



2.0 WHAT DOES  
YOUR PROGRAM  
EXPECT TO  
CHANGE?

## 2.0 WHAT DOES YOUR PROGRAM EXPECT TO CHANGE?

This section of the toolkit will consider the question “What will change as a result of the program?” It is important to answer this question during the project planning stages in order to develop effective strategies that have **measurable** outcomes that can be evaluated.

### In this section:

How will your program succeed?  
Writing SMART goals and objectives  
Linking objectives to program strategies  
Short term and long term changes  
Project planning tools and templates  
Useful links

### Invest adequate time for project planning

It is very tempting to move directly into developing the program strategies (the ‘doing’ stage) without clearly defining what changes we expect to see as a result of the program. Taking time to collect evidence about which strategies have been shown to be effective previously or developing a theory-based rationale for why a new strategy might work can improve the likelihood that precious resources are wisely invested. Begin planning with a **needs assessment**. For more information on needs assessment, refer to **Section 1 – Who is the program for and why is it needed?**

### Set realistic and achievable targets

The next step is to determine the desired changes as a result of the program. Setting targets for the types of change and realistic levels of change is important. We want to be able to assess whether the program made a difference. Many sources of data are available to assist you in setting benchmark measurements for developing program goals and objectives (see **Section 1**). Where data does not exist, talk to your colleagues and experts in the field and agree on a realistic target. Don’t be too ambitious when setting targets – failing to hit a target can be demoralising while meeting or exceeding a target can be very motivating!

## 2.1 Risk factors (and protective factors)

**A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury (World Health Organisation 2013).**

A person’s health and wellbeing can be affected by many factors associated with ill health, disability, disease or death. Risk factors rarely operate in isolation; they will often coexist and interact with each other and may **predispose** an individual to behave in a certain way, **contribute** to or **reinforce** a health issue.

### EXAMPLE: TEENAGE PREGNANCY

- Risk factor: Having unprotected sex
- Contributing risk factors
  - > *Predisposing*
    - + attitudes to contraception
    - + knowledge about contraception
  - > *Enabling*
    - + high cost of contraception
    - + barriers to purchase of contraception
  - > *Reinforcing*
    - + value/belief that it is OK to be pregnant/a teenage mother
    - + financial support for single mothers
    - + baby bonus

**Protective factors** are the opposite of risk factors. Protective factors explain why some individuals in a community will have better health outcomes than others when faced with the same health issue. For example, people diagnosed with HIV who have access to good social support networks may have better health outcomes than those who feel marginalised or isolated following a positive diagnosis. Social support is an example of a protective factor.

When writing objectives, you may want to focus on reducing the risk factors or the harms associated with risk factors that contribute to a health issue. In addition, you may wish to consider increasing the protective factors which contribute to or reinforce positive health outcomes and that could mitigate the effects of risk factors.

There are five different types of risk factors (or protective factors), each is described below.

<b>BEHAVIOURAL</b>
Factors associated with lifestyle changes, e.g. reducing the number of sexual partners, condom use
<b>BIOMEDICAL</b>
Factors influenced by a combination of lifestyle factors, e.g. uptake of hepatitis B and HPV vaccines, uptake of treatment for curable STIs
<b>ENVIRONMENTAL</b>
Social, economic, cultural and political factors e.g. steroid use for enhancing body image, stigma/shame
Physical, chemical and biological factors, e.g. access to needle exchange programs, high prevalence of STIs
<b>GENETIC</b>
Factors influenced by an individual's genetic make-up, e.g. race and family history can make some women more susceptible to HPV infection
<b>DEMOGRAPHIC</b>
Age, sex, and population subgroups, e.g. young people are more likely to experiment and engage in risky sexual behaviours, Indigenous Australians have higher rates of STIs than non-Indigenous Australians.

### A note about the social determinants of health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries (World Health Organisation 2013).

Wilkinson & Marmot<sup>2</sup> defined 10 social determinants of health:

- The social gradient
- Unemployment
- Social support
- Addiction
- Food
- Transport
- Stress
- Early life
- Social exclusion
- Work

While these factors are not easily modifiable, your program may be able to partially address these factors to improve health outcomes for a group.

