Community Planning Tool

Applying a Health Equity Lens to Program Planning

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Acknowledgements

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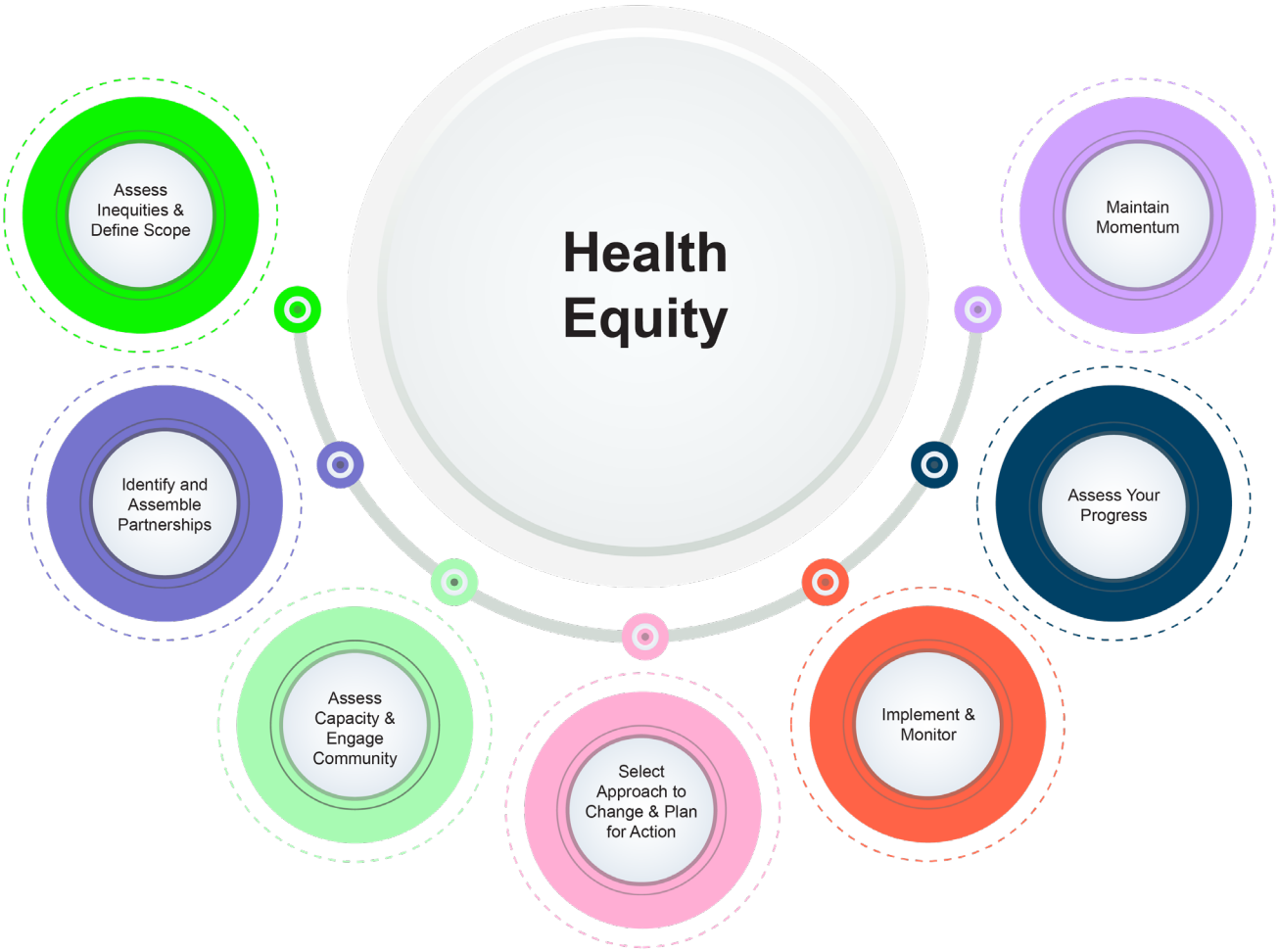
Program Planning with a Health Equity Lens

Community agencies and local governments are often called on to deliver programs that address a health issue in the community. Program planning is an essential part of program delivery as it helps to establish a clear direction, a plan for implementation, and a process for measuring success. This tool is designed to complement standard program planning processes by providing simple guiding questions for each stage of planning which will help your team apply a health equity lens to your work. From initial scoping of the problem through to final evaluation and sustainability planning there are opportunities to address health equity and this tool will help you discover them.



