

Health Promotion Strategies: Taking a best practices approach

Weeks 4 & 5 Needs Assessment & Identifying goals & objectives [IMA Steps 1 & 2]

Synopsis

Michael Goodstadt Ph.D., C.Psych.
University of Toronto

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IMA Step 1: Needs Assessment

1. What is the problem, issue, etc.?
2. How is the health problem related to QOL?
3. What risk factors/conditions are related to the health problems
 1. Individual behavioural risk factors
 2. Environmental risk factors/conditions (at socio-ecological levels)
4. What are the (personal) determinants related to these risk factors/conditions?
 1. Why would a person perform a particular risky behaviour?
 2. Why do certain environmental conditions exist?
5. What are the boundaries to the issue?
6. What is/are the priority populations?
7. What are the desired program goals?

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IMA Step 1: Needs Assessment

1. **Task 1:** Establish & maintain a planning group that includes program stakeholders
2. **Task 2:** Plan & conduct the needs assessment using the **PRECEDE** model to analyze health & quality of life problems and their behavioral and environmental causes
3. **Task 3:** Balance the needs assessment with an assessment of community capacity
4. **Task 4:** Link the needs assessment to program & evaluation planning by specifying desired program outcomes

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What factors determine individual behaviors and environmental conditions?

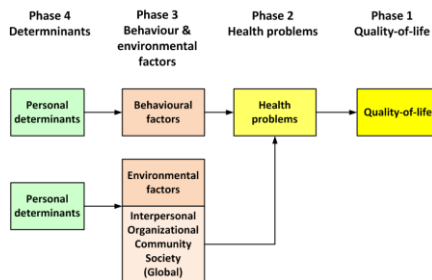
- **Personal determinants:** Knowledge, attitudes, beliefs, values, perceptions, self-efficacy, etc.
- **External determinants** that influence behavior can be:
 - in the **immediate** (inter-personal) environment (e.g., influence of parents/friends), and/or
 - in the more "**remote**" environment (higher ecological levels)

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INTERVENTION LOGIC MODEL: STEP 1 Logic Model of Needs Assessment (Informed by the PRECEDE Model) (From Bartholemew et al., 2011, Table 4.1)



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IMA Step 2: Preparing matrices of change objectives

What **specific changes** need to occur if we are to make a difference re. health & health-related issues/problems?

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IMA Step 2: Preparing matrices of change

1. Transitioning from logic model of the **problem (or risk)** to logic model of **change**
 1. Convert "**problem**" into "**goals, outcomes & objectives**"
2. Process of increasing **greater specificity**: seems complex:
 1. Which it is—influencing the issue is complex
 2. ...but not really—it follows a straightforward logic of burrowing through a series of "why/how" questions

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Natural progression of program "objectives" & "outcomes"

Quality of life improvement
↓ ↑
Health outcomes
↓ ↑
Behavioural & environmental outcomes
↓ ↑
Performance objectives
↓ ↑
[Determinants]
↓ ↑
Change objectives

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Objectives are selected on basis of their **relevance & changeability**

- **Relevance** is the strength of the evidence relating to a determinant and the behavior or environmental factor we want to change
- **Changeability** is strength of the evidence that the proposed change can be realized by an intervention.
- Behaviors and environmental conditions that are both more relevant and more changeable will be a **high priority** for program focus

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IMA Step 2: Preparing Matrices of Change Objectives

1. **Task 1:** State expected change or program **outcomes** for health-related behavior and environmental conditions to improve health & QOL
 1. usually broad conceptualizations
2. **Task 2:** Subdivide behavioural & environmental outcomes into **performance objectives**
 1. What do the participants or the environmental agents need to do to perform the behaviour, or to make the environmental change, stated in the behavioural or environmental outcomes? (pp. 255-256)
 2. Break down behavioural & environmental outcomes into their component sub-behaviours
 3. Characterized by action words (verbs)

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IMA Step 2: Preparing Matrices of Change Objectives

3. **Task 3:** Select important & changeable **determinants** of health behavioral & environmental **outcomes**: those factors that are associated with the performance/behaviour of the at-risk population, or of the change agents (p. 269)
 1. Why would people perform the health-promoting behaviour (i.e., the performance objectives)?
 2. Why would a certain environmental agent make an environmental modification?

