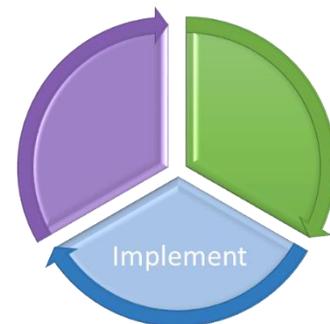


# DESCRIBE PROGRAM



## Purpose:

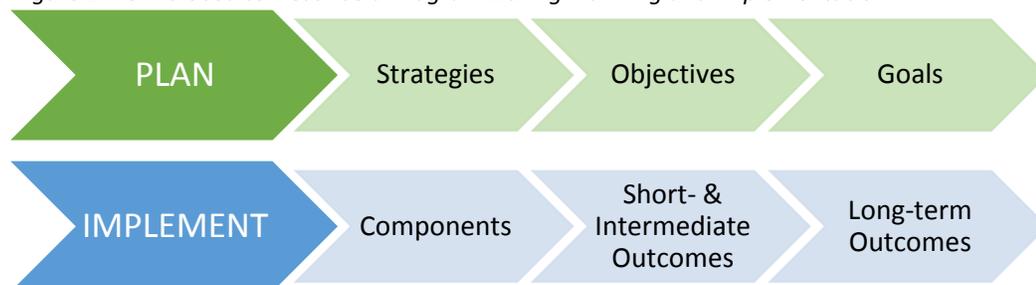
In this stage you will develop a **Program Description** and/or **Logic Model** for your program that shows the relationships between the resources you have, the activities you intend to do, and the results you hope to achieve. This will become your road map for the program. Developing your **Program Description** and/or **Logic Model** will help you take what you learned in the PLAN phase and develop an actionable program. You need this foundational information to guide you through the IMPLEMENT and EVALUATE phases.

As you transition from PLAN to the IMPLEMENT phase, you may notice changes in terminology. Although the terms refer to similar concepts, the terminology commonly used in PLAN is different than the terminology commonly used in IMPLEMENT. Program strategies outlined in the PLAN phase are referred to as components in IMPLEMENT; objectives translate to short and intermediate-term outcomes, and goals become long-term outcomes (Centers for Disease Control and Prevention, 2011). Figure 1 compares the terminology used in both the PLAN and IMPLEMENT phases. The implement terminology will be used when developing a **Program Description** and/or **Logic Model**.

## TOOLS

- *Program Description*
- *Logic Model*
- *Knowledge Exchange Plan*

Figure 1. Terms Used to Describe a Program During Planning and Implementation



Adapted from the Centres for Disease Control and Prevention "Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide"

## Step 1: Document need, rationale and population health goals

The program goals describe the overall purpose of the program. In the PLAN phase, you may have identified the population health goals. It is the highest level health outcome to be achieved by the program. The goal(s) should be supported by the program need.

If you completed the **Pre-Planning Tool** in the PLAN phase, you may have briefly articulated the need for your program, and established the need and rationale for the program by working through stages, such as *Situational Assessment* and *Identify Effective Strategies*. The rationale is the evidence for why the program is needed. Evidence may come in many forms including, surveillance/population health data, from stakeholders, environmental scans, as well as peer-reviewed and grey literature.

**Program Description:** A comprehensive tool that may be used to detail all the necessary information to implement your program. At this point, you should have enough information to complete the “Mandate,” “Need & Rationale” and “Population Health Goals” sections of the **Program Description**. Recall, the program mandate refers to what public health is directed to do by the Ontario Public Health Standards (2018) and/or relevant legislation.

**Logic Model:** The key purpose of the **Logic Model** is to provide a high-level visual to illustrate your program to stakeholders and decision makers. This tool helps illustrate the linkages between program actions and outcomes it intends to achieve. If you are creating a Logic Model you can insert the population health goals in the “Long-term Outcomes” column at the far right-hand side of the **Logic Model** template.

## Step 2: Describe program interventions / components & activities

During the PLAN phase, you may have decided to move forward with a program strategy or intervention based on evidence. These strategies were chosen because they will help you achieve your identified outcomes.

When describing the strategies, you plan to implement, it is helpful to think of them in the form of interventions / components and activities. Interventions / Components are broad categories of closely related program activities. Activities are the specific services and actions delivered to achieve the desired outcomes. Table 1 provides examples of interventions / components and activities commonly used in public health programming. You may also wish to include program activities in a **Work Plan**. This tool is described in the *Prepare to Implement* stage guide.

