



# Program Logic for good program design

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# Program

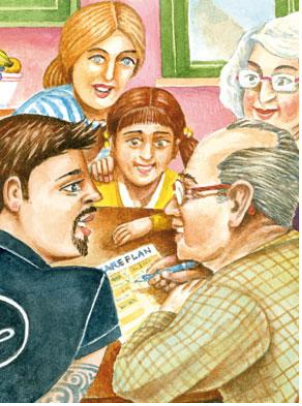
- **Introductions – background**
- **Program logic – why are you doing what you are doing?**
- **Basics program evaluation**
- **Focus groups/interviews**
- **Surveys and evaluation design**
  - Good, Better, Best....



## Overview of Program Logic Model (Taken from *Kellogg Foundation*)

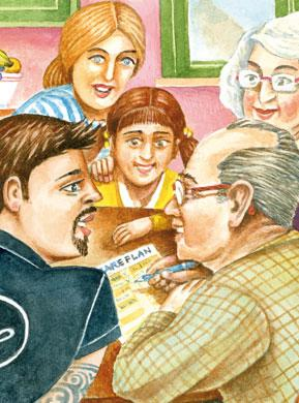
1. **Problem or issue – describe the problem that your program addresses**
2. **What does community needs assessment suggest?**
3. **What are the desired results of your program?**
4. **What could influence change in your community?**
5. **What is the evidence to suggest your approach will work?**
6. **Assumptions**

<http://www.wkkf.org/knowledge-center/Resources-Page.aspx>



# 1. Problem or issue – describe the problem that your program addresses

- **Not to be confused with the solution or strategy to fix**
  - Often jump and become ‘solution focused’ too quickly
  - Should spend most of your time focusing on problem and need
  - Be a scientist – put emotion aside
- **Ask others who might know, have an opinion, likely to have experience of the problem**
  - Are there other underlying causes to the problem?
    - > A child’s behavioural problem in schools underpinned by family with parental mental illness (i.e. child having to get self to school and no breakfast).
    - > Program you run will be very different!



## 2. Community Needs/Assets

**How do you know that there was a need for this program?**

- Population data; Govt. Priorities; Hospital/health service statistics and reports; Community meetings/focus groups/surveys; Consumers/carers

**What relationships already exist in this community to enhance and support the program?**

- Professional groups; Industry; Funders; others to help run program, venues, design help with program, stats people for evaluation, media.....



## 3a. Desired Results – as Processes

- **Number of community members that attend**
  - **Brochure produced and distributed**
  - **Web pages viewed**
  - **Protocols developed**
- 
- **SMART- Specific, Measurable, Action Oriented, Realistic, Timed**

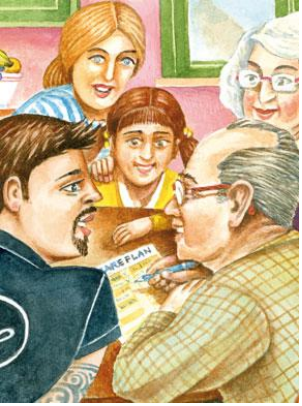


## 3b. Desired Results – as Impact

- **Specific changes in:**
  - attitudes, behaviors, knowledge, skills status, level of functioning
- **...as a result of program activities.**

**Example** *Change in people's attitudes to discussing depression with family members, increase in patients seeking early intervention from mental health care professionals.*

- **Short term or long term**
- **SMART- Specific, Measurable, Action Oriented, Realistic, Timed**



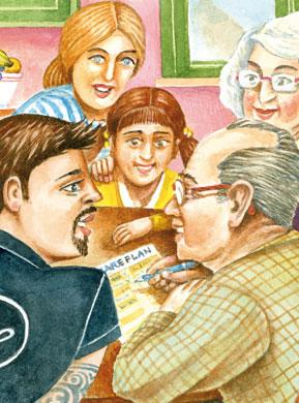
## 3c. Desired Results – as Outcomes

- **Broader changes – organisations, community, or system level changes that might result from program activities, and which might include improved conditions, increased capacity, and/or changes to policies**

**Example:** *reduction in the number of children who become adult patients requiring treatment for depression in later life.*