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Community Planning Tool: Applying a Health Equity Lens

Introduction

The World Health Organization defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." A key principle of public health is that all people should have an equal opportunity to achieve good health. Unfortunately good health is not evenly distributed across our community. Some groups of people, including those living on low incomes, Aboriginal or Indigenous peoples, and those living with disabilities, can experience poorer physical, mental and emotional health.

Some differences in health are inevitable, due to genetic predisposition, but when differences in health between groups of people are systemic, avoidable and unjust they are referred to as "health inequities".

Applying a health equity lens to program planning helps to identify ways in which the program may be contributing to health inequities and ways in which the program can help to reduce health inequities, giving everyone an equal opportunity to achieve good health.

How to use this tool

The Community Planning Tool is designed for community agencies or groups who are designing programs or services to address an issue related to physical, mental, emotional or social health in their community. This is not meant to be a comprehensive planning tool; instead it should be used to complement your current planning processes, guiding you to consider what inequities exist in terms of the health issue and how you can use your program to create change for the people who need it most. This tool is divided into seven steps to correspond with common stages of program planning:

STEP 1 Assess Inequities & Define Scope
STEP 2 Identify & Assemble Partnership
STEP 3 Assess Community Capacity & Engage Community
STEP 4 Select Approach to Change & Plan for Action
STEP 5 Implement & Monitor
STEP 6 Assess Your Progress
STEP 7 Maintain Momentum

Each step begins with a brief description of the activities that occur at this stage of the planning process. Review the description to determine which stage of planning you are in and then use the questions provided to apply a health equity lens to your planning.

The questions are best completed as a planning team, rather than through individual reflection, and should be considered at the start of each stage of planning so that the answers can inform your process.

Additional Information

A glossary at the end of the tool provides definitions for some of the terms used. Appendices at the back of the toolkit provide additional information on how to answer each of the questions. The page of Suggested Links will direct you to the resources referenced in the Appendices.

The tool is adapted from the THRIVE framework[1], and *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health*[2].

[1]Davis, R., Rivera, D., & Fujie Parks, L. (2015). *Moving from Understanding to Action on Health Equity: Social Determinants of Health Frameworks and THRIVE*. Oakland, CA: Prevention Institute. Available at: www.preventioninstitute.org

[2]Brennan Ramirez, L. K., Baker, E. A., & Metzler, M. (2008). *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Available at: www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf

STEP 1

Assess Inequities & Define Scope

STEP 1: Assess Inequities & Define Scope

Program planning with a health equity lens begins because you have identified a physical, mental, emotional or social health issue that you want to address in your community. Take a moment to write down the issue you are trying to address: _____

_____

_____

The first step to creating your desired change is to gain a better understanding of this health issue, including how it affects population groups differently. The results of the assessment will help you identify your target population(s) and define the scope of your work.

By the end of this stage of planning, you will have:

- ☐ Identified population groups who are advantaged and disadvantaged in relation to this issue
- ☐ Identified what social structures or practices led to these groups being advantaged or disadvantaged
- ☐ Defined the scope of your program, including the target population and which social structures or practices your program will try to address
- ☐ Completed an evidence review on what works to reduce the disadvantage experienced by your target population

Questions	Responses
1. Who is most advantaged or disadvantaged in relation to this issue?	
2. What social structures or practices might have led to these inequities being created, maintained, or increased?	
3. Which of the populations facing disadvantage do you want to serve with your program?	
4. Which social structures or practices need to be addressed to create the change you want to make?	
5. What does the evidence say is effective in changing these social structures or practices? Is the evidence applicable to your community?	

(See Appendix A)

STEP 2

Identify & Assemble Partnership

STEP 2: Identify & Assemble Partnership

The relationship between the social, economic and environmental conditions that impact health is complex and addressing these issues cannot be done in isolation. It is beneficial to create partnerships so that you can share information and resources, reduce duplication and effort, and increase reach. In this stage of program planning, you will identify and engage the stakeholders who might partner with you in pursuit of a shared goal or agenda.

By the end of this stage of planning, you will have:

- ☐ Identified a list of stakeholders who may work with you in pursuit of a shared goal or agenda
- ☐ Contacted key stakeholders and encouraged them to partner with you
- ☐ Developed a vision and mission for your work
- ☐ Defined roles for each partner

Questions	Responses
1. Your target population is always a key stakeholder. How will you involve them in program planning and implementation?	
2. Who are the other stakeholders that may share your goal or agenda (e.g., levels of government, organizations, private sector and local communities)? How will you engage these groups?	
3. What opportunities exist to work co-operatively with other sectors for support and increased effectiveness?	
4. Is there a common vision and mission for your work which is shared by all partners in your initiative? What is the vision/mission?	
5. What role will each partner play in your initiative?	