## 2.2 Writing SMART goals and objectives

Writing **SMART** or **Specific, Measurable, Achievable, Relevant** and **Time specific** goals and objectives is one of the first and most important steps in effective program planning and evaluation. A **Goal** is a statement about long term outcomes or changes that the program seeks to influence or change. Goals can also be referred to as aims.

An **Objective** is a statement of change designed to achieve the program goal that measures short-term outcomes. Objectives are more direct and specific than the goal. A program can include both objectives and sub-objectives that show program implementation at different stages and levels.

**GOALS** | Correspond to the health problem  
e.g. Chlamydia

**OBJECTIVES** | Correspond to the risk factors that influence the health problem  
e.g. unprotected sex

## What are SMART goals and objectives?

The acronym SMART stands for:

- Specific** Who? What? Where?
- Measurable** By how much? Is this number realistic?
- Achievable** Will the time-frame allow the program to succeed?
- Relevant** Which objectives provide a good indication of the program's effects?
- Time Specific** By when?

### Think about what the program will change at the start of planning

Evaluation may seem like one of the last steps in program implementation but in reality it is much easier to consider evaluation at the start of the planning process. Many projects have failed simply because the project had no specific goals or objectives. The evaluation therefore could not determine if the goals or objectives had been achieved.

**An example of a SMART goal:**  
 "To reduce by 30% the incidence of sexually transmitted infections among adolescents aged between 15-18 years, attending government secondary schools in the Perth metropolitan area, by the end of 2015".

**An example of a SMART objective:**  
 "To increase by 30% the number of sexually active adolescents aged between 15-18 years, attending government secondary schools in the Perth metropolitan area who have had an STI test in the last 12 months, by the end of 2015".

### Use the SMART approach to write your own goal and objectives.

Let's have a look at why these example goals and objectives are SMART.

**Specific:**

*Who?* Adolescents aged between 15-18 years, attending government secondary schools.  
*What?* Incidence of sexually transmitted infections  
*Where?* Perth metropolitan area

**Measurable:**

*By how much?* To reduce by 30%. To increase by 30%.

**Achievable:**

To reduce by 30% by the end of 2015. The timeframe is sufficient for the goal to be achieved.

**Relevant:**

STI transmission is a problem among adolescents and therefore having an STI test is relevant to the target group and a suitable indicator of change. 30% is a realistic measure as it allows room for further growth. The goal is primarily based on behaviour change and therefore a lower percentage decrease is more realistic to aim for as behaviour change takes time.

**Time Specific:**

*By when?* By the end of 2015. This is a more specific target than "by 2015" or "When the program has ended". It is important to set a precise time frame.

Now compare the following two objectives:

**Avoid vague or 'fuzzy' objectives**

1. To increase the confidence of youth workers to deliver sexual health programs to young people

**Look for measurable indicators of change**

2. To increase by 30% the number of sexual health programs for young people available in youth centers within two years.

The first objective is not very specific or measurable. How will you measure increased confidence of youth workers?

## 2.3 What activities will achieve your objectives?

Program objectives are also used to decide on **program strategies** (or activities) i.e. what you are actually going to do. The objectives correspond to the **risk factors** influencing the health problem and are used to shape the strategies required to meet the goal.

Good project planning seeks to identify **modifiable** risk factors (or protective factors) and program goals and objectives **before** choosing strategies.

<b>GOAL</b>
What you want to achieve overall
<b>OBJECTIVE</b>
The change expected from your strategies
<b>STRATEGIES</b>
What your program is going to do

Table 2.1 illustrates the relationship between goals, objectives, risk factors and strategies.

**Table 2.1: Understanding goals, objectives, risk factors and strategies**

<b>Health Problem</b> Sexually transmitted infections among adolescents		
<b>Goal</b> "To reduce by 30% the incidence of sexually transmitted infections among adolescents aged between 15-18 years, attending government secondary schools in the Perth metropolitan area, by the end of 2015".		
<b>Risk factors</b> 1. Limited sexual health knowledge	<b>Objectives</b> 1. To increase by 30% the number of sexually active adolescents aged between 15-18 years, attending government secondary schools in the Perth metropolitan area who have had an STI test in the last 12 months, by the end of 2015	<b>Strategies</b> 1. Policy change for mandatory sex education in all secondary schools

## 2.4 Short term and long term changes

When developing goals and objectives for your program, it is important to differentiate between short term and long term changes.

