

Planning Health Program (Part 2)

Step 2: Conduct a situational assessment

Situational assessment is like a “snapshot of the present” – use it to plan for the future. It involves gathering, analyzing, synthesizing, communicating and discussing data. The purpose is to inform planning decisions about goals, objectives, audiences, promising strategies and activities (steps 3 and 4). This step includes examining the trends and factors that may help or hinder your potential program. Work with your key stakeholders to identify whether local organizations and agencies, local politicians, or others in the community are willing to support your program in the ways you are beginning to design it.

In line with the definition of health promotion principles in the 1986 Ottawa Charter,⁷ situational assessment results should also:

- show the positive (strengths and issues, rather than needs or deficits);
- result from ongoing, meaningful input from the intended audience(s);
- look broadly and deeply at health issues; and
- be complete, convincing, credible and compelling.

Following, we review the six sub-steps to conducting a situational assessment:

1. Identify key questions to answer through the assessment.
2. Develop a data-gathering plan.
3. Gather the data.
4. Organize, synthesize and summarize the data.
5. Communicate the information.
6. Consider how to proceed with planning.

1. IDENTIFY KEY QUESTIONS TO ANSWER THROUGH THE ASSESSMENT

The first part of conducting a situational assessment is determining what you want to know. Start with three important questions.

1. What is the situation?
2. What is making the situation better or worse?
3. What possible solutions, interventions and actions can you take to deal with the situation?

Each of these may lead to a series of more specific questions to guide your situational assessment. For example:

What is the situation?

- a. *What impact is the current situation having on health and quality of life for various groups of people?*
- b. *How do local stakeholders and the public perceive the situation?*
- c. *How do local stakeholders and community members describe their needs related to the situation?*
- d. *What solutions do local stakeholders and community members favour and why?*
- e. *What are the benefits of acting now versus acting later?*

What influences are making the situation better and worse?

- a. *What risky or negative health behaviours of various groups are affecting the situation?*
- b. *What makes people behave in these ways?*

What possible actions can you take to deal with the situation?

- a. *What are other organizations, similar to yours, doing to address this situation?*
- b. *What has your organization done in the past?*
- c. *What evidence exists to support various courses of action?*

2. DEVELOP A DATA-GATHERING PLAN

A data-gathering plan is a clear and realistic list of specific tasks or action steps. A good plan takes into account the five main areas of project management: 1) stakeholder roles and involvement; 2) resources; 3) time; 4) decision-making; and 5) data collection.

In general, data-gathering tasks can be seen as:

1. Collecting various **types** of data (e.g., a scan of what others are doing to address a similar situation);
2. Using a combination of **methods** (e.g., face to face consultation, surveys, accessing existing large data sets, etc.); and
3. Accessing various **sources** (e.g., researchers, community organizations, government websites, etc.).

There are many appropriate routes, which each have their advantages. For example, published literature may give you a broad perspective about what works across many different locations. Consultative

methods, such as focus groups, can provide rich data specific to your environment and community. It's a good idea to draw on a variety of types, methods and sources of data. The following provides a good starting point.

TYPES OF DATA

1. Community health status indicators
2. Quantitative polling/survey data
3. Community stories/testimonials
4. Evaluation findings
5. Research findings
6. Cost-benefit data
7. Syntheses and guidelines
8. Best or recommended practices
9. Environmental scans (from organizations like yours)
10. Stakeholder mandates, agendas, policies, guidelines, etc.

METHODS FOR GATHERING DATA

1. Consulting with stakeholders (interviews, focus groups, forums, etc.)
2. Surveys
3. Searching the literature (e.g. Published and/or unpublished, single studies and/or reviews, a review of internal documents)
4. Examining existing large data sets (e.g. Previous surveys, hospital admissions, arrest reports, etc.)

SOURCES OF DATA

1. Community service organizations
2. Polling companies
3. Community spokespersons
4. Public libraries
5. Consultants
6. Websites
7. Resource centres
8. Researchers
9. Government departments
10. Private sector
11. Other stakeholders

3. GATHER THE DATA

After developing your data-gathering plan, keep research efforts in line with your available resources to stay on time and within budget. Most importantly, never lose sight of your situational assessment questions. Keep good notes about which sources of data are meant to answer specific questions. This

will help you structure your data- gathering (e.g., developing focus group questions), and save time later when you organize your data. It will also make it easier to, if necessary, divide the work of organizing and synthesizing the data (step 4).

4. ORGANIZE, SYNTHESIZE AND SUMMARIZE THE DATA

At this stage, the challenge is to take the wealth of information collected and make it meaningful. Start by sorting the key lessons gathered from each of your data collection tasks. Then organize them around the three broad situational assessment questions in general, and your specific questions, recapped below from an earlier section of this workbook:

1. What is the situation? Consider the trends, impacts, public and stakeholder perception of the situation.
2. What is making the situation better or worse?
3. What possible solutions, interventions and actions can you take to deal with the situation?

