



PLANNING A HEALTH PROMOTION PROGRAMME



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THE PLANNING PROCESS

- Plan should answer three basic questions:
 - What am I trying to achieve?
 - What am I going to do?
 - How will I know whether I have been successful?

- Planning is necessary:
 - To increase effectiveness
 - To make the best use of resources



PLANNING AND EVALUATING HEALTH PROMOTION

1. Identify needs and priorities



1. NEEDS AND PRIORITIES

- Clear views about what needs you are responding to, e.g. deaths from a particular disease
- Clear priorities for health promoter and for client group

HEALTH NEEDS ASSESSMENT

- Demographic information – population size, age structure, ethnic mix
- Frequency of disease (mortality and morbidity)
- Health related lifestyles
- Environmental influences on health
- Attitudes to health
- Sources of health information (e.g. adverts and experts)
- Health resources (e.g. health services)
 - Kemm and Close (1995)





SOURCES OF DATA

NATIONAL CENSUS

- Snapshot of the population at a particular point in time
- First local census around **1240 A.D.**
- Since **1842** done practically **every 10 years** with only a few exceptions
- Last census done in **November 2005**



CENSUS INFORMATION

- Demographic data, i.e. information about the population structure
 - Age structure
 - Proportion of males and females
 - Distribution by locality
 - Changes in the population
- Socio-economic factors
 - Educational attainment
 - Income
 - Type of occupation
 - Housing



CENSUS INFORMATION (2)

- Questions about *illness and disability*
- Recently including *lifestyle factors* as well:
 - Section about **smoking patterns** introduced in the 1985 survey
 - **Alcohol consumption** patterns as from 1995



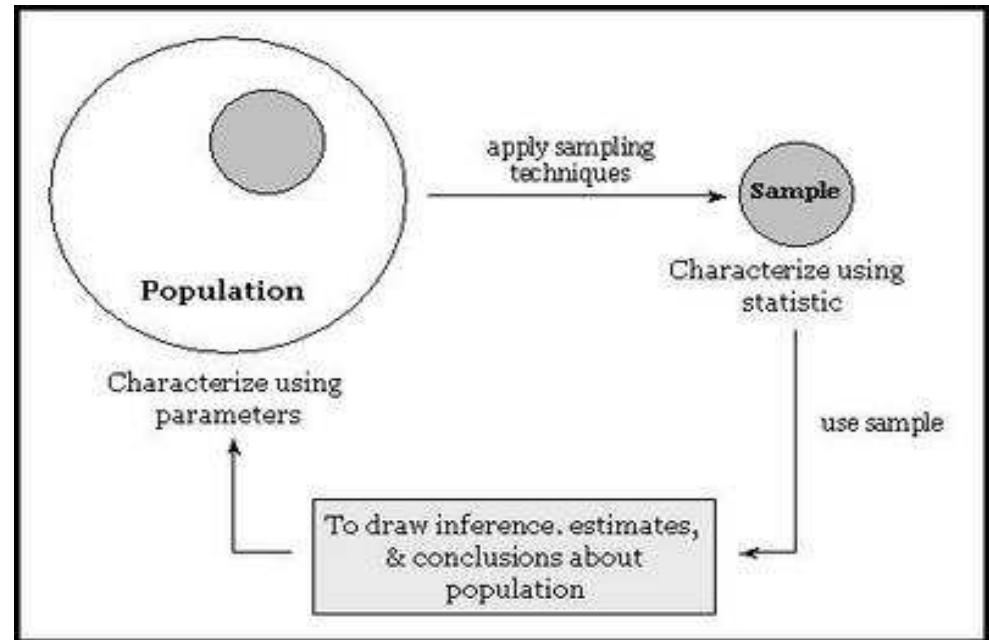


ADVANTAGES AND DISADVANTAGES OF CENSUS

- ✓ Covers the **entire population**, therefore very accurate (assuming respondents are honest!!!)
- * **Limited** range and depth of topics covered
- * **Expensive** (budget for 2005 census was Lm 0.5 million)