### SHORT TERM CHANGES

Short term changes include an increase in knowledge and skills of the target group.

*E.g. increasing knowledge of where to go for an STI test, or increasing skills related to correctly putting on a condom.*

### LONG TERM CHANGES

Long term changes include outcomes such as behavior modification or a change in legislation or policy.

*E.g. changing behaviors to ensure that condoms are used every time a person has sex, or changing policy in terms of making sex education mandatory in all secondary schools.*

When setting goals, the time frame needed to achieve the desired outcome needs to be considered carefully. Outcomes such as achieving a change in policy will generally take a lot longer to accomplish than increasing somebody's knowledge on a particular topic.

The timing of evaluation and measuring program effects or changes should take into account whether changes are short term or long term. Evaluating too early may not allow sufficient time for changes to be seen.

## 2.5 Program planning tools and templates

All of the tools that can be used when planning a health intervention. This section outlines five commonly used planning tools:

1. PABCAR model
2. PRECEDE-PROCEED model
3. Logic model
4. Planning and Evaluation Wizard (PEW)
5. Quality Improvement Program Planning System (QIPPS)

### The choice of planning tool is based on your personal preferences

All of the planning tools involve working through a series of steps in a logical way, whilst still providing

room for modifications throughout the process. The planning tools may need to be adapted to suit your program. Using a planning tool or model will assist in identifying key factors of your intervention that will shape your goal, objectives and strategies. Some people prefer online tools or flow charts while other people prefer tables.

**The first three planning tools discussed below (PABCAR, PRECEDE-PROCEED and Logic Model) provide an example of how to apply the tool to a current health issue. The example health issue for all three examples is the same to allow you to easily determine which template would best suit your program.**

### 2.5.1 PABCAR model

The PABCAR model<sup>5</sup> is a decision-making tool for health program planning. This practical tool for planning a program uses five key steps (see Figure 2.1).

**Figure 2.1: PABCAR model**

1. **P**roblem (significance to community, cost, epidemiology)
2. **A**menable to change (can you fix it? How do you know?)
3. Intervention **B**enefits are greater than **C**osts (social, ethical, economic, efficacy)
4. **A**cceptance for the interventions (is the target group, community, and industry etc. going to accept the intervention?)
5. Actions **R**ecommended and monitoring.

The example in Table 2.2 demonstrates how the PABCAR model can be used to guide an intervention focusing on a sexual health program aimed at culturally and linguistically diverse (CaLD) youth. A series of questions are asked during the PABCAR planning process. The answers to these questions will help to shape the program objectives and strategies.

**Table 2.2: PABCAR example – Sexual health program for CaLD youth**

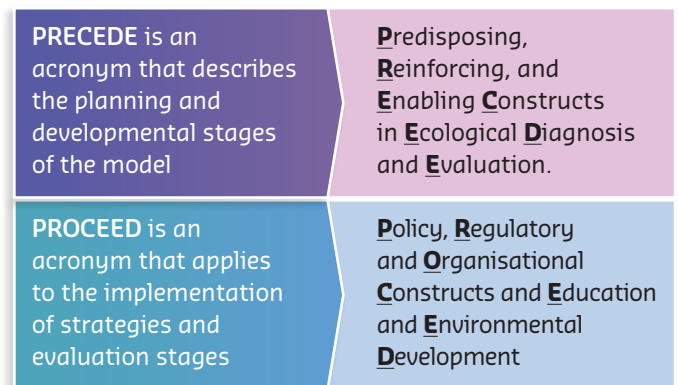
<b>1. What is the problem and is it significant?</b>
<i>The problem:</i> High risk of STI transmission among young Culturally and Linguistically diverse people in Perth. <i>Significance:</i> The transmission rate of STIs within CaLD communities is a serious issue for young people. Many STI’s go unnoticed and untreated which may result in serious future health consequences. CaLD youth are less likely to seek assistance due to cultural barriers making them a vulnerable group.
<b>2. Is the problem amenable to change?</b>
Evidence indicates that the transmission rate of STIs would be reduced with the introduction of sexual health programs within CaLD communities to increase knowledge, awareness and skills.
<b>3. Are intervention benefits greater than the costs?</b>
With the introduction of a sexual health program, young CaLD people and their communities would benefit at a social, ethical and financial level, e.g. medical treatment costs are reduced.
<b>4. Is there acceptance for interventions?</b>
There is strong community and political support for this program and there is acceptance for the program among local CaLD communities.
<b>5. What actions are recommended?</b>
The implementation and monitoring of an ongoing sexual health program within the Perth metropolitan area.