If your program addresses a priority population you may have identified mitigating strategies to meet the needs of the population. Be sure to include those mitigating strategies and activities as you describe your program. For more information about priority populations refer to the *Health Equity* concept guide.

Table 1. Examples of Public Health Program Components

Intervention / Components	Intervention / Component Example	Activity Examples
<b>Advocacy</b>	Advocate at the municipal level for policy change	<i>Obtain</i> support for outdoor smoking by-law
<b>Awareness Raising</b>	Health promotion campaign	<i>Distribute</i> campaign posters
<b>Community Partnership Development</b>	Reorientation of Health Services	<i>Develop</i> community care path for perinatal mental health services
<b>Education</b>	Workshop	<i>Deliver</i> workshop <i>Demonstrate</i> breastfeeding techniques
<b>Health Protection</b>	Screening for infectious diseases	<i>Collect</i> swabs for Human Papillomavirus (HPV) <i>Read</i> Tuberculosis (TB) skin tests
<b>Surveillance</b>	Monitoring rates	<i>Collect</i> adult mosquito samples <i>Conduct</i> telephone survey of falls in adults over 65 years of age

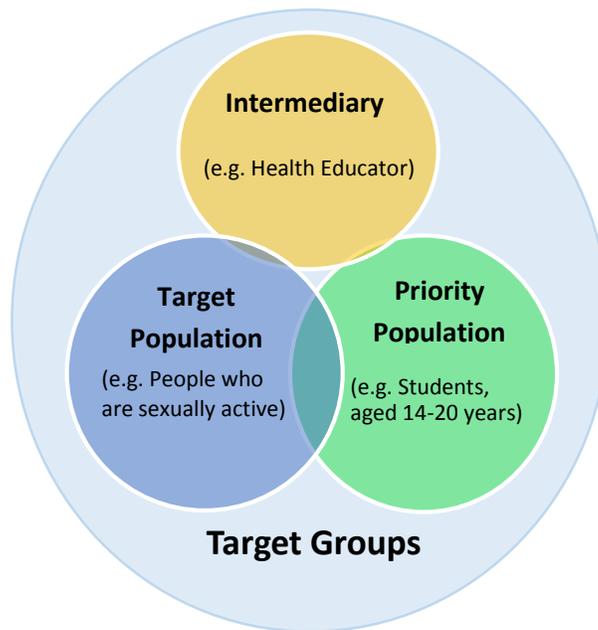
**Program Description:** At this point, think about the strategies or intervention / components that your program uses to address the population health outcome(s). If this is a new program or you are making changes to an existing program, you may have identified program strategies in “Identify Effective Strategies” during the PLAN phase. You may wish to include these strategies as program intervention / components and activities in the **Program Description**.

**Logic Model:** If you are creating a logic model, you may wish to enter your program intervention / components in the **Logic Model** Tool at this time. Since the goal of the Logic Model is to provide a high-level overview of the program, it is recommended that only the program intervention / components are included in the Logic Model. However, if you think that some of your program activities are essential to understanding your program, you may wish to include a *few* high-level activities to accompany each program intervention / component. You can achieve this by including a sub-bullet under the intervention / components for each activity or by creating an additional “Activities” column between the “Intervention / Components” and “Population” columns in the Logic Model Tool.

### Step 3: Define population

Now that you have identified the program intervention / components and activities, it is important to determine who each program intervention / component is intended for, also known as the target group. Your target group identifies who you are trying to reach with your strategy. In many instances, your target group will be the target population or priority population you identified in the *Situational Assessment* stage. However, there will be times when your target group is an “intermediary”, for example, if your strategy involves reaching out to community partners or health care providers who interact with your target or priority population. These “intermediaries” would broker the message. Figure 2 illustrates the relationship between Target Group, intermediary, target population and priority population.

Figure 2. Target Groups with Examples



**Program Description:** Once you have identified the target group(s) for each program intervention / component, you may list them in the population section of the **Program Description**.

**Logic Model:** If you plan to develop a **Logic Model**, you will want to include the target groups next to the corresponding intervention / components(s) in the “Population” column. If the intervention / component is targeted at an intermediary, (e.g. healthcare providers) it is important they are included as the population in the Logic Model for this intervention / component. The outputs and short-term outcomes will be related to the program intervention / components, activities, and the population they are targeted towards.