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IMA Step 2: Preparing Matrices of Change Objectives

4. **Task 4:** Create a **matrix of change objectives** for each level of intervention planning (individual, interpersonal, organizational, community, and societal) by crossing performance objectives with the identified determinants, and writing change objectives for the most important cells of the matrix

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Creating a matrix of change objectives

	Determinant 1	Determinant 2
Performance objective 1	change objective	change objective
Performance objective 2	change objective	change objective

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Performance objectives (what needs to "change" to achieve health outcomes)	Determinants (factors) influencing achievement of "performance objectives"						
	Personal determinants (examples)			External determinants (examples)			
	Perceptions	Attitudes	Self efficacy	Social norms	Policies	Political support	Access to resources
Re. "at risk" individual							
Perf. Obj. #1	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.
Perf. Obj. #2	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.
Perf. Obj. #3	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.
Re. environmental change agents (at all socio-ecological levels)							
Perf. Obj. #4	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.
Perf. Obj. #5	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.
Perf. Obj. #6	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.	Change obj.

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Example: partial matrix for condom use (re. individual performance objectives)

Performance Objectives	Knowledge	Risk Perception	Self-Efficacy
1. Plan condom use	K.1. Describe use of condoms in preventing HIV/STD, pregnancy	RP.1. Describe how lack of planning increases risk of pregnancy, HIV/STD	SE.1. Talk about being confident to plan ahead for using condoms
2. Buy a condom	K.2a. Identify places K.2b. List condom types		SE.2. Talk about feeling confident about buying a condom
3. Carry condoms	K.3. List different ways to carry condoms	RP.3. Describe how not carrying a condom increases risk	SE.3. Talk about feeling confident about carrying condoms

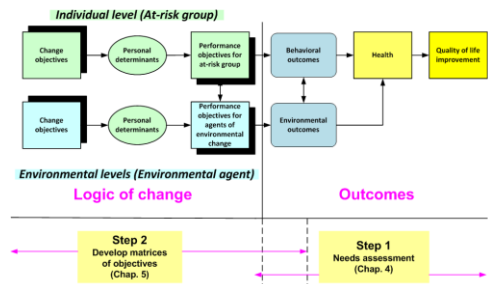
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INTERVENTION LOGIC MODEL: STEPS 1-2 Logic Model of Change

(From Bartholemew et al., 2011, Figures 1.4 & 5.1)



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IMA & the Social Determinants of Health

How do the SDOH fit with the Intervention Mapping Approach?

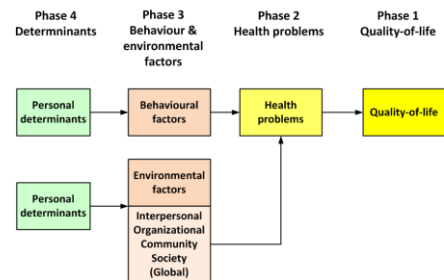
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INTERVENTION LOGIC MODEL: STEP 1 Logic Model of Needs Assessment

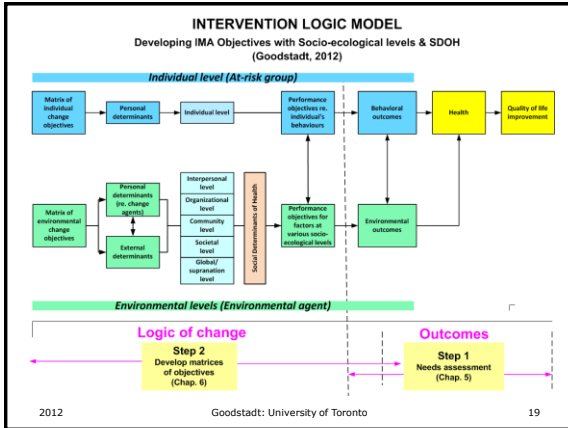
(informed by the PRECEDE Model)
(From Bartholemew et al., 2011, Table 4.1)



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Concepts: Population health

“An approach to health that aims to improve the entire population and to reduce health inequities among population groups.

In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health” (PHAC)

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Concepts: Determinants of health

“The range of personal, social, economic and environmental factors which determine the health status of individuals or populations.”

(WHO Health Promotion Glossary)

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- ## Key determinants of health (PHAC)
- http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html#key_determinants
- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Income and Social Status 2. Social Support Networks 3. Education and Literacy 4. Employment/Working Conditions 5. Social Environments 6. Physical Environments | <ol style="list-style-type: none"> 7. Personal Health Practices and Coping Skills 8. Healthy Child Development 9. Biology and Genetic Endowment 10. Health Services 11. Gender 12. Culture |
|--|--|
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- ## Other determinants of health (CPHA, 1996)
- Gap between rich & poor
 - Discrimination
 - Life-long learning opportunities
 - Meaningful work opportunities with some control over decision-making
 - Social relationships that respect diversity
 - Freedom from violence or its threat
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