the time intervals within which they are to be completed.	Program Supervisor	Health Educator, Nursing Consultant, Evaluation Consultant	7/1/93	6/30/94
Evaluate Objectives: refer to Worksheet #7 titled "Program Timetable" for an outline of planned evaluation activities and the time intervals within which they are to be completed.	Program Supervisor	Health Educator, Nursing Consultant, Evaluation Consultant	10/1/93	6/30/94