### Step 4: Establish program outcomes

Monitoring activities can ensure the program is being implemented as planned. Outputs are used to monitor activities and can be related to program activities, populations or both, (the activities you monitor are referred to as outputs in the IMPLEMENT phase). They are commonly expressed as a duration, frequency or proportion (see Table 2 below for examples). An output expressed as a proportion indicates there is a relationship between two pieces of information; combined, this information may be more useful for monitoring activities than the pieces of information on their own.

Table 2. Types of Outputs with Examples

Expressed as	Example
Duration	Length of counselling session
Frequency	Number of sessions
Proportion or Percent	Number of sessions per month Percent of clients seen from target group

Now that you have outputs to monitor program implementation, you will also want to outline short- and intermediate-term outcomes. Short- and intermediate-term outcomes will help to determine if your program is addressing the intended population health goals or long-term outcomes. Writing down the program outcomes will allow you to articulate what you plan to achieve in the short-, intermediate- and long-term. Although public health agencies are rarely held accountable for population health outcomes (long-term outcomes), it is important we understand how the short-term outcomes contribute to the intermediate- and long-term outcomes. If your program targets both a general and priority population, it is important you identify outputs and outcomes that reflect both populations. Including outputs and outcomes for all populations will allow you to monitor if there are differences in program implementation. For more information about populations refer to the Health Equity concept guide. Table 3 describes various types of program outcomes. You can learn more about monitoring outputs and outcomes in *Establish Key Indicators* and *Monitor and Report Key Indicators* stage guides.

Table 3. Short-, intermediate-, and Long-Term Outcomes

Outcomes		
Short-term	Intermediate	Long-term
<ul style="list-style-type: none"> <li>• Related to awareness, knowledge, attitudes, and skills</li> <li>• Aligns with Program Outcomes in the Ontario Public Health Standards (OPHS)</li> <li>• Directly related to the program and participants</li> </ul>	<ul style="list-style-type: none"> <li>• Related to behaviour, policies, practice</li> <li>• Linkage between short- and long-term outcomes</li> <li>• Aligns with Program Outcomes in the OPHS</li> </ul>	<ul style="list-style-type: none"> <li>• Population Health Outcomes</li> <li>• Aligns with Goals in the OPHS</li> </ul>

**Program Description:** Since you have already documented the program’s long-term outcomes (population health goals) in the **Program Description**, it may help to start by articulating intermediate-term program outcomes, then short-term outcomes and finally outputs.

**Logic Model:** When including short- and intermediate-term outcomes in the **Logic Model**, you may wish to condense the wording of the outcomes included in the **Program Description**.

## Step 5: Identify required resources

Once you have identified your outcomes and activities, consider the resources you need to implement each intervention / component. Resources for a program can take many forms; they are the financial and non-financial resources used to deliver activities, produce outputs and accomplish outcomes. Table 4 provides a list of commonly used resources (inputs). *Prepare to Implement* will give you the opportunity to think more specifically about program resources and how and when you will obtain these resources.

Table 4. Commonly Used Program Resources with Examples

Resource	Example
Staffing	Hire part-time staff to register clients
Community Partners	Recruit community partners to deliver presentations to target group
Technology	Develop a database for registration
Communications	Graphically designed program materials to meet audience requirements
Materials and supplies	Printed copies of program materials
Location	Rent meeting room to run program

**Program Description:** Use the “Inputs” section of the **Program Description** to document the resources needed to implement your program. If you are working on an existing program you may already have this information. However, if you are describing a new program or making significant changes to an existing program, you may need to take a little more time with this section. If this program or program change is supported by an approved PBMA proposal, you may want to consult the approved proposal.

**Logic Model:** You may want to review your list of resources and try to summarize the resources you plan to include in the “Inputs” column of the **Logic Model**. It may be helpful to omit resources common to public health programs and include those vital to the implementation and/or set your program apart from others (e.g. Nicotine Replacement Therapy for a smoking cessation program).

## Step 6: Create Program Description and/or Logic Model

At this point, you probably have made a good start on the **Program Description** or **Logic Model**. You will have documented the need, rationale, population health goals of the program, as well as the intervention / components and activities you will use to achieve the program goal. The population, short- and intermediate-term outcomes, and resources needed to implement the program will have also been included. However, you should also consider if there are any assumptions or external factors that will have a significant impact on program implementation and achieving long-term outcomes respectively.

### Assumptions

As you were drafting your **Program Description** and/or **Logic Model** you may have noticed there is not always evidence to fully support the rationale of a program. When evidence is lacking, you need to make assumptions about why the program is needed and how the program will work. In public health, assumptions are often made when determining strategies and activities. It is important you document these assumptions so that as new information is identified, you can confirm your assumptions or modify your program accordingly.

