

CHAPTER VI

PUTTING IT ALL TOGETHER: CREATING A PLANNING DOCUMENT

Now that you have completed the assessment and planning work described in the previous chapters, you are ready to “put it all together” into a cohesive planning document. This chapter will describe the sequence and contents of your plan. The contents of the plan should include:

- The executive summary
- The mission and goal statements
- The community health assessment
- The results of problem identification, prioritization and problem analysis
- The action plan
- The timeline
- The evaluation plan
- A budget for implementation and evaluation

THE EXECUTIVE SUMMARY

The plan document should always begin with an executive summary, which will be very useful for those who want a quick overview of the report contents. An executive summary can also be used as a stand-alone document to be shared with policy makers, community agencies and other stakeholders including the press and the public. It provides them with a synopsis of the assessment findings and the plan. The summary should be no longer than 3-5 pages and should be well organized, succinct and easy to read.

The executive summary should begin with the purpose of the plan: Why has the document been created? How will the results be used? What is the intended audience? If there is any pertinent history or contextual information, briefly include it here. This will allow the reader to understand where your effort fits in historically and within the bigger picture of other forces that affect the MCH population. The executive summary should also include a description of any other current planning or advocacy efforts targeted at the MCH population and a description of how your plan relates to those other processes.

A description of the planning process should follow: Who was involved in the process? How were they selected? What agencies or constituencies do they represent? How were decisions agreed upon? This should be brief, but include enough information to ensure the reader that a well thought out and representative process occurred.

The mission and goals agreed upon by the planning group should be included, followed by the highlights of the needs assessment. Presenting key findings of the needs assessment in single item bullet form will make it easier for those without data analysis skills to understand the key points. Include only those findings that reflect significant problems, significant changes, or particularly good news.

In conclusion, present a synopsis of the major interventions and the evaluation(s) planned. List the key objectives, activities and performance measures that have been selected for ongoing monitoring. Include a summary paragraph describing how the evaluation will be conducted.

MISSION STATEMENT AND GOALS

The mission statement and program goals should be clearly stated. They are defined as:

<i>Definition</i>	
Mission Statement	a broad descriptive statement of the planning group's or community's vision of an ideal future
Goals	a set of timeless aspirations that describe where the group will target efforts in order to actualize its vision of the future. These are broad statements of long term ideal accomplishments

THE COMMUNITY HEALTH ASSESSMENT

The health assessment includes the following:

A Community Health Profile

This profile should contain, at a minimum, a geographic description of the health jurisdiction, a summary of demographic trends, and an overview of population health status and health access trends. When possible, data on the educational, economic, political and environmental factors affecting the population of interest should be included. For MCH, the population of interest is women, children, adolescents and their families.

The profile should raise the reader's awareness of the array of factors that need to be considered in understanding the causes of and developing responses to the health problems that will be identified and analyzed in the analysis section.

Community Asset Assessments

When a community assets assessment has been conducted, this section should include a description and/or mapping of the community resources that benefit women, children, adolescents and families. For example, it may include a description of the libraries, recreational services and sites, community gardens, churches, and civic groups and other organizations that bring people together. It may also include results of surveys that contain information on individual, family or institutional assets associated with improved health outcomes. This section provides information about those assets and protective factors that have been or can be built upon when developing interventions to address identified problems.

Community Resources Assessment

This section contains information on the scope and adequacy of the health and social services systems within the community to meet the needs of the MCH population. It should catalogue and/or map health care and related services within the community that serve or benefit the MCH population. It may include physical health, mental health, educational, social services, and housing services. An assessment of the capacity of these systems should be included.

Local Agency Program Capacity Assessment

The organizational capacity of the local MCH program includes its structure and the adequacy of its internal resources for carrying out the required MCH activities. Include an organizational chart. Provide an assessment of the program's capacity to generate or participate in collaborative efforts (for example how it mobilizes community partnerships and action that support MCH related health efforts) and to develop other sources of funding should also be included.

Include a description of how the MCH program carries out its core functions of assessment, policy development, planning and assurance. Discuss current priorities or activities in the public and/or private health sector that are impacting the MCH program's role, e.g., resulting opportunities, collaborations and barriers.

Presentation and Analysis of Quantitative and Qualitative Data Identifying Health Risks, Problems and Systems Issues

This section should present a detailed picture of the health status, risk factors for poor health and access to health and social services of women children and their families, including indicators required by the State or Federal MCH programs and as well as those selected by the planning group. Qualitative data is especially useful in small counties or cities or for problems for which there are a small number of cases or events. Qualitative information may be categorized or presented with specific headings. The methodology for data collection should be described. An interpretation of these data should follow.

The following are guidelines for presenting this data:

- Organize indicator data into categories. One approach is to organize the presentation by goal (as identified in the Mission and Goals section of the plan), using the selected indicators to describe the current status of the health area or population group
- Identify the source of the data for each indicator and the time period of the data collection
- Quantitative information should be presented in tables, graphs or charts with the appropriate title, date, source of information, statement of the numerator and denominator of each piece of data. It should include comparisons between population groups or geographic areas, to standards such as Healthy People 2010, analysis of trends and interpretation of the data.
- Qualitative findings should be organized by question or theme.