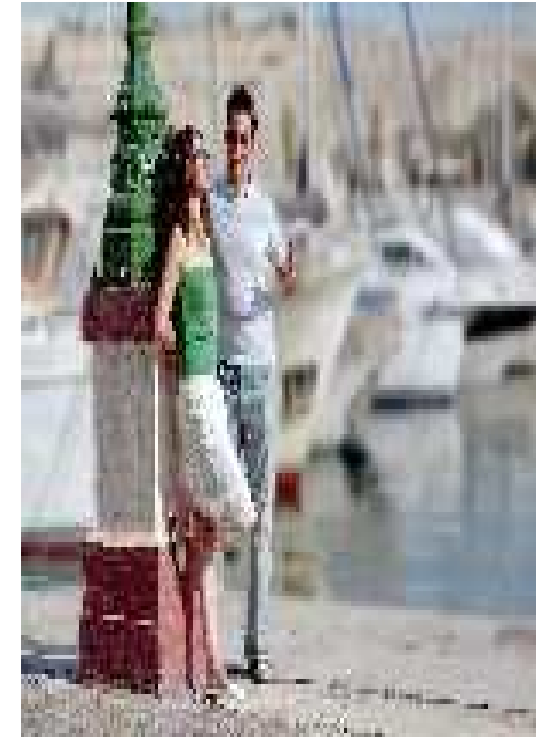
SPECIAL SURVEYS

- Uses a sample not entire population
- Participants selected by random sampling
 - Every person has an equal chance of being selected
 - Enables statistical generalisation to general population
- Possible to cover a wider range of subjects and in greater detail



THE LIFESTYLE SURVEY (NSO, 2006)

- 1000 participants over 18 years selected randomly
- Information about:
 - SMOKING
 - ALCOHOL
 - DRUGS
 - PHYSICAL ACTIVITY
 - BMI
 - LIFE SATISFATION
- Available from www.nso.gov.mt



MORTALITY AND MORBIDITY



- Death rates from different diseases compared with national and international averages
- Hospital admission rates for different diseases
- Information limited to the more serious diseases



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2. Set aims and objectives

2. AIMS AND OBJECTIVES

- AIM (Broad goal): broad statements of what you are trying to achieve, e.g. reducing the amount of alcohol-related ill health
- OBJECTIVES: more specific statements of what participants will have achieved at the end of the intervention
 - Challenging
 - Attainable / realistic
 - As measurable as possible
 - Relevant – consistent with aims of organisation



EXAMPLES OF AIMS AND OBJECTIVES

AIM: To reduce suicides

OBJECTIVES:

1. To establish a help-line and safe house for women within a year
2. To ensure that schizophrenic patients living in the community are reviewed at least monthly
3. To set up a help-line and drop-in counselling services for young people
 - Naidoo & Wills, 2000: 359



TYPES OF OBJECTIVES

- Health objectives: specific outcomes / end state (e.g. Reductions in disease rates)
- Behaviour change objectives – changes in lifestyle, e.g. Reducing the amount of drink-driving
- Policy objectives – changes in policy, e.g. Implementing smoke-free policies at work



TYPES OF OBJECTIVES (2)

- Environmental objectives – changes which make the environment more healthy, e.g. Restricting the advertisements on alcohol / tobacco
- Educational objectives: (3 categories)
 1. **Knowing**, e.g. Increasing participants knowledge about modes of transmission of HIV
 2. **Feeling**, e.g. Self esteem and alcohol use
 3. **Doing**, e.g. Teaching self administration of insulin
 - Usually a **combination** of all three aspects



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3. Decide the best way of achieving the aims



3. ACHIEVING THE AIMS

- Brainstorming for different ideas
- Identifying the best option:
 - Most appropriate
 - Most acceptable
 - Easiest
 - Cheapest
 - Most comfortable to work with
- Guidance for appropriate methods from research / databases, e.g. *National Institute for Clinical Excellence (NICE)*