(See Appendix B)

STEP 3

Assess Community Capacity & Engage Community

STEP 3: Assess Community Capacity & Engage Community

Community development or change is often most effective when it builds on and increases the existing strengths of the community, rather than focusing on the community's deficits. In this stage of program planning, you will engage with the broader community to learn about existing strengths or assets, established relationships, and readiness to take action on the issue you have identified. You will also develop a shared language and common understanding among partners and community members as to how social factors influence health.

By the end of this stage of planning, you will have:

- ☐ Engaged with the target population and the broader community
- ☐ Collaboratively identified community assets
- ☐ Collaboratively identified new skills or resources that need to be developed
- ☐ Identified aspects of your program which can help to develop those needed skills or resources and build community capacity

Questions	Responses
1. Think about what barriers your target population might face in engaging with your planning process. How will you create low-barrier opportunities for your target population to participate?	
2. What social structures or practices does the community believe are leading to the health inequity? Is this the same as your understanding of the issue?	
3. What strengths does the community identify within themselves to address the issue?	
4. What new skills or resources does the community feel need to be developed to address the issue?	
5. What existing community strengths can your program build on? What new skills or resources can your program help to develop that will empower the community to take the lead on addressing this issue?	

(See Appendix C)

STEP 4

Select Approach to Change & Plan for Action

STEP 4: Select Approach to Change & Plan for Action

In this stage of program planning, you will use the evidence you have gathered to select your approach to change, develop your action plan, and create a framework for monitoring and evaluation. The evidence you use may come from academic literature, your community assessment, engagement with stakeholders, or evidence from practice.

By the end of this stage of planning, you will have:

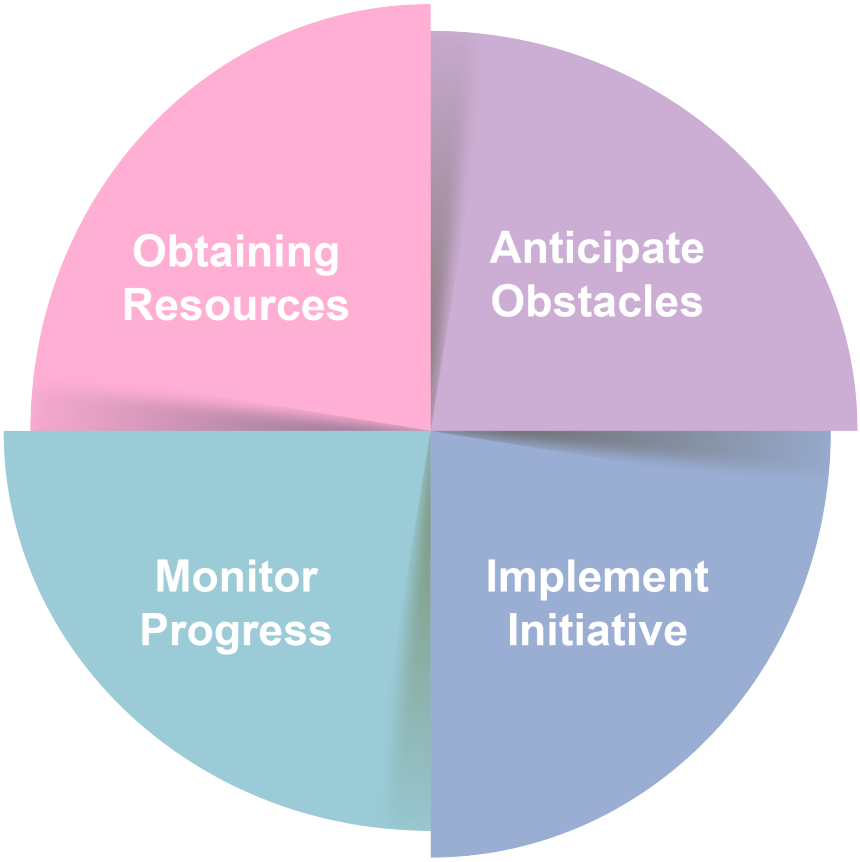
- ☐ Developed an action plan which combines different strategies or approaches to achieve your goal
- ☐ Assessed the likelihood that your initiative will achieve your goal and reduce inequities
- ☐ Used participatory methods to engage the target population and confirm that the action plan is acceptable to them
- ☐ Developed a framework for monitoring and evaluation
- ☐ Identified unintended negative consequences and created mitigation strategies

Questions	Responses
1. What approaches or strategies will you combine to create your desired change?	
2. How will your proposed initiative build the capacity of the community and remove the barriers that cause inequities?	
3. How will you involve your target population in the design of your initiative? Are they supportive of the approach / strategies that have been chosen?	
4. How will you measure whether your program is effective and if inequities have been reduced? What indicators will you collect?	
5. What are the potential unintended negative consequences of your actions? How will you mitigate these?	