### 2.5.2 PRECEDE-PROCEED model

The PRECEDE-PROCEED model is one of the more comprehensive models used for health promotion program planning. It provides a useful format for assessing priority health issues and identifying factors that should be focused on during an intervention.

The PRECEDE-PROCEED model emphasises that: **“The determinants of health must be diagnosed before the intervention is designed; if they are not, the intervention will be based on guesswork and will run a greater risk of being misdirected and ineffective.”<sup>6</sup>**

**Figure 2.2: PRECEDE-PROCEED model**



The PRECEDE-PROCEED model can be broken down into five planning questions that relate to a program. An example of these questions is shown in Table 2.3 below.

**Table 2.3: Research questions related to the PRECEDE-PROCEED model**

<b>Health Issue: High rates of STI transmission among young culturally and linguistically diverse (CaLD) communities in Perth.</b>	
Planning Questions	Answers
How serious is the health problem?	The transmission rates of STIs within CaLD communities are a serious issue for young people. Many STIs go unnoticed and untreated which may result in more serious health consequences. CaLD people are less likely to seek assistance due to cultural barriers.
What health related behavioral and environmental factors are involved?	Language barriers, fear of shame and stigma, limited understanding of the health care system, and a lack of access to culturally appropriate services are factors involved in this health issue.



Health Issue: High rates of STI transmission among young culturally and linguistically diverse (CaLD) communities in Perth.	
Planning Questions	Answers
What are the determinants of those behavioral or environmental factors?	Social determinants such as social exclusion in society, stress and limited social support.
Which combination of health promotion interventions might change these determinants and factors?	<p>Provision and advertisement of culturally appropriate health services available.</p> <p>Development of culturally appropriate sexual health education sessions and resources to distribute among community members.</p> <p>Use of creative techniques such as art, drama and music to educate communities as it may reduce shame and stigma surrounding the topic of sexual health.</p>
How can those interventions be implemented?	Partner with local agencies such as WA AIDS Council (WAAC) and FPWA to develop appropriate resources to distribute. Contact multicultural and settlement organisations to use champions or community leaders to educate others.

### 2.5.3 Logic model

The logic model is used during the developmental stages of program planning to demonstrate the logical flow of program elements. It provides a one page visual map of the activities and outputs of a health based program.

The model is used in a way that paints a picture of the theories and ideas that underpin a program. It illustrates a system of cause-and-effect relationships that create a path for the desired result. The logic model links the problem (**situation**) to the intervention (**inputs and outputs**) and the impact (**the outcome**).

Figure 2.3 illustrates the elements of the logic model.

The logic model elements are defined below:

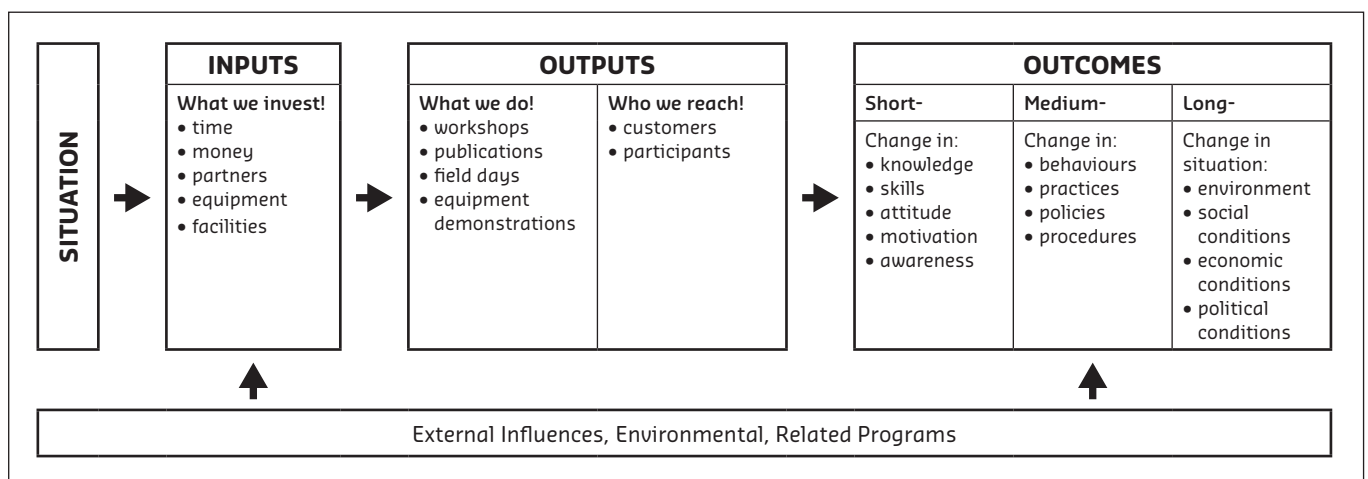
- **Inputs:** the resources, contributions and investments that go into the program.
- **Outputs:** the activities, services, events and products that reach the target audience.
- **Outcomes:** the results or changes for individuals, groups, communities, organisations or systems.
- **Assumptions:** the beliefs we have about the program, the people involved, the context and the way we think the program will work.
- **External Factors:** the environment in which the program exists that includes a variety of external factors that interact with and influence the program.

Further information is available at the link below:  
 The logic model for program planning and evaluation <https://www.cals.uidaho.edu/edcomm/pdf/cis/cis1097.pdf>

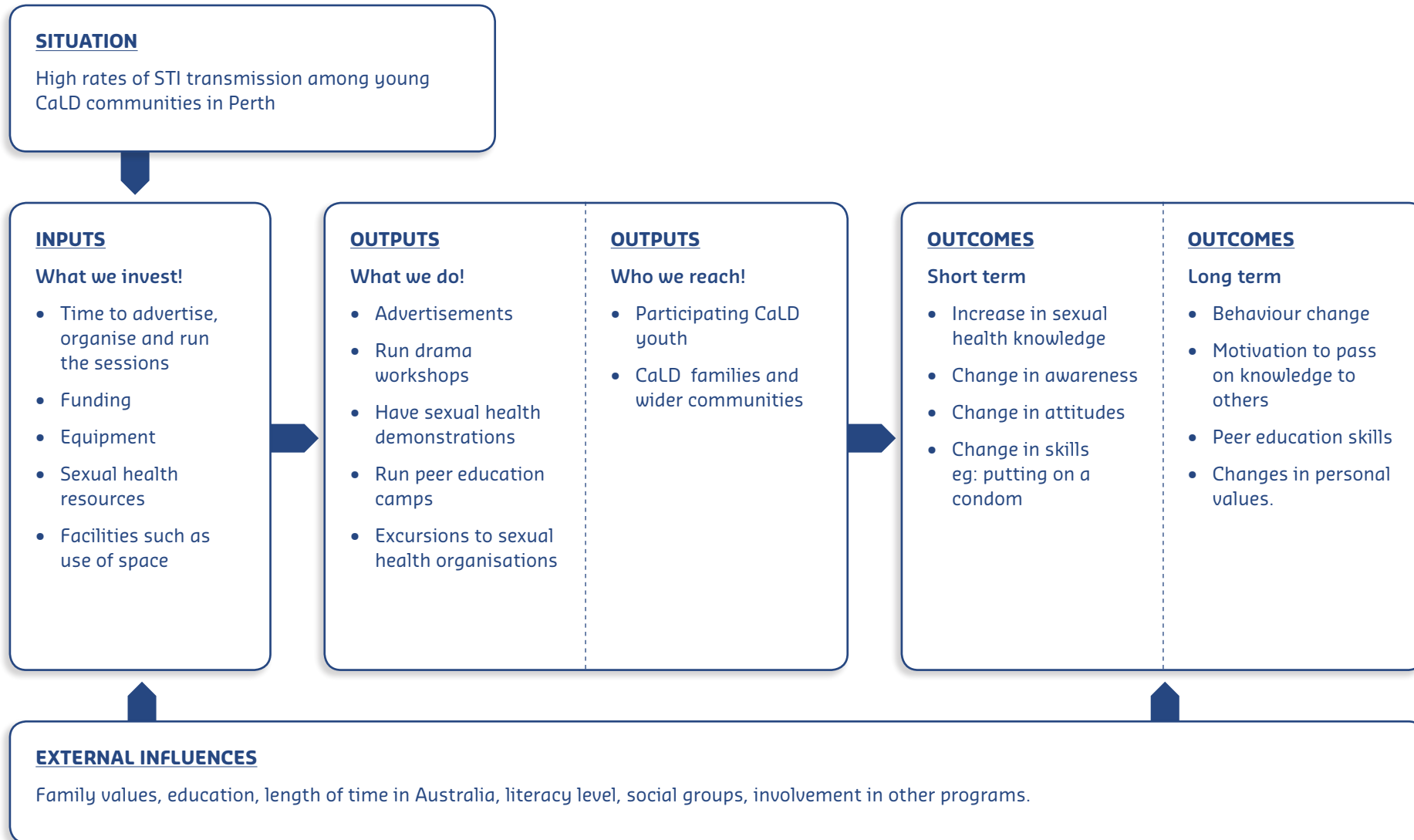
Further information is available at the link below:  
 Using PRECEDE-PROCEED: A resource for instructors, students, health practitioners and researchers [www.lgreen.net](http://www.lgreen.net)