<http://www.nice.org.uk/page.aspx?o=508295>

CHOOSING THE APPROPRIATE METHOD

- Depends on
 - External considerations, e.g.
 - Funding
 - Expertise of health promoter
 - The set objectives, e.g.
 - Changing attitudes → small interactive group
 - Passing on specific knowledge → formal teaching session
 - Mass media – effective in raising awareness but not in changing behaviour



Aims and Methods in Health Promotion (Ewles & Simnett, 2003)

AIM	APPROPRIATE METHOD
Increasing Health Awareness Raising consciousness on health issues	<ul style="list-style-type: none">■ Talks■ Group work■ Mass media■ Displays and exhibitions■ Campaigns

AIM	APPROPRIATE METHOD
Improving Knowledge Providing information	<ul style="list-style-type: none">■ One-to-one teaching■ Displays and exhibitions■ Written material■ Mass media and the Internet■ Campaigns■ Group teaching
Self-empowering Improving self-awareness, self-esteem, decision making	<ul style="list-style-type: none">■ Group work■ Practising decision-making■ Social skills training■ Role play■ Assertiveness training■ Counselling

AIM	APPROPRIATE METHOD
<p>Changing attitudes and behaviour</p> <p>Changing the lifestyles of individuals</p>	<ul style="list-style-type: none"> ■ Group work ■ Skills training ■ Self-help groups ■ One-to-one instruction ■ Group/individual therapy ■ Written material ■ Advice
<p>Societal / environmental change</p> <p>Changing the physical or social environment</p>	<ul style="list-style-type: none"> ■ Lobbying ■ Pressure groups ■ Community development ■ Environmental measures ■ Planning and policy making ■ Enforcement of laws and regulations

The 'Synergy' Approach

- Combining more than one method
- E.g. Reducing over-consumption of alcohol may involve:
 - Health education about alcohol as part of school PSE programme
 - Educational rehabilitation programmes for young drink-drive offenders
 - Promoting social acceptability of drinking non-alcoholic drinks among young people
 - Lobbying for an increase in alcohol taxation



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4. Identify resources

4. IDENTIFY RESOURCES

- Identify what is available and what you will need
- Resources include:
 - People who can help you, e.g. Artist, photographer
 - Client / client group, e.g. Former smoker
 - People who influence client / group, e.g. the Church, celebrities
 - Existing policies / plans – build upon them
 - Existing facilities / services, e.g. Libraries, schools, youth centres, health centres
 - Material resources (e.g. Leaflets)
 - YOU



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5. Plan evaluation methods

5. PLAN EVALUATION METHODS

- Evaluation = making a judgement about value of something
 - What has been achieved? → OUTCOME
 - How was it achieved → PROCESS
- How will we measure success?
- What is good/bad/could be improved?



Outcome Evaluation

- Assess and Measure changes in:
 - Health awareness
 - Knowledge
 - Attitudes
 - Behaviours
 - Policies
 - Physical environment
 - Health status



Process Evaluation



- Measure the input
 - Time, money, materials, etc.
 - Was the outcome worth the cost
- Self evaluation
 - Think of positive and negative aspects
- Obtain feedback...from colleagues, manager, clients by:
 - Observing reaction (e.g. Interested/bored)
 - Asking specific questions
 - Encourage open/honest atmosphere



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6. Set an action plan

6. SET ACTION PLAN

- Write down a detailed statement
- Who will do what, with what resources and by when
- ‘Key Events’ Plan: break down plan into smaller, manageable elements
- ‘Milestones’ Plan: what should happen by a set of dates



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6. Set an action plan



7. ACTION

SUMMARY OF PLANNING

*I once did meet six serving men
They served me well and true
Their names were what and
why and when
And how and where and who!*

- Ewles & Simnett, 2003: 98