(See Appendix D)

STEP 5

Implement & Monitor



STEP 5: Implement & Monitor

In this stage of program planning you will be implementing your action plan and monitoring your implementation process. Although you may have a detailed action plan, unexpected challenges will emerge and it is important to remain flexible. Your planning group may benefit from making time to regularly reflect on progress, address challenges, celebrate accomplishments, and document the implementation process as it unfolds.

By the end of this stage of planning, you will have:

- ☐ Obtained the resources necessary to move forward with your plan or adapted your plan to match available resources
- ☐ Anticipated obstacles to implementing your action plan
- ☐ Begun to implement your action plan
- ☐ Used participatory methods to engage your target population/community in monitoring progress

Questions	Responses
1. Do you have the resources to deliver what has been promised to the community in your plan? If not, how will you obtain the resources or change your action plan to match existing resources?	
2. How will you document your progress? How will you monitor when your actions are deviating from your plan?	
3. How will you document the obstacles you encounter when implementing your action plan and your response to them?	
4. What participatory methods are you using to engage your target population / community as you implement and monitor progress on your action plan?	

(See Appendix E)

STEP 6

Assess Your Progress

STEP 6: Assess Your Progress

In this stage of program planning you will be reviewing your progress to reach conclusions about the effectiveness of your program. This includes tracking your decision making processes; documenting the challenges that emerged; and measuring the outcomes of your initiative. You will also develop methods to communicate your work to stakeholders and the broader community.

By the end of this stage of planning, you will have:

- ☐ Evaluated your outcomes and impact
- ☐ Documented lessons learned through this process
- ☐ Linked your evaluation to your assessment of community assets and needs
- ☐ Shared your work

Questions	Responses
1. How effective was your program in achieving its goals and objectives? What impact did it have on reducing inequities?	
2. What existing community strengths supported implementation? What new community skills or resources were built as a result of the initiative?	
3. Who needs to know about your outcomes? What methods will you use to share the results with diverse audiences?	
4. What lessons have you learned in the process of engaging the community and implementing your action plan? What lessons can you apply to future projects?	

(See Appendix F)

STEP 7

Maintain Momentum

STEP 7: Maintain Momentum

In this final stage of program planning, you will focus on maintaining your momentum. This requires some flexibility as the community will change over time. The way the issue was understood at the start of your project or program may no longer represent the reality in the community, so it is important to continually engage with your target population / community. It may be helpful to regularly review your goals and strategies with key partners to ensure that your initiative remains relevant and responsive to the community.

By the end of this stage of planning, you will have:

- ☐ Celebrated the success and learning that has occurred
- ☐ Re-assessed your goals and strategies
- ☐ Assessed the sustainability of your program

Questions	Responses
1. What have you learned about the community and their lived experience(s)? How will this change your activities in the future?	
2. How have you acknowledged and celebrated the learning that has happened and the progress that has occurred?	
3. Do your goals and strategies still make sense in light of the progress you have made on this issue? If your goals and strategies need revising, how will you do that?	
4. In what ways will the impact of this initiative be sustained? Will this initiative continue?	

(See Appendix G)

Glossary

Approach to Change
A clearly articulated statement outlining which tactic(s) you will apply to achieve your desired outcome. Examples of tactics you might adopt include: consciousness raising; health promotion; social action; media advocacy; community development; or policy change. Each tactic may be used independently, but it is often more effective to use several tactics in combination.

Community Capacity
The resources, infrastructure, and relationships that exist in a community and enable the community to create change.[3]

Health Equity
When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.[4]

Health Inequity
A difference or disparity in health outcomes between populations that is systematic, avoidable, and unjust.[3]

Mitigation Strategy
A plan to minimize potential negative impacts resulting from your project or program.

Outcomes
The effects the intervention or program has on the people it targets. These might include, for example, changes in their self-perceived health status, changes in the distribution of the social determinants of health, or changes in factors which are known to affect their health, well-being and quality of life.

Population/Sub-Population
A group of people who share a common demographic characteristic (for example, country of residence, ethnicity, sex, or income level). The population may be large, based on one demographic characteristic (e.g., everyone living in Canada). A sub-population may be smaller and share several demographic characteristics (e.g., Aboriginal women living in Metro Vancouver).

Participatory Methods
Methods of planning, research or engagement that emphasize involvement of those people who will be impacted by the project or program. The use of participatory methods leads to a project that is "inclusive, community-led, understands issues of power and recognizes the complexities, uniqueness and evolving nature of people's realities".[5]

Social Determinants of Health
The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.[6]

Social Structures or Practices
The often unspoken rules about how a society operates, how people within that society interact with one another, and what role individuals and institutions play in society.