- **SMART- Specific, Measurable, Action Oriented, Realistic, Timed**





## 4. Influential factors

**What could influence change in your community (e.g. protective and/or risk factors)?**

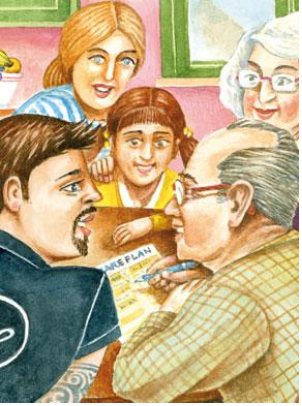
- **What are the potential barriers and/or supports that might impact on the change that you hope to achieve?**
- **Do you have support of:**
  - **Management, other influential staff, government policy, your participants, referral networks/pathways, local professionals with influence, instrumental support**



## 5a. Strategies

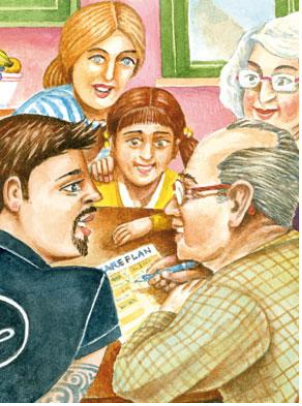
What is the evidence to suggest your approach will work?

**Why do you believe your program (strategy) will work?**



## 5b. Why it is important to identify program evidence?

- So you don't have to re-invent the wheel;
- You can learn from others' mistakes and achievements;
- You don't waste yours or anyone else's time;
- Funders like this sort of information;
- More chance that the program will be effective
- **Most importantly –more likely your program will impact in positive ways on end users/consumers**



## 5c. Where to find evidence?

- **Academic literature**
- **Grey literature (unpublished material often found on the internet)**
- **Past evaluation reports**
- **Government reports**
- **Statistical data**
- **Expert wisdom**
- **Practice wisdom**
- **Community knowledge and perspectives**
- **Generate it yourself from program evaluation**



# For example

# The Cochrane Library:

# [www.thecochranelibrary.com](http://www.thecochranelibrary.com)

Wiley InterScience: Reference Work: The Cochrane Library 2005, Issue 3 - Microsoft Internet Explorer provided by VicHealth

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The Cochrane Central Register of Controlled Trials (CENTRAL)	454449
The Cochrane Database of Methodology Reviews (Methodology Reviews) ***	20
The Cochrane Methodology Register (Methodology Register)	7059
Health Technology Assessment Database (HTA)	4620
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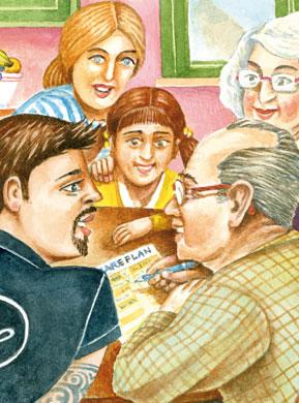
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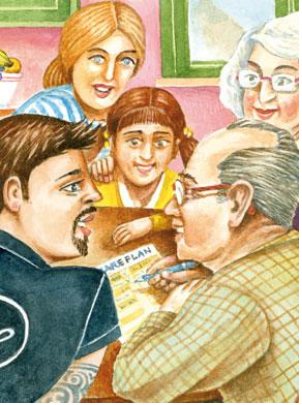
## 6. Assumptions

- What beliefs underpin your change strategy and how might they help or hinder?
  - Other beliefs in your community impacting on your strategy?
- **What ideals or values underpin your change strategy and how might they help or hinder?**
  - Other ideals or values in your community impacting on your strategy?



# (1) Problem or issue & (3) Desired result or outcome

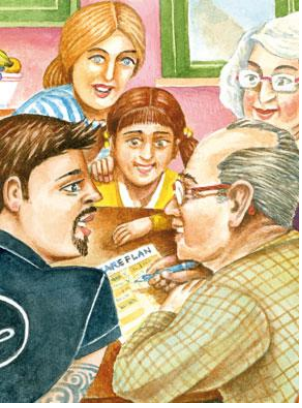
- **Why is these so important?**
  - Clearly defining what your program is trying to change that is driven by needs of your participants
- **For Program Evaluation?**
  - Drives what questions you ask in focus groups/interviews
  - Drives choice of questionnaires, subscales and items



## What will change as a result of your program?

- ***You:*** Work with partner to define clearly what your program will change in participants
- ***Partner:*** Make them SMART- Specific, Measurable, Action Oriented, Realistic, Timed
  - Ask could you be more specific?
  - How would you measure that?
  - What actions/behaviours will change – or new actions etc etc etc
- **Write down for them what will change in their program – no more than 3 main things**





## Key factors underpinning a strong evidence base are:

- a strong research design to the study
- quality measures used to evaluate the effectiveness
- the findings (evidence) are replicated at a variety of sites with multiple independent researchers
- the findings are maintained over time