THE RESULTS OF PROBLEM IDENTIFICATION, PRIORITIZATION AND ANALYSIS

In this section, summarize the process(es) involved in arriving at the objectives and interventions in the action plan, including the process used for ranking problems and selecting priority problems. For each problem selected for intervention, describe the problem analysis. This should include a description of the specific risk and protective factors, the determinants of poor outcomes, the consequences of not intervening, the linkages between the various factors causing or contributing to the problem and identified intervention points. Problem analysis diagrams, intervention theories, and supporting findings from the literature review should be presented here or in an appendix to this section. A summary of any qualitative analyses should also be included. This allows the reader to know that the action plan to follow is based on a well thought out process. After reading this section the reader should be able to anticipate the outcome objectives and the areas of intervention efforts in the action plan.

THE ACTION PLAN

An action/implementation plan is included as part of the overall plan as the documentation of the program objectives, the expected activities to achieve those objectives, the target populations or geographic areas for program interventions, identification of who is responsible for implementing these activities and a reasonable timeline for implementation. It should be usable as a stand alone document to guide and track program implementation and to promote accountability.

For each prioritized problem, the objectives should be stated, and under each objective the set of activities should be summarized. The objectives can be either process or outcome. Useful definitions for these objectives follow:

<i>Definition</i>	
Outcome Objectives	The measurable, time-limited results that would be expected from the specific program interventions you will be undertaking (e.g., By June, 2006, reduce the rate of infant mortality to 5.0)
Process Objectives	Quantifiable measures of the amount or degree of specified interventions that are expected in a predefined time frame (e.g., During year 1 (specify dates) of the program provide 8 education groups that will be attended by a minimum of 50 women total).

It is common to use a table or matrix format to display the action plan. A narrative can accompany the action plan to provide a more complete description of the proposed activities and to refer readers to the more detailed matrix that is described in Chapter IV. If logic models, with summary narrative explanations, have been developed for the problems for which interventions have been developed, these can be used effectively here or they can be included in the evaluation plan section.

The matrix format organizes information into an accessible, easy to read document so that it can be used as a reference and working document. This will also make it easier for readers, and program implementers to understand what and how objectives will be accomplished. For each priority health problem identified, the action/intervention plan should include the following:

- Long term outcome objectives
- Intermediate and short term objectives
- Target population or geographic area
- Precursors identified as intervention points
- Major intervention activities
- Responsible entity (who will carry out these actions)
- Evaluation indicators (community level) or performance measures (program level)
- Data sources for evaluation
- A reasonable timeframe (when will actions take place and for how long)

See Appendix IV-B-1 and IV-B-2 for an example program plan matrix and definitions of the categories of information displayed in an action plan.

THE TIMELINE

A timeline is an integral part of any planning document. The simplest way to present a timeline is to use a grid with the weeks and months across the horizontal axis and the activities along the vertical axis. See Appendix IV-C for an example timeline format. It is important that the sequence of the activities is logical and that there is enough time between the completion of prerequisite activities and those that are dependent upon their completion. It is also important to assess the feasibility of meeting the timeline when many deliverables are promised for the same end date.

THE EVALUATION PLAN

This section should be concise and describe the plan for the evaluation of the project. It could be developed to stand alone (or in conjunction with the action plan, if the action plan includes the evaluation measures and data sources and responsible entities). In this form, it would be valuable both to stakeholders and to administrators, staff and others involved in the evaluation process as they monitor program progress and troubleshoot any problems identified by the evaluation data.

The performance measures and data sources can be incorporated into the action plan as shown in Appendices IV-B-1 and IV-B-2 of this guide. If they have not been, or, if you wish to display the data collection plan as a working document that can be used by program administrators, staff and others involved in the evaluation process, provide a matrix that includes the program objectives and major activities and their evaluation measures or set of measures, the source(s) of the data, and the entity responsible for collecting the data. Refer to Appendix V-C for an example. If particular interventions or a program and its results are being studied as demonstration projects or for research study, a more detailed evaluation plan for those interventions should be included.

There should be a well organized narrative description. The evaluation plan narrative should be concise and, generally, no more than 2 pages. In some cases a detailed evaluation outline would suffice. In either case, it should include the following and could be organized accordingly:

- The evaluation purpose, proposed uses and the type of evaluation
- Evaluation questions, objectives and measures (or hypothesis if testing a new intervention)
- The evaluation design (including a discussion of confidentiality protections and Institutional Review Board requirements if applicable)
- A brief discussion of any data collection issues (e.g., how data sources will be selected, what training may be required by individuals collecting the data, what data management systems will be needed)
- A summary of how data will be analyzed, including anticipated methods
- A description of how evaluation results will be reported and disseminated
- Identification of evaluation resource requirements including a description of any collaborative efforts necessary to implement the evaluation. A bulleted list or a table of the roles and responsibilities agreed upon among those who will execute the plan should be included.

A BUDGET FOR IMPLEMENTATION AND EVALUATION

A standard budget will have to be developed and submitted with all funding requests. However, this is not what we are referring to in this section. We recommend a preliminary step that involves the determination of the cost to the MCH program for each of the program activities and their respective evaluations. Even if the MCH program staff is primarily providing an oversight function and other community agencies or groups will be implementing the program, there will be costs to the MCH program. To calculate these costs, determine the staff number, the amount of staff time and the materials it will take to accomplish the defined activity, as well as estimating the associated costs. Even in small health jurisdictions where the same one or two people do most of the activities, this is a helpful process, since the feasibility of accomplishing the objective is tied to the adequacy of resources for the proposed tasks.