[3]Laura K. Brennan Ramirez, Elizabeth A. Baker and Marilyn Metzler, *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health*. (Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008).
[4]Paula A. Braveman, "Monitoring equity in health and healthcare: a conceptual framework", *Journal of health, population, and nutrition*, 21(3). (2003).
[5]Institute of Development Studies. "Participatory methodologies overview", http://www.ids.ac.uk/idsresearch/participatory-methodologies (accessed June 12, 2017).
[6]Commission on Social Determinants of Health (CSDH), *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health.* (Geneva: World Health Organization, 2008).

Appendices

Appendix A: Guide to Assessing Inequities and Defining Scope

1. Who is most advantaged or disadvantaged in relation to this issue?
To answer this question you will need to find data or information on the outcomes that interest you. Rather than looking at outcomes for the whole population, you will need to explore how outcomes vary between different groups within the population and determine which groups fare better or worse.

You can separate the population into sub-populations based on the social determinants of health[1]. In some cases it may be relevant to look at how outcomes differ based on race or gender while at other times it may be more relevant to look at how outcomes differ across different income levels. Consult with colleagues or key informants in your community to identify which social determinants may be related to a difference in the health outcome you are interested in affecting.
Potential sources of data on health differences between population groups include: Statistics Canada[2]; Fraser Health Reports[3]; and the My Health, My Community Atlas[4]. Local agencies, including municipal governments, school districts, and not-for-profit agencies, may also collect data on local health issues.

2. What social structures or practices might have led to these inequities being created, maintained, or increased?
To answer this question it is helpful to carry out a "root cause analysis". Information on the root cause(s) of your issue of interest may be available from academic research, gray literature, or key informants and stakeholders in the community. When there is not a clear answer, you may need to explore the root cause yourself. One simple way of doing this is to apply the "But Why?"[5] technique.

3. Which of the populations facing disadvantage do you want to serve with your program?
To answer this question you will need to look at the information you found on who is advantaged and disadvantaged in relation to this issue. Your decision of which population to serve may be based on who is experiencing the greatest disadvantage. It may also be based on consultation with the community to determine what momentum already exists.

4. Which social structures or practices need to be addressed to create the change you want to make?
To answer this question you will need to look at the information you found on what is leading to these inequities being created, maintained or increased. Consider your own capacity and resources and consult with stakeholders to determine which social structures or practices are within your sphere of influence and could be addressed through your initiative.

5. What does the evidence say is effective in changing these social structures or practices? Is the evidence applicable to your community?
To answer this question you will need to complete a literature search. This will show you what researchers have found to be effective or ineffective in addressing your issue. Remember to focus on what will effectively address the root cause(s) of your issue, not just the symptoms of the problem.

Community partners from academic institutions as well as librarians at local public, academic, and health libraries may be able to assist in gathering the evidence related to your topic. Reviews of the evidence on a variety of health topics can also be found on www.healthevidence.org.[6]

To determine whether the evidence is applicable to your situation, review the literature you found and consider whether the evidence was gathered in a location and with a population similar to your own. A Tool for Assessing Applicability and Transferability of Evidence[7] is available through the National Collaborating Centre for Methods and Tools.

Appendix B: Guide to Identifying and Assembling Partnerships

1. Your target population is always a key stakeholder. How will you involve them in program planning and implementation?
The target population / community is always a key stakeholder because they will be most affected by the program and they bring knowledge about the local context that may not be known by others. The target population/community can let you know which interventions will be acceptable to them and which would be considered unacceptable and, therefore, unlikely to succeed.

Before engaging with the target population / community, you will need to determine what level of involvement is appropriate. You can refer to the IAP2 "Public Participation Spectrum"[8] to clarify the different levels of engagement. Pay particular attention to what commitment or promise is being made to the stakeholder when you ask them to engage in a certain way.

2. Who are the other stakeholders that may share your goal or agenda (e.g., levels of government, organizations, private sector and local communities)? How will you engage these groups?
To answer this question, you will need to identify who in your community is affected by this issue and who is working to address it. A simple way to do this is through a snowball sampling technique. Start engaging with the stakeholders you can easily identify and then ask them what other stakeholders they would identify in relation to the issue. Often, those who are directly engaged in working on an issue have a good sense of who else in the community is working on the same issue.

When it comes to engaging stakeholders, not all stakeholders will need to be engaged equally. You can refer to the IAP2 "Public Participation Spectrum"[8] to clarify the different levels of engagement and the promise that is being made to the stakeholder at each level.