An example of the logic model is shown below in Figure 2.4. This model has been applied to a program that uses drama and theatre based strategies to educate migrant youth on sexual health.

Figure 2.3: Elements of the logic model<sup>7</sup>



**Figure 2.4: Example of the logic model**





### 2.5.4 Planning and Evaluation Wizard (PEW)

The Planning and Evaluation Wizard (PEW) is an online planning and evaluation tool. PEW was developed by the South Australian Community Health Research Unit at Flinders University in Adelaide. PEW provides an easily accessible tool for practitioners with both practical assistance and examples.

The PEW website is divided into sections that provide information, blank templates and examples of previous case studies and programs.

The **Planning and Evaluation Wizard (PEW)** can be accessed at the link below: [www.flinders.edu.au/medicine/sites/pew/pew\\_home.cfm](http://www.flinders.edu.au/medicine/sites/pew/pew_home.cfm)

### 2.5.5 Quality Improvement Program Planning System (QIPPS)

The Quality Improvement Program Planning System (QIPPS) is an online tool that has been designed to assist in planning and evaluating a variety of projects. QIPPS was originally developed by Mitchell Community Health Service (Victoria) and is now owned by Infoxchange.

QIPPS has evolved into a tool that provides collaboration and searching of the growing body of community based projects.

QIPPS is a dynamic tool that enables a consistent and structured approach to managing a program. It provides opportunities to facilitate partnerships, develop skills in writing a project plan, track project process, and support capacity building.

Further information on the tool can be found on the QIPPS website below:

<https://www.infoxchange.org/au/products-and-services/project-management>

## 2.6 I'm stuck! Where can I get more information?

Please contact SiREN at [siren@curtin.edu.au](mailto:siren@curtin.edu.au) or visit the SiREN website [www.siren.org.au](http://www.siren.org.au) for more information about program planning. The following links and references may also be useful.

#### **Health needs assessment workbook.**

Includes information on undertaking a needs assessment and planning your program. <http://healthimpactassessment.pbworks.com/f/Health+needs+assessment+workbook+-+HDA+England+-+2002.pdf>

**Healthway website.** Provides good examples of case studies for health promotion projects. [www.healthway.wa.gov.au/about/publications/case-studies-for-health-promotion-projects/6](http://www.healthway.wa.gov.au/about/publications/case-studies-for-health-promotion-projects/6)

**Planning Health Promotion Programs: Introductory Workbook.** This workbook provides a six-step approach to assist in planning health promotion programs. [https://www.publichealthontario.ca/en/eRepository/Planning\\_health\\_promotion\\_programs\\_workbook\\_En\\_2015.pdf](https://www.publichealthontario.ca/en/eRepository/Planning_health_promotion_programs_workbook_En_2015.pdf)

**Community Tool Box: Developing a Logic Model of Theory of Change.** This toolkit will support you to develop and use a logic model. <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>