### External Factors

Public health does not operate in a vacuum. There are many factors beyond your program that could influence the outcomes. Highlight the key external factors you may have identified in the PLAN phase. Significant changes in these external factors could mean altering your program.

**Program Description:** Consider potential assumptions that may impact your program and external factors that may contribute to your program’s long-term outcomes. Document this information in the **Program Description** tool. At this point, review the completed tool and do your best to summarize key aspects of your program in the “Brief Program Description” section of the tool.

**Logic Model:** Your program may have many assumptions and/or external factors. When determining what to include in the **Logic Model**, consider the assumptions your program is most contingent on or ones that you are hoping to confirm (or reject) as the program progresses. Similar to assumptions, consider which external factors will have the greatest impact on the long-term outcomes.

The final step is creating the **Program Description** or **Logic Model**. This will ensure your completed documents provide a full picture of your program. When you are ready, you may want to try using the “reasonable person test” when reviewing your Logic Model or Program Description. Give the completed tool to someone who is unfamiliar with your program. If they can explain your program back to you after reviewing the tool, it’s passed the reasonable person test! Check out the tip box for more tips for reviewing your Logic Model or Program Description.

**Logic Model Tips:**

- If you read across the Logic Model from left to right you may notice that it is made up of a series of “if-then” statements. When reviewing, try to focus on one “if-then” relationship at a time
- Review existing program indicators
- Review the Logic Model from right to left and left to right
- Review the logic model annually

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## Guiding Questions

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**Program Description & Logic Model Development:**

- What specific services will be delivered?
- Does your program or project require a single or multiple intervention / components to address desired outcomes?
- Are all related program activities, outputs and outcomes included?
- What assumptions are you making about how the program will work?
- What external factors will interact and influence your program activities?

**Program Description & Logic Model Review:**

- Is it reasonable to expect the described activities will lead to the short- and intermediate-term outcomes?
- Is it reasonable to expect the short-term outcomes described will lead to intermediate- and long-term outcomes?
- Are the selected strategies appropriate for the target group (consider intermediaries, target and priority populations)? Have you consulted the target group and/or priority population in planning your initiative?
- Do the activities and outcomes address a demonstrated need?
- Are the causal linkages plausible and supported by how the program or intervention should implement?

## *Frequently Asked Questions*

**Q:** *Where do I include my evaluation plans in the Logic Model?*

**A:** You don't include evaluation plans in the **Logic Model**. In *Prepare for Evaluation* you will be developing an **Evaluation Plan** to identify data collection plans for key process measures and outcomes. Think of the Logic Model as a buffet and the Evaluation Plan a plate. The buffet includes all aspects of your program and you use the plate to select specific items from the buffet you would like to measure. The food in the buffet may not change, but you may want to include different items on your plate from time to time.

**Q:** *Do you include training activities in the Logic Model?*

**A:** It really depends. If training is identified as an effective strategy (e.g. train-the-trainer model) or is directly related to achieving program outcomes, then it should be included in the **Logic Model**. For example, you may consider including training in the Logic Model if you are introducing a program where extensive staff training is required to ensure program fidelity (e.g. Triple P Parenting Program).

### **Describe Program Checklist**

Checklist items relevant to complete this stage are dotted;

Checklist items relevant to Program Manager are solid

<input type="checkbox"/>	Determine which tools you will use ( <b>Program Description</b> and/or <b>Logic Model</b> )
<input type="checkbox"/>	Complete the following <b>Logic Model</b> or <b>Program Description</b> sections:
<input type="checkbox"/>	Inputs: resources
<input type="checkbox"/>	Actions: intervention / components, activities, target groups & outputs
<input type="checkbox"/>	Outcomes: short-, intermediate- and long-term
<input type="checkbox"/>	Key program activities listed under the appropriate intervention / component (if necessary for logic model)
<input type="checkbox"/>	All relevant populations are identified (including intermediaries)
<input type="checkbox"/>	All selected intervention / components and activities are appropriate for the target group(s)
<input type="checkbox"/>	Review and approve <b>Logic Model</b> or <b>Program Description</b>
<input type="checkbox"/>	Review “Guiding Questions”
<input type="checkbox"/>	Request consultation with Program Evaluator to review <b>Program Description</b> or <b>Logic Model</b> if needed.

## References

Centers for Disease Control and Prevention. (2011). *Introduction to program evaluation for public health programs: A self-study guide*. Retrieved from <https://www.cdc.gov/eval/guide/cdcevalmanual.pdf>

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