3. What opportunities exist to work co-operatively with other sectors for support and increased effectiveness?
Collaborating across sectors and levels is a key element of the Population Health Approach[9], as defined by the Public Health Agency of Canada. To answer this question, you will need to consider the ways in which your goals and objectives align with the goals and objectives of other sectors. Once the sectors with shared interests are identified, you will need to reach out to them and determine their interest in partnership and collaboration.

For more information on how to work effectively across sectors, see the Public Health Agency of Canada's Organizing Framework.[10]

4. Is there a common vision and mission for your work which is shared by all partners in your initiative? What is the vision/mission?
After identifying key stakeholders who share your goal(s) and agenda, you may decide to partner more formally with some stakeholders to enhance your capacity and reach. Although you share the same goal, you may have a different vision for the work. Set a meeting to formally agree on your vision and mission.

5. What role will each partner play in your initiative?
To answer this question, you will need to document the strengths that each partner brings to the partnership. Identify roles for each partner that maximizes their strengths.

Appendix C: Guide to Assessing Community Capacity & Engaging Community

1. Think about what barriers your target population might face in engaging with your planning process. How will you create low-barrier opportunities for your target population to participate?
As you design methods for community engagement, consider whether some people who vary along the social determinants of health[1] will experience greater challenges participating in your program planning process. (e.g., If the meeting location requires participants to go up a flight of stairs and there is no ramp or elevator to assist them, people with disabilities may have limited access to the meeting). If barriers to participation are identified, consult with stakeholders who may be affected by that barrier and identify steps that you can take to reduce or eliminate those barriers.

2. What social structures or practices does the community believe are leading to the existing inequities? Is this the same as your understanding of the issue?
In the first stage of planning your program, you identified what social structures or practices were leading to the existing inequities. At this stage you will test those conclusions with the affected community. Set up an opportunity for members of the community to share their understanding of the issue with you and examine whether this aligns with your own understanding. You may need to adjust your understanding of the issue based on insights from those with lived experience.

3-4. What strengths does the community identify within themselves to address the issue? What new skills or resources does the community feel need to be developed to address the issue?
A key principle of equity-based work is empowerment. This means that rather than providing the resources that are needed in a community, the goal should be to maximize their existing strengths and empower the community to meet its own needs where there are gaps. This will help to maintain the impact of your program long after the program ends.

There are several different methods that can be used to identify assets and gaps depending on the nature of the assets you want to identify. Community Asset Mapping[11] techniques can help you identify assets and gaps within a defined physical space. This is helpful if you want to develop a place-based intervention that is specific to a neighbourhood or community. A SWOT Analysis[12] (Strengths, Weaknesses, Opportunities, Threats) is another method which dives deeper into the context surrounding the assets (strengths) and gaps (weaknesses) by documenting opportunities and threats in relation to the issue.

5. What existing community strengths can your program build on? What new skills or resources can your program help to develop that will empower the community to take the lead on addressing this issue?
In questions 3 and 4 you identified community assets and new skills or resources needed. Review those assets and identify which ones could support your program and be maximized through your actions. Next, take stock of your current resources and assets to determine what capacity you have to support the development of new skills or resources. The focus should be on developing assets within the community which will ultimately allow the community to take leadership on addressing this issue, rather than expecting the community to rely on outside support and expertise to meet their needs.

Appendix D: Guide to Selecting Approach to Change & Planning for Action

1. What approaches or strategies will you combine to create your desired change?
In Promoting Health Equity: A resource to help communities address social determinants of health[13], the Center for Disease Control described six approaches to community change: consciousness raising, community development, social action, health promotion, media advocacy, and policy change. There are different strategies that can be employed within each of these approaches. To answer this question, consider which of those approaches and strategies are most appropriate for your issue of interest, local context, and available resources. It is often most effective to combine several different approaches to achieve maximum impact.

2. How will your proposed initiative build the capacity of the community and remove the barriers that cause inequities?
After choosing your strategies to create change, look again at the social structures or practices which are causing the inequity you want to address (see Step 1) and think critically about whether the actions you propose to take will have a real impact on those structures or practices. This critical analysis may be done by reviewing literature and evidence on what works to address inequities. You may also gather information by consulting with key stakeholders or community members who have worked in this area and may have insights based on previous experience.

3. How will you involve your target population in the design of your initiative? Are they supportive of the approach / strategies that have been chosen?
If members of the target population are included in your planning team, it is far easier to involve them in designing the initiative. If members of the target population are not on your planning team, you will need to develop other opportunities for them to provide input as your program develops. Within a planning meeting or a community forum, it is important to ensure that power is balanced so that representatives for the target population are being heard on a level equal to those in the room who represent larger organizations. Techniques for managing diverse voices in meetings can be found in the World Food Program's Participatory Techniques and Tools Guide.[14]

Although it may not be possible to address all of the desires and concerns of the target population within the program plan, you do want to ensure that the final action plan is supported by the target population. If they are not supportive of the approach/strategies that have been chosen then the program is unlikely to succeed.