To organize and summarize key findings, try SWOT analysis. A SWOT considers the **S**trengths and **W**eaknesses of your organization, and **O**pportunities and **T**hreats outside your organization, in this case related to the program you are developing.

5. COMMUNICATE THE INFORMATION

Before disseminating the results of your situational assessment, be clear about who needs the information, and the best way to get it to them. Your communication plan should include:

1. Key audience(s);
2. Communication objectives;
3. Communication channel(s), or the means by which a message is sent; and
4. Communication vehicles, or the formats used to deliver messages.

6. CONSIDER HOW TO PROCEED WITH PLANNING

After collecting and organizing your data, it is time to evaluate the situational assessment results and decide how to proceed. Base this decision on the quality and quantity of data, and your understanding about how to improve the situation with your resources.

Consider:

1. What are the gaps in data quality or quantity, relative to stakeholder expectations?
2. How might that restrict your ability to make evidence-based decisions about goals, audiences, objectives, strategies, activities and resources?
3. How do you perceive your ability to affect the situation with your available time, financial resources and mandate?
4. What are your next steps in the planning process? Will you proceed now, or must you revisit research questions, project scope or resources?

Step 3: Set goals, audiences and outcome objectives

As part of the situational assessment process, you kept track of findings that suggested directions or conclusions related to choosing goals, audiences and objectives. In step 3, you now apply that information. Doing so before program strategies and activities (step 4) is important. It allows you to ask and answer this question: “Which strategies and activities will best advance our goals and objectives within the limits of our resources?”

SET GOALS

A goal is a broad statement that provides overall direction for all aspects of a program over a long period. Because of the need for flexibility, these tend to be descriptive, global statements of what is intended. Most health promotion programs have a single goal, although more complex programs may have several.

Goals do not have a deadline. They also are not measurable in exact terms because they often include subjective words like *evaluate*, *know*, *improve* and *understand*.

CHOOSE AUDIENCES

The audience of interest requires special attention to achieve your goals. There are generally two kinds of audiences: primary and secondary.

The primary audience, often mentioned in the goal, is the group whose health you are concerned with. Secondary audiences *influence* the primary audience, for example through:

1. social influences (informal networks including family and circles of friends);
2. policies and procedures (of various organizations where people work, play, worship, receive health and social services); and
3. legislation and regulations (at various levels of government).

A plan with multiple parts and strategies may have a number of secondary audiences.

WRITE OUTCOME OBJECTIVES

An outcome objective is a brief statement specifying the desired changes caused by a health promotion program. Depending on the accepted terms of your organization, changes may also be called results, impacts, or effects. Good objectives include four components:

1. **who** you want to change (audience);
2. **what** you want to change in the audience (outcome);
3. by **how** much; and
4. by **when**.

Table 1. Goal vs Objectives

	GOAL	OUTCOME OBJECTIVE
Scope	General	Specific
Time	Not time-limited	Time-limited, relative to goals
Purpose	Set general direction (e.g. "to increase or decrease...")	Identify how much of what should happen, to whom and by when
Measurability	Need not be measurable	Measurable
Number	1-2 per program	Could be many, at each level of change
Link	Links back to strategic directions	Links back to goals

Table 2. Characteristics of objectives at each level

LEVEL OF OBJECTIVE	TYPE OF OUTCOME, RESULT, IMPACT OR EFFECT	CONTRIBUTING FACTORS	RELEVANT AUDIENCES
Individual	Maintain a personal behaviour change	An individual's: <ul style="list-style-type: none"> • knowledge • beliefs • attitudes • skills • self-efficacy 	Segments most in need. For example: <ul style="list-style-type: none"> • men • children • lower-income groups • smokers • homeless people
Interpersonal	Social networks influence behaviour change	<ul style="list-style-type: none"> • Frequency and content of conversations about a health issue within a social network 	Opinions of networks such as: <ul style="list-style-type: none"> • Families • Groups of friends • Colleagues • Teammates
Organization	Develop policies	<ul style="list-style-type: none"> • Views about costs and benefits of policy change • Confidence and competence in developing effective health promoting policies 	Decision-makers (primary) or employees, unions, customers (secondary) of organizations such as: <ul style="list-style-type: none"> • Schools • Worksites • Places of worship • Primary health care settings

Table 3. Sample objectives at each level

LEVEL OF OBJECTIVE	BY HOW MUCH	IN WHO (AUDIENCE)	WHAT YOU WANT TO CHANGE (OUTCOME)	BY WHEN
Individual	To increase by 10% the number of...	...adults between ages 50-80...	...who agree that depression and anxiety are highly treatable disorders that should be discussed with a doctor...	...within 2 years
Interpersonal	To increase by 20%, the percentage of...	...people who provide informal care (unpaid caregivers) to the elderly in Ottawa...	...who agree that mental health problems such as anxiety and depression are often closely linked to physical health complaints...	...in the next 12 months
Organizational	To increase by 10, the number of...	...physician offices in Niagara Region...	...that give all patients a screening tool for depression to take home once a yearwithin the next 18 months