4. How will you measure if your program is effective and if inequities have been reduced? What indicators will you collect?
To determine if your program is effective, you will need to identify a data source that measures your outcome of interest (i.e., the health issue you want to address). To measure if inequities have been reduced, you will need to be able to break the data down into population subgroups.

If no data source exists for your outcome of interest, or if it cannot be separated into population subgroups, you will need to consider how you might gather the information yourself. It may be necessary to partner with local not-for-profit agencies or post-secondary institutions which could provide evaluation support.

In some cases it will not be realistic to measure your outcome of interest. This could be because of the length of time required to see a measurable change at the population level or because of the resources that would be required to gather information on the outcome. In these cases, you can review the

evidence to identufy short-term changes which are correlated with your outcome(s) of interest and could reasonably be measured.

For an example of this kind of evaluation using short-term and localized measures, visit www.live5210.ca[15] and click through their presentation[16] on how they track environmental or policy changes to measure their contribution to reducing childhood obesity.

5. What are the potential unintended negative consequences of your actions? How will you mitigate these?
A process similar to a risk assessment can help you to identify unintended negative consequences of your actions. Drawing on the knowledge and experience of your stakeholders and key informants, brainstorm all of the potential negative consequences that could result from your actions.

Once your list of unintended negative consequences is developed, you will rate each item in terms of likelihood and impact. Give each consequence a score from 1-5 on the likelihood of it occurring (1 being very low likelihood and 5 being absolute certainty that it will occur). Next, give each item a score from 1-5 on the negative impact it would have on your target population (1 being minimal impact and 5 being catastrophic impact). Multiply the likelihood score by the impact score for each item to produce a final score.

Those items with the highest scores represent the most critical items to address. You will need to develop mitigation strategies for these items; (although mitigation strategies should be considered for all items). A simple mitigation strategy includes:

1. A mitigation goal (what outcome do you want to achieve by addressing this negative consequence);
2. Mitigation actions (the specific steps you will take to address the negative consequence);
3. A mitigation action plan (outlines how the actions will be prioritized and implemented).

Appendix E: Guide to Implementation & Monitoring

1. Do you have the resources to deliver what has been promised to the community in your plan? If not, how will you obtain the resources or change your action plan to match existing resources?
To answer this question you will need to document what resources (human and capital) are necessary to complete each activity in your action plan. Next, review the required resources and identify a source which can provide those resources to you. If there is an activity for which you do not have the necessary resources, you will need to develop a plan for obtaining additional resources or adjust the scope of your activities so that they can be achieved within existing resources.

2. How will you document your progress? How will you monitor when your actions are deviating from your plan?
Documenting your progress can be as simple as scheduling a regular check-in with your partners every few weeks or months (depending on the scope of your program). During the check-in you can review the action plan and document which key deliverables or milestones have been met and which have yet to be achieved. This gives you an opportunity to notice deviations from your plan at an early stage when you can still correct your course or develop alternate strategies to meet your goals.

3. How will you document the obstacles you encounter when implementing your action plan and your response to them?
When you review your action plan you may notice that some of your activities have deviated from the plan. This may be due to a loss of focus on the action plan or it may be a conscious decision due to changing conditions. Maintaining a log of the obstacle encountered, the action taken, and the outcome or impact of that action will help you adjust your current action plan. It will also improve future planning, as some of the obstacles identified may come up again in relation to other programs.

4. What participatory methods are you using to engage your target population / community as you implement and monitor progress on your action plan?
Participatory methods are engagement techniques which encourage your target population to take an active role in planning, implementation or evaluation. Engaging with the target population provides you with knowledge and insight that cannot be gained except through direct experience as an end user of the program.

Ideally, members of the target population will be involved with your planning team from the early stages of program development. As members of the planning team, they can provide immediate feedback as your team implements your action plan. If members of the target population are not involved with your planning team, you will need to develop engagement opportunities at key points in your process (e.g., as you prepare to launch a major portion of the program, after a key milestone has been achieved, or if an obstacle comes up that results in significant changes to the action plan).

The specific techniques used to gather input from the target population should be developed in consultation with key informants from the population to ensure that they are appropriate and acceptable. Methods may include focus groups, interviews, or other participatory evaluation methods.[17]

Appendix F: Guide to Assessing Your Progress

1. How effective was your program in achieving its goals and objectives? What impact did it have on reducing inequities?
To answer this question you will need to obtain or gather data on your outcome(s) of interest and explore what changes have occurred. In particular, examine whether outcomes for your target population(s) have improved, worsened, or remain unchanged. This should be done in partnership with the target population/ community to ensure you are accurately interpreting the data and understanding their experience.

You will also need to consider what other conditions changed in the community over this time period (e.g., new policies or programs from other organizations or agencies). It may be that changes are the result of your program, but they may also be influenced by factors beyond your control.

2. What existing community strengths supported implementation? What new community skills or resources were built as a result of the initiative?
To answer this question you will need to review the process of implementing your action plan. Identify those actions or strategies which drew on existing strengths of the community for implementation.

To determine what new skills or resources were built, you could recreate the community capacity assessment (asset map) which was carried out in Step 3. Compare the community assets pre- and post-intervention to identify new resources that are available in the community after your program has been delivered. This should incorporate input from the community to ensure that it accurately reflects their experience.

3. Who needs to know about your outcomes? What methods will you use to share the results with diverse audiences?
Your key stakeholders should all have the opportunity to hear about the outcome(s) of your initiative; however, the methods typically used to communicate program results are tailored to those who can access and understand written reports. Review your list of key stakeholders and consult with them to identify methods of communicating your results which will be appropriate and acceptable to them. This may include brochures, newsletters, videos, websites, presentations, or one-to-one conversations.

4. What lessons have you learned in the process of engaging the community and implementing your action plan? What lessons can you apply to future projects?
Your partnership may measure its success in terms of the program outcome(s); however, it is also worthwhile to consider your process and your effectiveness in the areas of collaboration, coordination and communication. Your planning and implementation team should take the time to consider these areas and document how your group performed and what lessons can be taken from your successes and challenges. Clearly identify which lessons you hope to carry forward to future planning and community engagement.

Appendix G: Guide to Maintaining Momentum

1. What have you learned about the community and their lived experience(s)? How will this change your activities in the future?
This final question is a self-reflection exercise for you to consider what impact the process had on your own understanding of the issue and your understanding of the community. Document what lessons you want to take forward for your future work.

2. How have you acknowledged and celebrated the learning that has happened and the progress that has occurred?
When working with health inequities, it can be easy to move quickly to the next issue that needs to be addressed. This can be unsustainable for partnerships, though, and may lead to burnout. Discuss with your partners and stakeholders how you can set aside time or energy to acknowledge and celebrate what has happened as a result of your work.

3. Do your goals and strategies still make sense in light of the progress you have made on this issue? If your goals and strategies need revising, how will you do that?
Early in your program planning, you identified goals and developed strategies to direct your efforts. As the context of your work changes, either because of progress you have made or because of unexpected roadblocks that have appeared, it is necessary to review and revise your goals and strategies to ensure that they remain helpful guides for your work rather than constraints that reflect a different time in your program's development. It may be helpful to look back at earlier steps in the planning process and apply those questions again as you redesign elements of your program in partnership with key stakeholders and the community.

4. In what ways will the impact of this initiative be sustained? Will this initiative continue?
To answer this question you will first need to articulate what impact your program had exactly. This goes beyond the immediate outputs of your program to reflect more fundamental and far reaching changes which may have occurred in the community as a result of your program. The impact could be determined through your evaluation and through consultation with key stakeholders in the community.

Once you have articulated the impact, consider whether the impact can be maintained in the absence of the program or whether some portion of the program would need to continue. Assess what resources are required to maintain those parts of the program that would need to continue and create a plan to develop or obtain those resources.

Suggested Links

1. http://www.thecanadianfacts.org/
2. http://www.statcan.gc.ca/eng/subjects/index
3. http://www.fraserhealth.ca/about-us/health-reports/health-reports
4. http://www.fraserhealth.ca/MHMCAtlas/index.html
5. http://ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/root-causes/main
6. http://www.healthevidence.org/
7. http://www.nccmt.ca/knowledge-repositories/search/24
8. http://c.ymcdn.com/sites/www.iap2.org/resource/resmgr/foundations_course/IAP2_P2_Spectrum_FINAL.pdf
9. https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-approach/what-population-health-approach.html
10. http://cbpp-pcpe.phac-aspc.gc.ca/population-health-approach-organizing-framework/key-element-6-collaborate-sectors-levels/
11. http://www.communityscience.com/knowledge4equity/AssetMappingToolkit.pdf
12. http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main
13. https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf
14. http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1033/Participatory_Techniques_EN.pdf
15. http://www.live5210.ca/
16. http://www.live5210.ca/impact/measuring-impact/
17. http://www.betterevaluation.org/plan/approach/participatory_evaluation

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